

Moral Injury in the Military: A Phenomenological Inquiry

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The purpose of this phenomenological study is to explore the negative emotions that cause moral injury in the military and the detrimental effects on married military couples and their relationship with God. Studies indicate that military spouses have reported experiencing marital tension and feelings of disconnect. In addition, researchers have argued that service members with post-traumatic stress disorder (PTSD) and moral injury (MI) might suffer from shame and blame. This study explores the lived experiences of ten service members, their relationship with their spouses, and God. The central focus is the descriptions of the service members' emotions and their potential impact on marital satisfaction, spiritual condition, and the intimate relationship the service member has with God. This investigation will be conducted at the Dobbins Air Reserve Base (ARB) military installation, GA, Maxwell Air Force Base (AFB), AL, and Fort Bragg Army Base, NC. Couples for this phenomenological study will be purposely selected. Creswell and Poth (2018) explain that purposeful sampling is used in qualitative research to determine individuals and sites for the research problem and central study of the phenomenon.

Keywords: military, moral injury, marriage, emotions, cognitive dissonance, religiosity, interpersonal relationship, forgiveness.

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Dedication

I dedicate this manuscript primarily to God, who gave me life and health to pursue my dreams despite multiple obstacles and adversities. Then, with much love and respect, I dedicate this manuscript to my warrior husband, Walter Martin Sr., who has supported my dreams and has worked by my side every day for the last six years to achieve my goal. Thank you for reading and editing countless academic papers. Thank you, warrior, for believing in me, and especially thank you for your services to this great nation. In addition, I want to express my gratitude to the military participants and their spouses for their time and support during this arduous work. I dedicate this manuscript to my two ladybugs, Niri and Gigi; you two are amazing daughters, my inspiration, and my motive to keep pressing forward. Finally, I want to thank my pets, Toto, Silver, and Smokey, for bringing me joy when I have felt tired and lonely.

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List of Abbreviations

Acceptance and Commitment Therapy (ACT)

Adaptive Disclosure (AD)

Anxiety Uncertainty Management (AUM)

Complementary and Alternative Medicine (CAM)

Department of Defense (DOD)

Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Disabled American Veterans (DAV)

Dyadic Adjustment Scale (DAS)

Improvised Explosive Devices (IEDs)

Moral Injury (MI)

Moral Injury Scale Military version short- form (MISS-M)

Moral Injurious Experiences (MIEs)

Multidimensional Moral Injury Outcome Scale (MIOS)

Pastoral Narrative Disclosure (PND)

Post-Traumatic Growth (PTG)

Post-Traumatic Stress Disorder (PTSD)

Potentially Moral Injury Events (PMIEs)

Relational-Cultural Theory (RCT)

Relationship Satisfaction Scale (RSAT)

Religiously Integrated Cognitive Behavior Therapy (RCBT)

Traumatic Brain Injury (TBI)

Transcendental Phenomenology (TPh)

Chapter One: Introduction

Overview

The concept of moral injury (MI) in the military is relatively new compared to posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognizes PTSD as a mental disorder and TBI falls under the neurocognitive disorders section. However, the DSM-5 does not provide a concrete definition of MI. Nevertheless, it is generally agreeable that MI is a syndrome (Jinkerson, 2016). Litz et al. (2009) conducted empirical studies on MI in the military and argued that MI causes lasting psychological, biological, spiritual, and behavioral negative changes in service members. The operational definition of MI is a wound in the soul or an inner conflict that causes negative emotions such as shame and blame (Brock & Lettini, 2012). Therefore, individuals exposed to traumatic events that violate their moral values might experience severe distress and functional impairments known as moral injuries.

Tong and Teo (2018) argued that religious practice appears to regulate people's emotions and the need to avoid destructive feelings that might be detrimental to their well-being. They explained that religious practices have the power to regulate negative emotions such as the blame, shame, and guilt that service members often experience when they violate their core values. Although service members perceive God as a spiritual being with divine power, the relationship with God might be compromised and broken when trauma occurs, and service members incur actions contradicting their beliefs (Tong & Teo, 2018).

Much previous work on the divine describes God as omnipotent (e.g., God can do everything that is in harmony with his Holy character) and omniscient (e.g., God created all things, controls all things, and knows all things; Kapitan, 1991). Thus, God is defined as the

omnipotent and omniscient divine force, which is banished when the soul is in pain. However, service members suppress their emotions and follow orders to fulfill their military mission while neglecting their needs and moral values. Furthermore, Kapitan (1991) argued that “every intention is acquired against a background of beliefs, plans, goals” (p. 108). When a service member is drowned in a particular course of action (e.g., killing, lying, disloyalty), it is vital to understand their cognitive context and spiritual background (Kapitan, 1991). Accordingly, MI is damage done to the soul that leads the service member to experience unwanted emotions like blame, shame, and guilt (Brock & Lettini, 2012). Additionally, Brock and Lettini (2012) rationalized that MI is reflected in the destruction of moral identity and loss of meaning.

Background

Most research on military PTSD focuses on combat-related issues, but there has been a recent interest in MI (Koenig & Al Zaben, 2021). According to Nash and Litz (2013), “moral injury is as old as sin” (p. 368). Thus, MI is not a new concept. Nevertheless, the idea significantly interests psychologists, mental health professionals, and clinicians (Nash & Litz, 2013).

Scholars such as Nash and Litz (2013), Maguen et al. (2009), and Shay (2014) extensively researched the MI subject in the military and attempted to define MI. MI in the military refers to an inner turmoil that violates the core values of service members by the betrayal of “what’s right” either by a person in legitimate authority or by oneself, and the violation of what is right might occur in a high-stakes situation. In the literature on MI, there seems to be a general agreement that MI causes psychological impairment (Litz et al., 2009; Nash et al., 2013; Shay, 2014). For example, Shay (2014) pointed out that “moral injury impairs the capacity for trust and elevates despair, suicidality, and interpersonal violence” (p. 182).

Most research on MI explores the detrimental effects of war on service members. For instance, Shay (2014) found evidence that MI changes people and deteriorates service members' character, ideals, ambitions, and "attachments begin to change and shrink" (p. 186). For example, some changes among service members with combat exposure are spiritual suffering and belief in God (Borges et al., 2022; Griffin et al., 2019).

Spiritual symptoms such as shame, guilt, anger, and social isolation are the core dimensions of MI (Borges et al., 2022; Carey & Hodgson, 2018; Frankfurt & Frazier, 2016; Jinkerson, 2016; Kopacz et al., 2016). Researchers also pointed out that chaplains and clergy are trained to address moral pain. Likewise, chaplains and clergy can assist service members when struggling with existential questions while offering guidance to reconcile with God and themselves through the practices of love and forgiveness (Kopacz et al., 2016).

Borges et al. (2022) indicated that the consequences of MI are multidimensional and often include difficulties in interpersonal relationships, self-care, and spiritual practice. Therefore, experiencing painful moral emotions negatively impacts service members' psychosocial functioning. For instance, Currier et al. (2015) examined how exposure to morally injurious experiences (MIEs) contributes to mental health problems. Moreover, they examined the MIEs of 131 Iraq and Afghanistan veterans exposed to possible warzone traumas. The study findings pointed out that MIEs were indirectly linked with mental health outcomes, suggesting an increased risk for adjustment problems after warzone service.

Currier et al. (2015) also found evidence that returning veterans struggle with meaning-making, leading to an increased risk for adjustment problems when returning from a war zone. Empirical evidence supports the study on meaning-making and the inappropriate negative emotions like "guilt, shame, anger, self-handicapping behaviors, relational and

spiritual/existential problems.” These emotional sentiments prevent veterans from making meaning of their identified stressors (Currier et al., 2015).

Moreover, the inability of service members to create meaning-making while connecting with others is one of the adverse consequences of combat exposure (Levi-Belz et al., 2020). During war deployments, potentially moral injury events (PMIEs) might lead to PTSD, MI, and spiritual struggles (Jamieson et al., 2020; Litz et al., 2009). Studies indicate that PMIEs during combat deployment might lead to PTSD (Jamieson et al., 2020). Yet, some research has shown that MI is also one of the adverse consequences of combat exposure (Levi-Belz et al., 2020). Theories on MI hypothesize that military conflict is inevitable, especially when service members face an ethical dilemma or feel a life-threatening condition to themselves and their comrades (Buechner, 2020). A certain research on the effect of war on service members indicated that the troops might struggle with their beliefs and values because their feelings no longer fit in the civilian realm (Kopacz et al., 2016). The scholars expressed that alternative medicine, such as pastoral care and mindfulness, could support service members in recovering from MI. In a different study, Angel (2016) highlighted that it was highly likely for traumatized individuals to experience post-traumatic growth (PTG). Accordingly, PTSD impact service members’ social welfare through stress-related disease and loss of quality of life and well-being. However, PTG might also occur when a service member flourishes despite his life experiences in war (Angel, 2016)..

Moreover, Angel (2016) explained that PTG is the profound positive change that service members face after experiencing a spiritual rebirth and close relationships with their spouse, family, and friends following a traumatic event, which denotes resilience PTG. PTG delineates new possibilities in life, including “the discovery of personal strength and a greater appreciation

for life” (Angel, 2016, p. 58). But particular circumstances might take place for the service member to experience growth (Angel, 2016).

Levine et al. (2009) explained that growth only occurs “if trauma has been upsetting enough to drive the survivor to (positive) meaning-making” (p. 285). Therefore, the way service members interpret situations, events, and discourses increases moral pain or allow them to regain a new perspective (Levine et al., 2009). When service members regain a new perspective, their flourishing depends on the guidance and support they get from counseling and pastoral care (Angel, 2016; Kopacz et al., 2016; Levine et al., 2009).

Leman et al. (2018) attempted to identify whether the perceived relationship between God (e.g., emotional bond) and a believer could be conditioned by life experiences (good/bad). Also, they stated that God’s image was linked to mental health and positive psychological and social outcomes. God is a healer and the divine force heal wounded souls (Leman et al., 2018).

Exline et al. (1999) argued that it was challenging to forgive God when difficult situations occur that cause moral pain, which leads to negative emotions such as anger, shame, guilt, and blame. There are aspects to consider when negative attribution is latent in people’s emotions toward God. Two psychological factors might emerge as pivotal in defining the link between difficulty forgiving God and negative emotion: “an angry disposition and feelings of alienation from God” (Exline et al., 1999, p. 365). Consequently, people find it difficult to forgive God because those hurt and traumatized see God as the source of suffering and unfairness (Exline et al., 1999; Leman et al., 2018).

Negative attribution toward self should be considered. Relentless negative self-talk and self-blame have been counterproductive for service members’ well-being (Zerach & Levi-Belz, 2018). In addition, the researchers noted that combat-related guilt was associated with PMIEs

(e.g., acts of abusive violence or committing atrocities), indicating that negative attributions precipitate trauma-related guilt and shame in veterans with a history of transgressive acts and MI. Subsequently, negative attribution is detrimental to the body, mind, and soul (Exline et al., 1999; Leman et al., 2018; Zerach & Levi-Belz, 2018).

Pargament et al. (1998) proposed a solution for moral pain by learning to forgive, adapt, and redeem with an aptitude for love to self and God. Therefore, it is essential to understand the true sense of the scriptures (Gavrilyuk & Coakley, 2011). For example, “intention, love, or affect in the soul that longs for God or the capacity to distinct from natural reason affect, spiritual senses, moral sense, and aesthetic sense” (Gavrilyuk & Coakley, 2011, p. 241).

Service members with prolonged and multiple combat tours could present social and cognitive dysfunctionality (Litz et al., 2009). Additionally, Foran et al. (2013) opined that numerous combat tours could create marital problems. Furthermore, lengthy and multiple combat tours can cause severe marital distress associated with PTSD symptoms, moral pain, depressive symptoms, and aggression, leading the couple to separation or divorce (Foran et al., 2013).

For instance, significant research findings from the National Healthy Marriage Resources Center (2007) suggested that numerous combat tours impact married couples, forcing military marriages to crash and burn, and several marriages end in dissolution. The literature review on military marriages shows that most married couples in the military live an unsatisfied married life, and most of these marriages end in separation or divorce (Negrussa et al., 2014). When synthesizing the subject matter, MI in the military might cause symptomatology and strong negative emotions (e.g., shame, anger, numbness) that impede connection with the spouse and God. MI in the military, marital satisfaction, and finding meaning through God have not yet

been examined. The existing literature indicates that traumatizing experiences in the military could become painful memories and impact social aptitude and functioning (Karney & Crown, 2007). Subsequently, service members might experience a sense of anguish, desolation, and loss of purpose in life (Wood, 2016).

Therefore, a phenomenological study allowed the researcher to examine marital relationships among service members who suffer from MI. Farnsworth et al. (2017) confirmed the phenomenon by asserting that military service, cultural values, and belief systems of loyalty and serving the nation impair life functioning and increase moral pain and spiritual suffering. Furthermore, Bravo et al. (2020) suggested that fostering moral repair was essential to promoting emotional competence, social aptitude, and functioning since practical problem of MI in the military is associated with affection, cognition, and inner conflict.

Bravo et al. (2020) explained that witnessing or engaging in MIEs creates internal conflict and despair. However, witnessing atrocities or violating one's core values is not the only reason service members experience moral conflict. For example, Buechner (2020) suggested that "moral struggle and moral injuries are made, but it is also socially constructed in misaligned communication between returning service members and families, institutions, others, and the population level and community settings" (p. 3). Based on these findings, an in-depth analysis of MI in the military in the context of marital relationships might offer new insights into the invisible wounds that impact service members and their spouses.

Williamson et al. (2021) explained that MI is a "strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code" (p. 453). Therefore, it is crucial to learn about this traumatization affecting service members and their spouses. For instance, Dekel et al. (2016) addressed secondary traumatization and elucidated on the subject

that, secondary traumatization and stress on a military spouse often result in ambiguous loss, which might lead to separation or marital dissolution. Boss (2010) described the phenomenon of ambiguous loss in which a loved one is physically present but psychologically absent or vice-versa. This dynamic type is detrimental to marital relationships because it creates a toxic cycle of interpersonal relationships that might lay the “root of much depression, anxiety, and family conflict” (Boss, 2010, p. 138).

Moreover, Dekel et al. (2016) contended that spouses and family members reported experiencing a negative impact on combat veterans with PTSD and MI, leading to shame, blame, and the loss of meaning. This contextual information on secondary traumatization suggests possible implications of transmission of symptoms from the active member that previously experienced trauma to the spouse, which might affect the marital relationship.

Situation to Self

Moral injury in the military is a topic that I have been interested in investigating since 2004. My interest is due to years of observing how service members act (e.g., behavior), communicate, and solve life situations with their spouses; moreover, I always wanted to understand better the feeling of numbness toward God. Furthermore, I sought to understand the service members’ negative emotions, such as shame and blame. I observed service members’ inability to connect with meaning and purpose with their spouses and God. After a decade of researching the mental frame of service members, I realized that PTSD, TBI, the emotional cycle of deployment (predeployment, postdeployment, & reintegration), trauma, and relocating were not the only reasons for the warrior to feel a perpetual emotional pain. I understood that apathy toward God and the lack of desire to connect with their spouses resulted from a wounded soul.

However, I later learned that several scholars recognized the wounded soul as a MI (Jamieson et al., 2020; Jinkerson, 2016; Litz et al., 2009; Nash et al., 2013; Wood, 2016).

Through this research on MI in the military, I intended to describe and understand the phenomenon of invisible wounds. This phenomenological research aimed to explain service members' level of marital satisfaction and learn about the service members' spiritual condition. Therefore, it was pivotal to understand the root of the phenomenon (e.g., low marital satisfaction, faith, and connection with God).

To guide me in this research, I utilized a constructivist approach to understand multiple realities and create findings and meaning about MI and the negative emotions that accompany this feeling. The primary method I used in this investigation was hermeneutical (interpretive) with a dialectical discourse. I embarked on this journey by putting aside my experience with my warrior, who seemed to be battling MI. My goal was to contribute to the body of scientific knowledge on understanding MI in the military while enriching the service members' spiritual condition and helping couples to rekindle their marriage.

Problem Statement

Koenig and Al Zaben (2020) observed that MIEs might be unrecognized, contributing to the feeling of "burnout." Wicks (2010) indicated that a high level of stress, PTSD, and the cessation of feeling burned-out was perhaps the body, mind, and spirit sending a message that it is imperative to seek help to avoid negative consequences. The adverse ripple effect of negative emotions might lead to personal alienation from the relationship with the spouse as well as the relationship between God and oneself. Service members believe that the symptomatology of MI is burnout; however, the constellation of emotions is the soul in pain. For instance, Bailey (2018) indicated that alleviating the emotional and spiritual pain that results from moral distress was

essential to gaining the attention and understanding of MI in service members to relieve their anguished heart. Therefore, it was necessary to conduct a phenomenological study to better understand the essence of the problem and learn to distinguish MIEs that might be detrimental for the service member in the ambits of self, their spouse, and God. For instance, Wortmann et al. (2017) determined the effect of spiritual practice when service members were working on a moral repair. Therefore, living purposefully and connecting with God enables the service member to feel at ease and at peace.

Some research on MI explained that the prevalence of transgressive acts in the military, such as killing an enemy combatant and committing atrocities, causes negative emotions, such as blame and shame (Frankfurt & Frazier, 2016). Moreover, scholars noted that military cultural values and beliefs of loyalty and serving the nation impair life functioning and increase moral pain and spiritual suffering (Farnsworth et al., 2017). This study aimed to understand more about MI in the military, marital satisfaction, and a relationship with God. It has been generally agreed that individuals exposed to traumatic events that violate their moral values might experience severe distress and functional impairments, known as MIs (Griffin et al., 2019). Therefore, this research intended to understand moral injury through the life experiences of 10 military couples to elucidate the role of God in their life and marriage.

Apparently, negative emotions are detrimental to well-being (Manel & Aoud, 2021); to be precise, they are detrimental to marital relationships and a relationship with God. Therefore, exploring issues of negative attribution toward God was a pivotal subject to investigate. Consequently, examining the role of God and the painful self-conscious emotions (e.g., transgression of moral values) was an enticing subject matter to explore through a phenomenological investigation.

Purpose Statement

This phenomenological investigation aimed to describe and understand MI in the military and discover the central phenomenon impacting marital satisfaction and the officers' relationship with self and God. Litz et al. (2009) indicated that service members could suffer long-term scars (e.g., invisible wounds) poorly understood by the current conceptualizations of PTSD or other adjustment difficulties. Therefore, understanding MI, marital satisfaction, and God could liberate service members from negative emotions through forgiveness, redemptive behavior, and reconciliation with self, others, and God.

Ten couples were purposely selected for this phenomenological study. Creswell and Poth (2018) indicated that purposeful sampling is used in qualitative research to determine individuals and sites for the research problem and central study of the phenomenon. This study included veterans or active-duty members with or without combat exposure who witnessed atrocities or faced a moral dilemma. The participants had to be married or remarried and with or without children. As a requirement, one of the spouses had to have served in the military. Participants had to be active duty, reserve, separated, retiree, or veterans and answer military-specific questions (e.g., branch, rank, number of deployments). Also, participants had to report clinical levels of distress such as anxiety, PTSD, or MI. This research focuses on MI, marital satisfaction, and the role of God in the lives of military service members. The researcher posted flyers on military installations at the chaplain's office and the American Legion to recruit ten couples. The eligibility criteria for the study were as follows: participants had to answer military-specific questions and report any clinical levels of distress, anxiety, or negative emotions.

The selected theoretical approach for investigating MI in the military was the biopsychosocial-spiritual model. Gask (2018) endorsed the approach because the

biopsychosocial model is concerned about humans' thoughts, emotions, behavior, and physical health. The Spiritual component was selected because it is an integrative part of human development. Brémault-Phillips et al. (2019) argued that a holistic approach to MI was needed due to the complexity and physical, emotional, social, and spiritual impact on service members and their spouses. Much of the debate on mental health in the military revolved around PTSD. Still, before this study, less was known about the spiritual dimension of MI in the military and how to incorporate it into treatment for the service member and their spouse to experience healing and fulfillment.

Significance of the Study

Moral injury (MI) is a phenomenon that occurs in society, and it is unavoidable to experience negative emotions after a traumatic event. For example, the U.S. Department of Veteran Affairs (2009) explained that service members who witnessed atrocities, participated in inhumane or cruel actions, or failed to prevent an act of others might experience MI. Lancaster and Harris (2018) identified the characteristic of PMIEs in the military and facilitated an understanding of the phenomenon.

Examining MI in the military and moral repair without referencing the Bible is impossible (Kelle, 2020). The Bible has contributed to understanding MI with the example of King Saul's story. Kelle (2020) offered a working definition of MI as "a nonphysical wound that results from the violation of a person's core moral beliefs (by oneself or others)" (p. 2).

Another scholar established a comparison between MI and biblical stories. Grimell (2018) established a comparison of combat veterans with four warriors from the Bible, "Saul, David, Joab, and Uriah in the Books of Samuel" (p. 232). The four categories of combat veterans

that demonstrate the development of PTSD are (a) resilience, (b) MI, (c) unfaltering, and (d) abidance to warrior ethics (Grimell, 2018, p. 271).

This research aimed to understand and describe MI in the military and learn about marital satisfaction and the relationship with God to experience fulfillment and a transformative spiritual rebirth through redemptive behavior, forgiveness, good communication, and reconciliation. Oman (1919) investigated spirituality, existentialism, and God in the context of human emotions and faith. Oman elucidated the understanding of spiritual insight, stating that “the interaction of revelation and reconciliation is to understand how faith is a gift of God and our own insight” (p. 165). This aspect suggests that it is essential to understand existentialist questions, such as the meaning and purpose of life, before experiencing forgiveness and reconciliation.

Research Questions

The four research questions that guided this study include:

RQ1: How have negative emotions like shame and blame that service members experience changed their marital satisfaction?

Few researchers examined the relationship between MI and negative emotions (e.g., shame and blame), marital satisfaction, and God. Instead, most researchers focused their attention on MI and PTSD; however, few studies in the field of MI investigated negative emotions such as shame and blame, marital satisfaction, and God. For instance, Litz et al. (2009) argued that “actions, sights, smells, and images of violence and its aftermath might produce considerable lasting distress and inner turmoil” comparable to consequences of direct life threat. However, inner turmoil and how it might be detrimental to marital relationships and the service member’s spiritual condition had not yet been explored during the time of this study. Bravo et al. (2020) indicated that witnessing or engaging in MIEs might result in inner conflict. Therefore,

this question sought to understand how internal conflict and PIEs interfere with marital satisfaction.

RQ2: How do service members struggling with moral injury and suffering from emotional and spiritual concerns have difficulties practicing forgiveness?

Carey and Hodgson (2018) argued that MI and spiritual implications were associated with adverse mental health problems. Therefore, understanding religious practice and spirituality among service members and their impacts on health and well-being was necessary. This question aimed to learn the level of spirituality of service members and their spouses to promote healing, reconciliation, and forgiveness.

RQ3: How has time and intensity of potential moral injury events contributed to the service member to struggles with emotions and personal faith?

Rumination is a possible reason why military members' negative and traumatic experiences exacerbate mental health problems (Nolen-Hoeksema, 1991). For instance, Sansone and Sansone (2012) indicated that several studies had determined associations between rumination, more significant emotional distress, and greater pain intensity. Therefore, this question aimed to understand the act of rumination in MI and marital satisfaction.

RQ4: How do participants define moral injury?

This research question explored the lived experiences of military couples and the potentially detrimental effects war has on service members and their families. In addition, this question sought to understand how military couples understood the impact of MI and how the couples overcame moral pain to rekindle marital relationships while growing closer to God.

Definitions

1. *Akrasia* - This term in the military refers to “a wide range of disintegrative and dissociative pathologies ranging from PTSD, systematic self-deception, and irrational conservation of emotions” (Rorty, 1998, p. 145).
2. *Battlemind* - This term implies mental toughness, or a service member’s inner strength to face fears and adversities with courage while building soldiers’ resiliency (Castro et al., 2006).
3. *Combat Veterans* - Combat veterans served in a conflict zone while in the military (Veterans Disability Info, 2022).
4. *Commissioned Officer* - “In the Army, a person who has been appointed to the grade of second lieutenant or higher is a commissioned officer” (United State Army Terms, 1986, p. 47).
5. *Constellation of Emotions* - Emotional constellations are feelings that display internally and externally. For instance, these constellations could force new emotions into each other and form a new reality where new feelings might surface in the person (Reehaam, 2020).
6. *Crazy Cycle* - This phenomenon occurs when both partners are at a stuck point and under a high level of stress and tension. For instance, the spouses might be doing crazy things deliberately or unknowingly, but constantly, the couple is reacting to a lack of love (for her) or a lack of respect (for him) (Eggerichs, 2004).
7. *Deployment Cycle / Emotional Cycle of Deployment* - DeVoe et al. (2012) described the deployment cycle as “a series of transitions that service members and their partners

encounter, beginning with notification of an upcoming deployment and throughout the post-deployment reunion and reintegration periods” (p. 184).

8. *Emotion Cluster* - Emotion cluster describes experiences that incorporate “many different and even competing emotions and enable individuals to traverse complex and often contradictory feelings” (Bound, 2018, p. 244).
9. *Human Soul* - A holistic view of the human person and the first natural body that is potentially alive (Cambridge Scholar, 1992).
10. *Invisible Wounds* - An invisible wound refers to a cognitive, emotional, or behavioral condition associated with trauma or adverse life events (e.g., depressive disorder, PTSD, & TBI; Air Force Wounded Warrior [AFW2], n.d.).
11. *Life Events* - The term life events is often utilized in the military to describe “time-discrete transitions that mark the beginning or the end of a specific status” (Luhmann et al., 2012, p. 594).
12. *Military Creed* – All military branches have a creed to provide value and structure to strengthen their mission and serve with pride (Military.com, 2017).
13. *Noncommissioned Officer* – “An enlisted man appointed in pay grade corporal specialist (E-4) or higher, excluding specialist, usually to fill positions wherein the qualities of leadership are required” (United States Army Terms, 1986, p. 126).
14. *Post Traumatic Growth* (PTG) - Habib et al. (2018) defined PTG as positive, meaningful psychological changes an individual can experience while coping with traumatic life events.
15. *Religiosity* – Refers to “any feelings, thoughts, experiences, and behaviors that arise from a search for the sacred” (Chida et al., 2009, p. 81).

16. *Sacred*- This term refers to a “divine being, divine object, ultimate reality, or ultimate truth perceived by the individual” (Chida et al., 2009, p. 81).
17. *Service Member* - A service member means a person serving in the armed forces of the United States (Army, Navy, Air Force, Marine Corps, and Coast Guard; Low Insider, n.d.).
18. *Separation* – Separation is a term that includes discharge, release from active duty, custody, and control of the Armed Forces but implies a transfer to the Individual Ready Reserve and similar changes in active or reserve status (Military.com Network, 2023).
19. *Soldier’s Creed*- The soldier’s creed is words of courage that service members rehearse to be prepared to stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat (Soldier’s Creed, 2004).
20. *Spirituality* – Refers to searching for the sacred in one’s life (Pargament & Sweeney, 2011).
21. *Spiritual Counseling, Guidance, or Education* – According to Carey and Hodgson (2018), this term refers to an expression of spiritual care that includes an “in-depth facilitative review of a person’s life journey, personal or familial ... ” (p. 2).
22. *Spiritual Conditions* - Sweeney and Rhodes (2012) indicated that spiritual conditions are a person’s ability to continuously understand their core values and identity, live according to core values, and find purpose and meaning in life.

Summary

Moral injury in the military is a relatively new subject of study, especially regarding marital satisfaction and an intimate relationship with God. Service members might encounter morally injurious events that lead to emotional, social, and spiritual suffering that overlap with

mental health diagnoses (e.g., PTSD). Although the hermeneutic research on marital satisfaction and MI is limited, most academic journals address PTSD and TBI. Therefore, this investigation on MI contributes to scientific knowledge on enhancing marital satisfaction in military marriages and their spiritual condition. Nevertheless, learning and understanding war and a person's soul could help clinicians recognize the invisible wounds and the wounded warriors' moral pain without judgment but with an aptitude for love and respect.

Chapter Two: Literature Review

Overview

Brémault-Phillips et al. (2019) argued that a holistic approach to MI was needed due to the complexity and physical, emotional, social, and spiritual impact on service members and their spouses. Much of the debate on mental health in the military revolved around PTSD. Still, by the time of this study, less was known about MI in the military spiritual dimension and how to incorporate it into treatment for the service member and their spouse to assist them in experiencing a satisfying married life while building an intimate relationship with God and rekindling their marriage.

Relational-cultural theory (RCT) emphasizes mutual empathy, self-awareness, and emotional regulations to help rekindle military marriages. However, Comstock et al. (2008) indicated that an RCT lacks an understanding of people's contextual and relational experiences (e.g., women, people of color, and marginalized individuals in society). This group of individuals might experience misunderstanding in the context of human relations (e.g., married couples from different cultural backgrounds and ethnicities). Therefore, identifying the contextual and sociocultural challenges that "impede individuals' ability to create, sustain, and participate in growth-fostering" remains crucial for a healthy relationship (Comstock et al., 2008, p. 279). Developing relational competencies over the life span could contribute to the individual's spiritual, emotional, and relational growth.

Johnson and Giordano (2021) argued that marriage rates in the military were higher than those in the civilian sector. Regrettably, military members have been more vulnerable to divorce than civilians due to the emotional cycle of deployment (e.g., pre-deployment, deployment, and reintegration). Thus, the military provides incentives such as extra pay for off-base housing or

free on-base housing, allowance for food, free family medical and dental coverage, and Commissary and Base Exchange. As a result, the couple prefers to remain married despite their high stress and marital tension. However, once the service members return to civilian life and these incentives are absent, they suffer higher rates of marital dissolution than comparable civilians (Lundquist, 2007).

Human relationships are complex and even more so in the military, as the military culture and values are defined by patriotism and the act of heroism in protecting the nation (Wood, 2016). Therefore, marriage is complex because each partner comes into the relationship with their core values, beliefs, and expectations. In addition, married couples might suffer from poor communication styles, leading to ruptures of reciprocity in relationships (Trepal, 2010). There are no biblical or moral considerations that would prohibit marriages; however, regardless of race and culture, every person is equally worthy in God's eyes. Therefore, it is fundamental to understand the couple's contrasting belief systems with the belief and practices of military culture. When exploring the topic of MI in the military, a biopsychosocial-spiritual or holistic perspectives model helps understand the negative emotions of service members, such as shame, guilt, and blame. In addition, it is possible to comprehend the meta-communication (e.g., verbal and nonverbal between the military married couple). Thus, integrating these four domains — biological, psychological, social, and spiritual — in the phenomenological investigation could bring answers to the issue of marital dissatisfaction and negative attribution toward God.

Religion and spirituality are widely available and recognized as cultural resources for empowerment and health (Hatala, 2013). The presence of the divine through collectively organized religion or individuals has shown to offer healing and positive benefits to individuals struggling with a wounded soul (Hatala, 2013). Moreover, God and meditative prayers heal

patients with life-threatening or life-altering illnesses. In some situations, individuals turn to prayer out of need or desperation. The findings indicate that the individuals who turned to God and prayers experienced an “increased ability to cope and recover from their illness experiences than nonspiritual controls” (Hatala, 2013, p. 257). These finding suggests that prayer helps individuals struggling with negative emotions.

Theoretical Framework

This study intended to evaluate four specific factors affecting married service members or veterans with MI: (a) emotional competence, (b) social aptitude and functioning, (c) level of marital satisfaction, and (d) relationship with God. Most research on MI suggests that negative moral emotions such as shame and guilt cause inner conflict and interpersonal difficulties (Harris, 2003). Consequently, the sequels of MI might be detrimental to emotional competence, social aptitude, and functioning, resulting in marital dissatisfaction and existentialism concerns affecting the relationship with oneself and God (Graham, 2017). The existing literature on physical and emotional injuries of war focused on physical injuries, PTSD, and TBI. Although war topics were well-studied, mental conditions like MI and combat-related depression were less understood, primarily concerning marital satisfaction. In addition, MI is an elusive topic in the context of marital satisfaction and is often confused with PTSD. However, limited studies addressed MI in military marriages (Kime, 2015).

The available official data on the sequels of combat exposure suggests that service members and their spouses suffer from mental health symptoms and aggressive behaviors (Foran et al., 2013). Therefore, the theoretical perspectives used for the investigation of military MI were as follows: (a) A biopsychosocial and spiritual model (e.g., body, mind, and spirit), and (b) a relational-cultural model (e.g., mutual empathy, self-awareness, and emotions regulations).

This study investigated the relationship dynamics between service members with MI and their spouses. Also, the researcher aimed to understand the service members' negative emotions, such as shame and blame, in the context of marital satisfaction and the couple's commitment to God.

Moral Injury Assessment

Evans et al. (2018) supported the view of the most effective treatment therapy for MI and PTSD in the military. As illustrated, prolonged exposure therapy (PE) might facilitate moral healing while treating PTSD. Also, there was a need for a treatment structure for MI when treating service members with MI. In addition, MI might prevent healing when suffering from PTSD and vice-versa (Evans et al., 2018).

Yeterian et al. (2019) developed and validated a content-valid measure of MI for military personnel to address the aftermath of exposure to PMIEs. The multidimensional Moral Injury Outcome scale (MIOS) collects phenomenological data from service members, veterans, and clinicians to operationalize subdomains and generate content for a new measure of MI. The MIOS could be used in epidemiological and clinical studies in clinical care. The validity of this consortium scale is suitable when examining service members with MI because it has considered whether the scale should assess the degree of frequency or intensity, or both, of PMIEs. Qualitative interviews prompted responders to describe the impact of PMIEs on intrapersonal, interpersonal, and spiritual/existential domains, each substantiated by theoretical and empirical research on MI (Yeterian et al., 2019).

The literature shows that the Vietnam War was cruel and evil (Meagher et al., 2018). The moral distress service members experienced during the Vietnam War and how veterans live in deep moral pain today. However, veteran outreach program counselors assist veterans with moral pain. These "counselors are like priests to them because veterans visit the counselors to find an

absolution of their sins.” (Meagher et al., 2018, p. 173). Also, veterans hope to find help coping with their emotional pain. Meagher et al. (2018) implied that several veterans were distressed and had few valuable ways to approach moral pain. Litz et al. (2009) proposed a model to assist clinicians and service members based on preventing and treating combat and operational stress injuries that benefit service members. Adaptive disclosure was designed to be a brief therapy of six sessions. The main goal is to “plant a healing seed of hope for the future” (Litz et al., 2009, p. 45).

Likewise, Litz et al. (2009) pointed out the benefits of the adaptive approach by teaching service members the following effective techniques: (a) approaching psychologically painful material is possible and feared consequences from doing so do not occur, (b) processing and reconsideration are useful ways of seeing that specific deployment experiences could change, (c) shameful or guilt-inducing material could be shared without permanent diminishment or rejection, (d) vulnerability can be tolerated and successfully navigated, and (e) clients could reclaim a good part of themselves that they have lost since deployment. The purpose of this technique is to help veterans and service members be positive and have reparative encounters with others to avoid psychological impairment and life injury. Adaptive disclosure helps service members or veterans to construct a less rigid and less absolute self-condemnation. However, by assessing their own and others’ culpability, service members could reconcile and feel more forgiving (Litz et al., 2009).

Biopsychosocial Spiritual Model

Sulmasy (2002) explained that holistic health care addresses the person's relational existence in all ambits, such as physical, psychological, social, and spiritual. Similarly, Saad et al. (2017) indicated that a biopsychosocial spiritual model acknowledges and approaches all

aspects of the human being. Currier et al. (2015) found evidence that military service members could confront situations “with experiences that undermine their core sense of humanity and violate their values and beliefs” (p. 54). MI is a construct related to negative consequences associated with the war zone. Moral transgressions cause spiritual and existential torment that debilitates the body, mind, and spirit (Currier et al., 2015). There is evidence that spiritual brokenness could harm interpersonal, transpersonal, and spiritual relationships (Boss, 2010; Brémault-Phillips et al., 2019; Kopacz et al., 2016).

Related Literature

Schorr et al. (2018) indicated that emotional distress from combat exposure was associated with MI. Furthermore, some studies suggested that MI and marital satisfaction in the military were interrelated with culture and core values, leading to a complex relationship. Borah and Fina (2017) argued that married military couples experience marital dissatisfaction due to negative experiences in the military. These adverse experiences seem work-related (e.g., deployments, combat exposure, and witnessing atrocities), implying that the couple’s adaptive process would be negatively impacted. This investigation intended to study the phenomenon of MI affecting military marriages. Therefore, analyzing the relationship between a service member’s mental health and marital functioning could guide couples and clinicians in understanding MI in the military. For instance, Donoho et al. (2017) suggested a correlation between marital satisfaction and mental health. Equally, Allen et al. (2010) provided empirical evidence that husbands in the military struggle with negative emotions and depressive symptoms associated with lower marital satisfaction. Military couples reported higher general levels of negative communication and more resentment due to changes in the service member’s behavior toward the spouse (Allen et al., 2010).

Overview of Military and Military Couples

Karney and Crown (2007) provided a theoretical foundation for discussing military families that live under continuous stress. Moreover, they reported that lengthy separations are one of the causes of divorce. In another study, Donoho et al. (2017) discussed military families' emotional struggles when service members were deployed to combat zones. For instance, families should contend with redefining roles, adjusting to an extended absence, and worrying about the health and well-being of the deployed service member, their children, and themselves. In addition, spouses struggle with adaptability issues if the family is relocated (permanent change of station moves). Although every couple is unique, they tend to face universal challenges. For instance, some of the challenges that military couples face in order of preponderance are (a) finances, (b) trust, (c) parenting, and (d) mismatched responsibilities or priorities (Military OneSource, 2021).

Therefore, military couples should manage uncertainties and anxiety to ease the stress and negative emotions that cause pre-deployment, deployment, and reintegration. The anxiety uncertainty management (AUM) theory suggests that communication effectiveness is a function of an individual's ability to manage uncertainty and anxiety (Gudykunst & Nishida, 2001). Moreover, "anxiety negatively predicts perceived effectiveness and attributional confidence positively predicts perceived effectiveness across relationships" (Gudykunst & Nishida, 2001, p. 55). Therefore, in a military marriage, the couple should learn and adapt to one another's understanding of the military culture, creating the opportunity to grow together. However, this situation makes the challenging circumstances extremely difficult for married couples.

Military Culture

Atuel and Castro (2018) asserted that military culture pertains to the defining characteristics of the military as an organization with a formal structure, a cultural group governed by norms, and a social group that provides people with identities. Hoffman's (2020) definition of military culture could be understood through integrative theory explained in Tajfel et al.'s (1979) article. The article on Organizational Identity suggested that placing people into groups and categories is based on a normal cognitive process (e.g., categorization, identification, and comparison; Tajfel et al., 1979). Subsequently, Tajfel et al. (1979) denoted that individuals in society need to belong to a group to strengthen their self-esteem and appraisal. Group membership gives a person a sense of who they are based on their membership. According to the social identity approach, a group becomes a group if its members experience social identity, define themselves as part of their group, and feel good about their group membership, like being in the military (Hogg, 2010).

Also, Hogg (2010) explains that when people enlist in the military, they are given an identity and a feeling of pride and self-esteem that surpasses their affiliation with any other group membership. These identities are enacted and are often evident through group language, demeanor, and dress code differences. Consequently, service members adopt a new culture (military culture) with values, traditions, and practices that transform the person in all areas (e.g., physiologically, emotionally, spiritually, and mentally; Hogg, 2010). Military culture is also exemplified by the mission. For instance, "a mission provides an institution with a common purpose that justifies its existence and claims on resources and its members' self-worth, rewards, and privileges" (Wilson, 2008, p. 13). Accordingly, military culture is an institutional development and cohesion to adhere to a recognized mission rather than a group or individual

interest. Halvorson et al. (2010) opined that such a mission has two elements. First is the formal, explicit ideological goal that legitimizes the institution's existence and serves as a rationale for its behavior. The second is the action and status of its members (Halvorson et al., 2010).

Military Marriages

The accumulated research and theory on military marriages suggest that the marriage could succeed or fail according to how the service member and their spouse cope with internal and external factors in the military (DOD, 2019). The vast majority of the work on the emotional cycle of deployment (e. g., pre-deployment, deployment, and reintegration) illustrated that this cycle negatively affect military spouses and families in all areas of their lives, such as spiritual, relational, and emotional (Donoho et al., 2017). For example, deployments are associated with increased mental health problems in spouses.

Marital Satisfaction

Some research works supported the reasoning that structural similarity in friendship among married couples showed more significant mutual attraction than couples with structural differences in personality traits and character (Neimeyer, 1984). For instance, Neimeyer (1984) provided data on 29 couples who volunteered to participate in a study of marital relationships. The statistical information suggested that higher cognitive complexity was associated with higher marital satisfaction. The data results suggested that higher marital satisfaction was based on similarities in personality traits.

Furler et al. (2013) investigated and discussed how similarities in personality traits could help maintain a healthy marital relationship. Couples influence each other and mutually affect the other partner's well-being. Also, on the role of personality characteristics and marital

satisfaction, the data provided suggested that being emotionally stable and open to experience was positively associated with romantic relationship and life satisfaction.

Lavner et al. (2016) assessed the impact of communication between married couples and examined the variables associated with communication style. Data provided suggested that more satisfied couples communicate often and positively. Doss et al. (2004) identified the reason why couples sought therapy. For instance, in a study reporting 147 married couples seeking marital treatment, he pointed out “problematic communication and lack of emotional affection” (Doss et al., 2004, p. 612) due to moral pain. Most scholars agree that communication is a crucial component of marital satisfaction (Stewart, 2011). However, emotional affection plays an integral part in a happily married relationship.

Floyd (2014) attempted to establish a link between affection deprivation and marital relationship satisfaction. For instance, he determined that affection deprivation had detrimental effects on married couples and explains. Indeed, “affection deprivation shows negative linear associations with general health, happiness, social support, relationship satisfaction, and attachment security” (Floyd, 2014, p. 384).

However, Hesse and Tian (2020) extended this area of investigation and argued that affection deprivation does matter in a close relationship. They provided a detailed account illustrating love and affectionate communication in a marital relationship. A multi-item self-report scale index was utilized to evaluate marital relationships; the results suggested that receiving less affection might harm marital satisfaction. Thus, demonstrating love and affectionate communication is essential for psychological well-being and for couples to experience satisfaction.

Baucom (2001) argued that marital satisfaction was interrelated with religious practice. He pointed out that various religious factors are potentially important in understanding couples, family functioning, and marital satisfaction. For example, empirical evidence from the study supported the claim that religious holiday rituals are related to marital satisfaction. Enjoyable and meaningful rituals could bring connection, fulfillment, and happy marriages. Then, understanding religion's psychosocial functions could help clarify how religious beliefs and practices are incorporated into a couple's life and influence their ongoing behavior. Also, children are a potent stimulus for couples to make a genuine effort to reconcile their differences to stay together and pursue happiness by communicating some of their religious and spiritual upbringings that might affect their relationship (Baucom, 2001).

In his study, Baucom (2001) examined the role of religiosity, spiritual formation, and a couple's intimate relationship with God. He correctly observed that the practice of religiosity had been identified as crucial to developing morality and happy marriages. However, traumatic events could distort the service member's cognition and the relationship with the spouse and God, impacting marital satisfaction. Some studies have shown that happy marriages could be distinguished from unhappy marriages by the relationship's ratio of positive to negative behavior (Lavner et al., 2016).

Stewart (2012) emphasized the importance of good communication. He indicated that communication between spouses was essential to marital satisfaction in civilian and military marriages. Research on military marriages addressed the issue of poor communication between couples. Studies conducted by the DOD (2019) suggested that most military marriages do not practice mindful communication (e.g., to be present here and now); consequently, these

marriages might fall apart (DOD). Kabat-Zinn (2003) reported that being intentional and mindful when engaging in a dialogue was pivotal for meaningful conversation.

Honeycutt and Cantrill (2000) asserted that communication changes throughout the couple's relationship, and when it changes, it is reasonable to say it has moved to a new stage or level. The stages reflect different expectations for behavior in any period in a relationship. However, The service members' experiences like deployments to a combat zone and experiences of the loss of a comrade impacts couple communication.

Crisis in Military Families

Managing a crisis in military marriage could be difficult. However, understanding what has caused a relationship to deteriorate is vital for the couple (Negrusa et al., 2014). Research on military marriages suggested that the emotional cycle of deployment could result in a high-stress level for couples (U. S. Department of Veteran Affairs, 2009). As a result, service members and their spouses might fail to find an effective and productive way to communicate. For instance, Stewart (2012) indicated that meaningful communication and self-disclosure were essential to building connections. Also, it remains pivotal to consider cultural factors that might interfere with communication, as the conveyed message could be wrongly interpreted. Cronk (1991) explained that cultures affect human behavior and some spoken words could harm communication and the marital relationship.

Denissen et al. (2019) explained that personality development emphasizes the role of life events such as marriage or unemployment, a child's birth, constant geographical mobility (e.g., deployment and relocation), and shifts in social roles and relationships. Therefore, the military spouse has full responsibility for their children and the house and the commitment to manage the finances when a service member is deployed. However, the emotional cycle of deployment

“modifies, interrupts, or redirects the couple's personality trajectories by altering people’s feelings, thoughts, and behavior” (Denissen et al., 2019, p. 612). For example, during deployment, behavioral routines change because the service member is no longer present to help with house chores or with the kids (school activities). Furthermore, the service member is unavailable to have intimacy with the spouse, to be present during the birth of a child, or to celebrate special holidays. Consequently, couples feel disconnected, misunderstood, and isolated (Denissen et al., 2019).

Moral Injury

Moral injury refers to the “lasting emotional, psychological, social, behavioral, and spiritual impacts of actions that violate a service member’s core moral values and behavioral expectations of self or others.” (Litz et al, 2009). The lasting effect that MIEs have on service members could be seen from the experiences that service members had while engaged in the Afghanistan and Iraq wars. For instance, Litz et al. (2009) explained that PMIEs harm service members. Moreover, MI might occur if acts of transgression produce dissonance (conflict), and dissonance is only possible if the service member has an intact moral belief system (Litz et al., 2009).

Moral Injury in the Military

Nash and Litz (2013) indicated that MI in the military is “a state of cognitive dissonance, a loss of trust in previously deeply held beliefs about one’s own or others' abilities to keep a shared moral convent” (p. 368). Therefore, an in-depth analysis of MI remains essential to offer new insights into the invisible wounds that impact military married couples. Harris (2003) explained that MI is a distinctive dimension of combat-related PTSD; however, there is a distinction between the symptomatology of PTSD and MI. For instance, Jamieson et al. (2020)

delineated the overlapping symptoms between PTSD and MI, such as a negative view of self, disgust, anxiety, depression, distrust, social issues, and nightmares. In addition, the cluster of negative emotions that service members experience, such as shame and blame, could interrupt everyday functioning. A cluster of emotions is a group of similar feelings that might occur closely together. For instance, Goldberg et al. (2009) argued that it is feasible to identify mental disorders by groupings based on etiology. A group of mental disorders with increased anxiety, depression, and fears is a cluster of emotions. In addition, a cluster of emotions might include generalized anxiety disorder (GAD), unipolar depression, panic disorder, phobic disorders, obsessional states, dysthymic disorders, and PTSD (Goldberg et al., 2009). For example, in the case of MI in the military, a service member might self-condemn their unforgivable actions thus becoming become depressed. This negative emotion of shame and blame produces identity and existential concerns because the service member feels unworthy (Buechner, 2020).

Post-traumatic stress disorder (PTSD) is related to personhood violation, leading service members to have flashbacks, feel hyperarousal, and be hypervigilant (Meagher et al., 2018). Physical injuries from war are well-studied by Litz et al. (2009), Nash et al. (2013) and Tick (2005). However, mental condition, interpersonal relationships, and relationship with God are less understood (Jinkerson, 2016). Conceptual information regarding MI in the military suggests that atrocities and traditional combat killings are interconnected with moral character, personality traits, and God (Levers, 2015). Also, Levers (2015) addressed the “crisis of faith” concept and discussed some spiritual responses experienced by service members, such as anger toward God, stopping attendance at religious services, experiencing emptiness, and feeling God has failed them. Hence, military life experiences are a monumental task for a service member who has witnessed atrocity and the loss of life of a comrade.

There are a few reasons for the lack of research on MI in the military. It could be hypothesized that battlemind, avoidance of emotional pain, and lack of compassion toward oneself are some of the reasons behind the limited in-depth study in military MI in the context of marital satisfaction and a relationship with God (MacNair, 2002). According to research findings military MI affects service members' spirituality; also, maladaptive cognition appears to be one of the consequences of MI (Farnsworth et al., 2017)..

Moreover, Boska and Capron (2021) explained that MI is associated with distortions within others' self-worth, justice, reliability, and trustworthiness. Because MI violates the core values of service members, it is essential to distinguish between moral values and moral ethics. Moral values are considered suitable, desirable, or important, and individuals in society usually act according to their core values. In the military, values guide the service members' perception of right or wrong. However, these values differ from person to person. For instance, Bykov (2019) indicated that the sociology of morality seeks to explore moral phenomena related to the social and cultural aspects of the individual.

Bykov (2019) stated that critical factors influencing people's perception of morality (e.g., moral emotions, moral injury, moral distress, moral stress, and moral injury) are subject to culture. Some aspects that affect the perception of a PMIEs include but are not limited to personality traits, cultural background, moral values, relationship with God, age, level of education, social structure, and gender. According to FeldmanHall et al. (2018), moral values refer to the individual's set of customs and values endorsed by society to guide ethical behaviors. However, morality is interrupted in the military due to extreme conditions that might violate the service member's belief system. Nevertheless, studies indicate that some service members experience PTG (Stevellink et al., 2018).

In the literature, PTG in the military is associated with an increased appreciation for life, awareness of the here and now, a new possibility in life, and a remarkable enhancement of inner strength (Stevelink et al., 2018). It is generally agreed that PTG is correlated with resilience (Collier, 2016). As Tsai et al. (2015) asserted, resilience ensues when trauma occurs and the individual manages to overcome the sequels of the traumatic event. Studies by the DOD (2019) indicate that responses to trauma could be immediate or delayed, brief or prolonged, and recovering from trauma depends on how the individual copes with adversities.

Pargament and Sweeney (2011) introduced the term *spiritual fitness* and explained that service members should seek God to ensure their well-being and optimize their job performance during service. Thus the feasibility of religious practice as a therapeutic approach to alleviate spiritual struggles in the military should be explored. Navy Capt. Raymond Houk, Chaplain for Navy Medicine, said, “spiritual fitness and support is integral to the mission” (Health.Mil, 2022). In line with this note, Cenkner et al. (2021) found evidence that the Department of Veteran Affairs (VA), Department of Defense (DOD), and chaplains with the Mental Health Integration for Chaplain Services (MHICS) have been working together in an initiative to enhance the lives of service members struggling with religion and spirituality. However, the existing literature on MI does not address MI in the context of marital satisfaction and God as the ultimate healer of moral pain and trauma.

Bravo et al. (2020) found evidence that when service member witness or engage in MIEs, it results in internal conflict and despair, leading to negative emotions like shame and blame. Therefore, with an in-depth analysis of negative emotions in the context of MIEs, military marriages, and religiosity, it is possible to learn and understand more about the detrimental effects MI has on marriages to foster moral repair, and promote emotional competence, social

aptitude, and functioning (Graham, 2017). As Williamson et al. (2021) explained, MI is a “strong cognitive and emotional response that can occur following events that violate a person’s moral or ethical code” (p. 454). Therefore, it is crucial to learn about this traumatization affecting service members and their families. Sometimes, the emotional cycle of deployment is ambiguous, causing the spouse anxiety and despair (Dekel et al., 2016).

Boss (2010) described the phenomenon of ambiguous loss in which a loved one is physically present but psychologically absent or vice-versa. This dynamic of ambiguous loss is detrimental to marital relationships because it creates a toxic cycle of interpersonal relationships that might lay the “root of much depression, anxiety, and family conflict” (Boss, 2010, p. 138). Likewise, Dekel et al. (2016) argued that spouses reported experiencing a negative impact on combat veterans with PTSD and MI. The contextual information on secondary traumatization suggests possible implications of transmission of symptoms from the active member that previously experienced trauma to the spouse, which might affect the marital relationship.

Moral Injury Events

Koenig and Al Zaben (2020) observed that MIEs might be unrecognized and are attributed to the feeling of “burnout.” However, extensive studies on MI indicate that the symptomatology of MI is similar to PTSD. Furthermore, Zerach et al. (2021) pointed out that MI has distinctive symptoms. For example, “moral injury begins with exposure to potentially morally injurious events.” Litz and Kerig (2019) emphasized the differences between MI and PTSD, noting that MI is considered distinct from PTSD but has some similar overlapping areas. Examples of MIEs are direct perpetration, failure to prevent, witnessing acts that might be appraised as deeply held values, and transgressions in high-stake situations (Farnsworth et al., 2017; Litz et al., 2009).

Smigelsky et al. (2019) indicated that MI develops in response to transgressions that oppose a person's expectations. Moreover, MI constitutes an incongruence between the service member's values and experiences in the military that lead to internal conflict or dissonance. Litz et al. (2009) evoked concerns about potential events impacting the service member's core values and belief system and defined PMIEs as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (p. 700).

A recent investigation of PMIEs explains two broad types of PMIEs stemming from the actions of self and others (Zerach et al., 2021). The self-related PMIEs include perpetration-based acts of commission (e.g., killing an uninvolved citizen) and omission (e.g., failing to prevent atrocities). Moreover, Zerach et al. (2021) distinguished PMIEs by categorizing them in direct and indirect exposure to others' transgressive behaviors. Shay (2014) addressed the different emotions that service members might experience due to PMIEs, such as being a victim of or witnessing perceived immoral actions or experiencing the betrayal of trusted others.

Trauma in the Military

The current literature on trauma suggests that service members experience trauma in the military (Kopacz et al., 2016). Therefore, he recommended complementary and alternative medicine (CAM) for healing for military trauma. CAM renews the soul of service members through a holistic modality based on "empowerment, access, legitimacy, and health as opposed to sickness" (Kopacz et al., 2016, p. 29). In addition, it is important to integrate elements of faith and religiosity into the clinical health services to aid clients with MI. Litz et al. (2009) extended this area of the investigation by providing a concise definition of MI in the military.

Currier et al. (2015) provided information on some events that might cause MI to service members, like mistreating civilians or combatants, feeling betrayed by one's leaders,

transgressing one's moral code, or failing to prevent immoral acts. For instance, Kopacz et al. (2016) provided an overview of four clusters of circumstances that veterans felt were associated with the occurrence of MIEs during the war. While early studies suggest that MI shares similar symptoms to PTSD, researchers indicate that MI is a unique construct compared to PTSD. MI's distinctive signs materialize in mental health problems and negative emotions such as shame, blame, anger, and self-condemnation, causing an impairment. In addition, substance use problems, suicide ideation, and strained interpersonal relationships might also result from a MI (Bravo et al., 2020).

Litz et al. (2009) focused particular attention on morally injurious acts like killing and atrocities. In both circumstances, service members face a corrupted and evil environment. It is generally accepted that malevolence and evil forces seem to be present in the theater of war (Meagher et al., 2018). Also, the authors examined the subject of evil among service members whose core values have been violated or betrayed by the rules of engagement, causing an immense feeling of self-condemnation. For example, the act of killing another human being causes an infliction in the person's soul, as soldiers arrive in the service without personal experience of killing another human being (Kilner, 2010). Consequently, to protect a service member's core values of morality, their leaders should help them prepare for and make sense of the first-in-a-lifetime experience of killing a fellow human being. Thus, service members should understand the moral justification for killing and the frequent ethical decisions exposed during the war.

Kopacz et al. (2016) proposed a model for understanding the MI process. Moral injurious action or failure to act could be categorized as direct or indirect actions, followed by moral emotions and cognitions characterized by appraisals and attributions. There is "dissonance and a

struggle for meaning” (Kopacz et al., 2016, p. 30). Moreover, the factors that veterans feel are associated with MIEs include four clusters of circumstances that delineate MIEs: (a) organizational circumstances like military organizations, hierarchy, and policy; (b) environmental circumstances including tactical strategies of the enemy or observing innocents trying to survive dangerous conditions without assistance; (c) cultural and social circumstances like the lack of cultural understanding, language barrier, and religious practice that can lead to dehumanizing the enemy and formation of hateful attitude; and (d) psychological circumstances like changes in behavior. In this case, service members could be willing to inflict more harm than previously, and accumulated losses might create a desire for “payback” or revenge that, if acted upon, could create MI (Kopacz et al., 2016, p. 30).

Killing in War

Levers (2015) explained that humans resist killing another human being. However, all US military branches train their service members to survive in war and to become efficient in killing the enemy. Therefore, the military's training method is to change their mind and build resiliency. However, according on focusing on killing has resulted in more severe psychological damage and impacts their interpersonal relationships with themselves, their spouse, and God.

Most of the literature on killing in war is associated with visceral horrors and senses overwhelmed with the sights, sounds, smells, tastes, and touches of war (Levers, 2015). For instance, MacNair (2002) studied the difference between those killed in atrocities and those killed under traditional military justification. However, MacNair (2002) neglected to consider cultural and religious aspects when conducting this investigation. As a result, not much is understood about the effects of war felt on the individual, the family, and the community.

Military Culture

Atuel and Castro (2018) asserted that military culture pertains to the defining characteristics of the military as an organization with a formal structure, a cultural group governed by norms, and a social group that provides people with identities. Hoffman's (2020) definition of military culture can be understood through integrative theory explained in Tajfel et al. (1979) article. Tajfel's article on *Organizational Identity* suggested that placing people into groups and categories is based on a normal cognitive process (e.g., categorization, identification, and comparison). Hence, individuals in society need to belong to a group to strengthen their self-esteem and appraisal. Group membership gives a person a sense of who they are based on their membership. According to the social identity approach, a group becomes a group if its members experience social identity, define themselves as part of the group they belong to, and feel good about their group membership, like being in the military (Hogg, 2010).

When people enlist in the military, they are given an identity and a feeling of pride and self-esteem that surpasses their affiliation with any other group membership. These identities are enacted and are often evident through group language, demeanor, and dress code differences. Consequently, service members adopt a new culture (military culture) with values, traditions, and practices that transform the person in all areas (e.g., physiologically, emotionally, spiritually, and mentally). Military culture is also exemplified by the mission. As illustrated, "a mission provides an institution with a common purpose that justifies its existence and claims on resources and its members' self-worth, rewards, and privileges" (Wilson, 2008, p. 13). For example, military culture is an institutional development and cohesion to adhere to a recognized mission rather than a group or individual interest. Such a mission has two elements. First is the formal, explicit ideological goal that legitimizes the institution's existence and serves as a

rationale for its behavior. The second is the action and status of its members (Halvorson et al., 2010).

Maladaptive Cognition

Ahmadian et al. (2015) suggested that service members who experience trauma may suffer from maladaptive cognition. Moreover, the appearance and establishment of “maladaptive schemas are major consequences of PTSD” (Ahmadian et al., 2015, p. 1678). In addition, studies have shown that early maladaptive schemas play pivotal roles in marital problems, obsessive disorder personality disorders, depression, and anxiety. Overall, the cognitive symptoms of PTSD and MI are usually determined by various negative experiences and a constellation of emotions, such as grief, anger, guilt, and the inability to control negative thoughts. For instance, the most predominant symptomatology of MI is the feeling of guilt and shame. Guilt involves feeling distressed and remorse regarding the morally injurious event (e.g., “I did something bad.”). Shame is when the belief about the event generalizes to the self (e.g., “I am bad because of what I did.”).

According to Yu et al. (2017), it is essential to understand the mediating effect of regret in the relationship between rumination and MI. Service members suffering from MI tend to contemplate negative aspects of their lives due to combat experiences, violation of their core values, and experiencing the death of their comrades. Rumination is “repetitive thinking about a negative mood and its causes and consequences, rather than actively trying to solve the problems that generated such an uncomfortable mood” (Yu et al., 2017, p. 1500). Also, rumination becomes a personality trait when an individual thinks negatively of a painful situation (e.g., killing or failing to prevent wrongdoing); service members will indulge in rumination and regret and the feeling of regret follows a decision-making fault, whether real or imaginary. In contrast,

rumination is compulsive, involving repetitive thinking over negative experiences. A “regretful mood can cause depression once the mood becomes integrated into the person’s daily life” (Yu et al., 2017, p. 5001).

Negative Emotions

Life in the military, war, and combat exposure create situations where service members might experience conditions that contradict their core values (Wortmann et al., 2017). Moreover, there are other situations that service members face in the military. For example, service members encounter various dilemmas (e.g., medics not being able to care for all who are injured, freezing, or failing to perform duty during a dangerous event; Wortmann et al., 2017). In addition, other dilemmas might be caused by service members failing to report an event and violating the engagement rules. For example, when a service member engages in or witnesses acts of disproportionate violence and feels nothing or does nothing, this avoidance can have detrimental effects on their emotions.

Wood’s (2016) book *What Have We Done* explores issues of negative emotions when service members transition from war to home, which is often accompanied by sorrow. In addition, there are negative attribution service members experience toward God. This subject deserves investigation within the context of moral pain, marital relationship, and negative emotions such as shame and blame that affect marital relationships (Wood, 2016).

Yates (2006) stated that conflict carries an array of risk factors, and service members are forced to ignore their feelings to win the war. Also, Currier et al. (2015) provided an argument on the service members’ “war stories,” “previous stories,” “community stories,” and “faith stories” (p. 5). This storytelling revealed particular themes about the service member, such as betrayal or perpetration and anger, guilt, and shame symptoms. The constellations of negative emotions are

detrimental to the well-being of service members in all areas (e.g., emotional, spiritual, relational, and physiological; Griffin et al., 2019). For instance, guilt cognitions substantially affect distress, causing a secondary negative emotion, such as fear. In addition, fears are believed to be generated by cognitive appraisals, which then elicit pain (Browne et al., 2015).

Survival Guilt

Pekrun and Marsh (2018) explained Weiner's (1985) cognitive attributions theory that influences negative emotions, such as shame and guilt. For instance, there are three dimensions of cognitive attributions theory: (a) locus, (b) control, and (c) stability. Locus refers to the perception of the cause of any event as internal or external. For instance, if a service member believes that it is his responsibility for the blast that killed his comrade because he lacked the skills or abilities to protect his comrade, this suggests internal attribution. On the other hand, if the service member blames his comrade for being incompetent and has caused the service member's death, this is an example of external attribution.

Control is a dimension that delineates whether the cause of any event is under control. For instance, service members are trained to survive life-threatening situations and are prepared to kill the enemy and protect their comrades. However, if the service member is on a mission and, upon contact with the threat, finds the briefed intel to be incorrect and has a need to reassess the situation, the service member (leader) could request updates or ask for reinforcement. This narrative indicates that the situation is in control. On the other hand, if the service member doubts the mission could be accomplished as planned, the cause is uncontrollable. Finally, the stability dimension refers to whether the event's reason is stable or unstable across time and situations. For example, if the service member believes that he failed his comrades because of his inability to assess the threat, the cause is stable. In contrast, if the service members considers that

they could have assessed the threat and prevented the blast, the cause is unstable, as assessing is a temporary factor. In addition, Weiner's (1985) attribution theory suggests that individuals who desire to know why events occurred behave spontaneously, searching to establish causation. This appears to be true when the events or outcomes are adverse and unexpected. For example, a service member who suffers from survival guilt might have distorted thoughts of integrity and negative thoughts about himself. In most cases, this rumination is influenced by what is known as perceived bias (Weiner, 1985).

Psychological Trauma

Levers (2015) considered the nature of military trauma and explained the impact on the military with combat exposure. Also, service members' experiences are very complex, and they struggle with the effects of war in the psychological and spiritual ambit. War trauma is subject to the service member's interpretation, such as physical adaptations, cognitive thought processes, emotional responses, and behavioral changes. Predictable psychosocial responses of service members exposed to a war zone are unique, and adjustment varies from soldier to soldier. Multiple deployments delineate soldiers' psychological and stress reactions. The dangers of combat zones with possibly several improvised explosive devices (IEDs) and being exposed to uncertainties causes negative emotions among service members in a combat zone (Levers, 2015).

Killing in war is expected but detrimental to the service member's mind (Maguen et al., 2009). Also, killing might violate their core values, causing trauma. The scholars analyzed the relationship between killing, functional impairment, post-deployment and violent behavior, noting that killing is associated with PTSD symptoms and dissociation experiences. However, because PTSD and MI share common symptoms, clinicians might overlook the essence of MI warning signs. For example, Litz et al. (2009) suggested that PTSD and MI share

symptomatology: anger, depression, anxiety, insomnia, nightmare, and self-medication with alcohol or drugs. However, MI is characterized by sorrow, grief, regret, shame, and alienation. Notably, Papazoglou and Chopko (2017) argued that MIEs in the military are associated with extreme events that cause suffering. Some possibilities include killing, witnessing atrocities, or failing to prevent atrocities, causing deep moral pain leading to functional impairment, violent behaviors, depression, suicidality thoughts, and shame.

PTSD and Moral Injury

Koenig and Al Zaben (2020) grappled with the issue of identifying symptom clusters that overlap among veterans who experienced MI and PTSD symptoms. Their quantitative research suggests that symptoms (negative emotions) overlap (e.g., guilt, shame, loss of trust, religious struggles, shame). For example, the core symptoms of MI are “guilt, shame, feelings of betrayal, moral concerns, religious struggles, loss of religious faith/hope, loss of trust, loss of meaning/ purpose, difficulty forgiving, and self-condemnation” (Koenig & Al Zaben, 2020, p. 6). Therefore, examining these symptom clusters in a qualitative phenomenological study with military couples to rekindle their marriage could bring the military married couple closer to God to experience marital satisfaction and spiritual enlightenment. According to Levers (2015), analysis of human response to war suggests that recovery, resilience, and reintegration are three significant components of psychological adjustment following combat exposure. Service members could seek help when needed.

Interpersonal Relationship

Lancaster and Harris (2018) assessed the impact of MIEs on service members and introduced a study on the detrimental effects of negative thoughts and emotions. Moreover, they pointed out the psychological effects of perpetrating, killing, or failing to prevent acts that violate

the service member's sense of right and wrong. Consequently, service members face a work-family conflict, and couples might feel misunderstood when communicating and conveying their thoughts (Allen et al., 2010). Therefore, improving cognitive and social skills is pivotal to enhancing dialogue and avoiding misunderstanding, especially if the married couple entered the marriage with different ideas and belief systems. Furthermore, if the couple does not practice mindful communication, the disagreement escalates and becomes counterproductive to the relationship (Baucom, 2001).

Borah and Fina (2017) explored the negative feelings of MI and asserted that negative emotions affect service members in areas such as intimacy, romance, communication, and conflict resolution. Moreover, the marital relationship is impacted by trust, commitment, and respect for one another (Boska & Capron, 2021). Judge et al. (2006) examined how moral emotions such as guilt and shame negatively affect marriages. In addition, they studied how mood-dispositional traits are a potential source of work-family conflict and are detrimental to the relationship, especially when couples face any stage of the emotional cycle of deployment (i.e., pre-deployment, deployment, and reintegration).

Military Couples and Moral Injury

Existing literature on military marriages explains that moral injury harms married couples (Nash & Litz, 2013). Also, war-zone deployments, combat exposures, and post-deployment can negatively affect the spouse's and family's mental health. Heikkilä (2004) argue that military marriages are complex because service members are loyal and committed to serving their nation first and then their families.

Defining the Function of Religion and Spirituality

Monroe and Schwab (2009) explained that one fundamental belief is that God heals and restores broken people. Moreover, the scripture seems to support the Christian belief with the narrative of “God’s activity in redeeming, transforming, and relieving human suffering” (Monroe & Schwab, 2009, p. 121). For example, the book of Psalm 34:18 corroborates the healing power of God: “The LORD is close to the brokenhearted and saves those who are crushed in spirit” (ESV). Furthermore, elements of religiosity, faith, and spirituality are often included in clinical practice. Healing or inner healing is a “divine work bringing growth or positive spiritual change to painful or distorted perceptions, experiences, habits, or emotions of a person” (Monroe & Schwab, 2009, p. 121).

The U.S. Department of Veteran Affairs (2009) indicated that MI typically impacts an individual’s spirituality. For instance, an individual with MI might have difficulty understanding how one’s beliefs and relationship with God could be true given the horrific event the person experienced, leading to uncertainty about previously held spiritual beliefs or affiliation. Consequently, service members suffer a rupture of their core values and religious practices, causing an array of emotions that might be detrimental to the soldier’s well-being and affect his interpersonal relationships with God, self, family, and friends.

Carey and Hodgson (2018) described MI as a complex phenomenon involving physiological, psychological, social, and spiritual issues. They also provided a detailed account of therapy techniques that could be utilized to treat a MI, such as religiously integrated cognitive behavior therapy (RCBT). However, chaplains’ role and explained that chaplains use Pastoral Narrative Disclosure (PND) intervention explicitly with success. Cenkner et al. (2021) conducted empirical studies on spiritual and religious interventions to treat MI and noted that the most

suitable intervention for military MI is adaptive disclosure (AD) and acceptance and commitment therapy (ACT). However, Cenkner et al. (2021) openly questioned whether this clinical intervention ameliorated spiritual suffering.

Spiritual Practices

Liebert (2019) argued that spiritual practice could rebuild moral wounds (e.g., moral injury / wounded human spirit). Individuals recovering from moral injury and their families could benefit from spiritual practices. MI is “a form of spiritual wound ... the wound to the very spirit” (Liebert, 2019, p. 42). The transgression of the individual’s moral identity by violating the code of moral values causes a deep moral pain that can generate profound shame, guilt, the inability to trust others, isolation, and the abandoning of cultural practices that guide moral behavior. Consequently, a service member whose trust is betrayed and whose core values are corrupted due to a mission might face interpersonal relationship challenges, marital dissatisfaction, and feeling disconnected from God.

Moral identity, spirituality, and core values could be affected in the military due to rigorous training, combat exposure, and following orders (Atuel & Castro, 2018). Therefore, it is pivotal to recognize that “combat exposure induces moral injury” (Liebert, 2019, p. 43). Consequently, when confronting MI cases, it is essential to come to them (e.g., service member, family) without judgment and with an aptitude for love, respect, and compassion. Restoration of the moral self (e.g., reconstruction of the spirit) can be possible with the contribution of a mental health professional, a layperson, pastoral care or a family member, or a trustworthy friend (Liebert, 2019). In this manner, the morally injured person (service member) could disclose their feelings without inhibition and redeem themselves to God for healing and recovery to experience fulfillment.

Liebert (2019) argued that service members might experience PTSD and MI symptomatology. However, MI seems complex to understand because it is often misunderstood and intertwined with human emotions. Moral choices guide human emotions, and when the choices violate the core values or belief system, the service member is confronted with their subconscious mind. For instance, the “fracture of moral compass” in reference to MI delineates moral pain intensity (Liebert, 2019, p. 43). Furthermore, MI has debilitating effects on the person. Therefore, when addressing spiritual practice and a relationship with the divine as a form to treat a MI, it is essential to manage it with extreme care and “exquisite sensitivity” (Liebert, 2019, p. 55).

Markedly, Liebert (2019) addressed the importance of “reconstructing and implementing a new moral identity” to experience a healing and fulfilling life. For example, a practice that could help service members with healing and reconciliation is storytelling and journaling. Storytelling facilitates the dialogue between the service member and caregiver. Journaling helps service members exteriorize the most intimate thought that anguished their souls and truncate their vision of being forgiven by the divine (God). Thus, spiritual practices deserve special attention when service members are experiencing negative emotions like shame, blame, guilt, fear, or anger. Hence, “spiritual practices provide peace, sustenance, and appropriate challenge in the arduous task of repairing moral injury” (Liebert, 2019, p. 57).

Consequently, building a spiritual fitness repertoire is pivotal by allowing positive thoughts to give more room to grace and love. Moreover, Liebert (2019) pointed out that a spiritual practice means an intentional relationship with God. However, when the divine carries a connotation of religiosity, the individual does not feel connected with the transcendental and indirect approaches to spiritual practices, such as positive energy that emanates from doing

various activities. For instance, some of the activities that might increase positive energy, joy, and pleasure are walking in the park, dancing, practicing yoga, meditation, keeping a diary, reading self-help books, photography, painting, crocheting, playing a musical instrument, singing, gardening, learning a new language, walking a dog, and swimming, which might be the beginning of repairing MI.

Moral Behavior

Reynolds and Ceranic (2007) explained that moral behaviors occur within more extensive social prescriptions. For example, in the military, service members have the moral duty to accomplish the mission and obey their superior orders in any given task. However, service members might violate their values to fulfill a mission successfully. Consequently, damage is done to the conscience and soul as a result of their actions because MI impacts the service members' humanity, psychics, and spirituality.

Personal moral dilemmas manifest in different styles in people; the reason might be a personality trait, culture, religious belief, and practice. This manifestation might also be attributable to the soldier's behavior to a traumatic event before enlisting in the military. Cultural background, belief system, personality trait, level of education, spiritual formation, gender, career field, and age play a role in moral judgment and the perception of MI (Jinkerson, 2016). Therefore, scholars should consider the implications of a personal moral dilemma when conducting an investigation. In this fashion, researchers could analyze moral ethics, moral judgment, and moral pain in the military by manipulating variables (e.g., ethnicity, religious affiliation, level of education, and personality traits).

Personal moral dilemma satisfied three criteria: (a) the transgression leads to serious bodily harm, (b) this harm transpires to a particular person or group of people, and (c) the harm

is not the result of deflecting a present threat onto a different party (Greene et al., 2001). The person is torn between right and wrong in a moral dilemma. Consequently, moral transgression applies to service members and veterans with combat exposure, especially when they do not have the autonomy (e.g., a voice) to break the rules of engagement. It is ingrained in soldiers' minds that the mission goes first, as specified in their military creed, "I will always place the mission first." Therefore, putting the mission first complies with the moral criteria (Greene et al., 2001).

The service member's mental frame is counterproductive in relationships or when building an intimate relationship with their spouse or God (Grimell & Nilsson, 2020; Tick, 2005). For example, empirical evidence confirms that MI is the pain of the soul and is multifaceted (Currier et al., 2015; Grimell & Nilsson, 2020). Furthermore, Silver (2011) described MI as "a deep soul wound that pierces a person's identity, sense of morality, and relationship to society" (p. 6). In response, Nash et al. (2013) provided a theoretical understanding of MI in five possible situations: (a) being a perpetrator (violence or outrage that goes against one's morals), (b) an inability to prevent death or human suffering, (c) having witnessed death and injury, (d) the loss of close ones, and (e) being in a hostile environment.

Currier et al. (2015) asserted that the definition of MI is "multifaceted and involves a person's altered beliefs about meaning, purpose, faith or spirituality" (p. 2). Unfortunately, there are consequences when service members place the mission first (Maguen et al., 2009). An example of a wounded soul is when the service members experience negative emotions like shame and blame when fulfilling a mission that violates their core values or when participating in or witnessing atrocities (Litz et al., 2009).

Vermetten and Jetly (2018) pointed out that negative feelings such as guilt and shame are intricate cognitive and emotional events that arise when one's behavior is perceived to transgress an internal moral standard. Moreover, the negative "feeling of guilt may impede the emotional processing of fear, or it can be aggravated by exposure to trauma-related cues that may maintain trauma-related pathology" (Vermetten & Jetly, 2018, p. 157). Therefore, learning about MI in the military and trauma-related events before enlisting in the service can help better understand MI and its repercussion for interpersonal relationships.

Moral Compass

Moore and Gino (2013) critically reviewed the social nature of morality by using the metaphor of the moral compass. Most scholars seem to agree on the definition of a moral compass. Bennett (1995) provided an overview of MI, asserting that a moral compass is an inner voice that tells a person what they should and should not do in various circumstances. However, if service members always live their lives by the military creed and warrior ethos without distinguishing their roles and expectations when back home in a safe environment, then military couples would likely experience troubles, misunderstandings, frustrations, and mistrust, and both may feel alienated (Meagher et al., 2018).

Waldman and Rubalcava (2005) suggested that bringing unconscious cultural influences into the couple's awareness facilitates the married couple's ability to help to integrate their differences and construct a distinct relational culture. Learning about military marriages could contribute to the marital situation, enhance the couple's relationship, and rekindle their marriage (Waldman & Rubalcava, 2005). However, scholars have overlooked this type of marital situation in the military. For instance, spouses would not understand the commitment service members have when enlisted or the intrinsic meaning of the soldier's creed (Slone & Friedman, 2009).

Consequently, the soldier's creed of "I will always place the mission first; I will never quit; I will never leave a fallen comrade" will not help nourish the marital relationship. Therefore, it is pivotal that the military couple learns to negotiate and compromise to resolve and alleviate the tension brought by negative emotions (Military OneSource, n.d.). This should be done with the assistance of pastoral care, a military counselor, and a belief in God (Carey & Hodgson, 2018).

It is generally agreed that people feeling guilty, remorseful, and shameful about their unethical behavior have often "lost" their moral compass (Moore & Gino, 2013). However, a significant body of research focused on PTSD, TBI, or comorbidity disorder (e.g., depression and sleep disorder; anger and alcoholism; suicidal ideation and violence). Furthermore, less attention has been given to the moral compass of the service member, especially those with combat exposure. For example, guilt violates internal norms, whereas shame responds to fears, criticism, or disapproval (Harris, 2003). Both emotions are discussed in the literature, but not in the context of the military spouse and God as the ultimate healer.

Moral Judgement

Service members might be confused about what rule applies or takes precedence in a particular situation, especially in a combat zone. The lack of total confidence in moral judgments negatively affect the service member. In a highly stressful environment like the military, where the most critical aspect is to fulfill a mission and a target, service members might vacillate in decision-making because of the lack of rationalization, as their role is to receive and obey orders from their commander. Reynolds and Ceranic (2007) shed light on the concept of moral judgment and explained that service members are not entitled to defend their core belief system or to determine right and wrong in the military.

Consequently, service members face an ethical dilemma but must obey their superiors because service members become a government issue (GI) once they enlist (VA, 2021). Government issue implies that service members do not have complete autonomy over their actions or decision while serving in the military. However, most GIs refer to themselves as being expendable. The belief is that service members sacrifice their lives for the United States. During WWI, GI referred to the trash cans and buckets labeled GI (galvanized iron). The prevalence of the term led soldiers “in World War II to start referring to themselves as GIs” (History Education, 2022). The belief in galvanized iron to identify GIs continues still today.

A soldier’s mental frame focuses on serving the nation and providing security (Slone & Friedman, 2009). Also, it functions as an expression of national pride and national identity. However, these attributes of national pride and identity expression are accompanied by the invisible wounds of war, such as MI and PTSD. For instance, Brady and Wheeler (1996) addressed the subject of the causal effects of combat exposure. Also, they indicated that in the military, the causal effect of combat exposure has a detrimental impact that might violate the service members’ core belief system. However, the mission has to be fulfilled regardless of the damages it might cause internally (e.g., spiritually, emotionally, & mentally) to the service members. Boska and Capron (2021) pointed out that an internal conflict will emerge rather than physiological symptoms when a service member violates his core values. Therefore, a hermeneutic investigation could foster a better understanding of moral pain, its symptoms, PMIEs, and consequences.

Moral Emotions

Tangney et al. (2007) explored the subject of moral emotion in the context of positive emotions such as elevation, gratitude, and pride. Tangney et al. argued about possible

discrepancies between behavioral decision-making (intentions) and behavior in a moral and nonmoral environment. For instance, soldiers serve with pride, but not gratitude toward the enemy, and the only motive sustaining the service member is to fulfill a mission with dignity and honor. In the theater of war, a service member might deal with discrepancies due to circumstances like being under attack or firing his weapons after a bombing, but no enemy shooters are present. This discrepancy between behavioral decisions (intentions) and the behavior in a moral dilemma might occur due to emotions resulting from combat trauma, head injuries, smoke, a blast from a suicide bombing, and tear gas (Inoue et al., 2022).

Tangney et al. (2007) found evidence that individuals anticipate their emotional reactions when under stress or when expecting a reward (e.g., guilt versus pride/self-approval or self-condonation) as they consider behavioral alternatives. Moreover, , “the self-conscious moral emotions can strongly influence moral choice and behavior” (Tangney et al., 2007, p. 347). The authors implied that self-awareness allows the person to create an opinion regarding the expected behavior (e.g., anticipatory shame, guilt, or pride). However, contradictions between behavioral decision-making (intentions) and self-consciousness in moral and nonmoral emotions are possible in the military.

For instance, the two negative emotions that service members frequently experience due to MI are shame and guilt. Shame and guilt are negative emotions that can cause intrapsychic pain (Tangney et al., 2007). Accordingly, shame is considered the more painful emotion because it is accompanied by a sense of being small, worthless, and powerless. Moreover, people who feel shameful often feel exposed due to the imagery of how one’s defective self would appear to others.

Resiliency and Moral Response

War appears to be an opportunity for thriving and self-realization for service members; however, several of them return home with invisible wounds that cause moral pain. Litz et al. (2009) explained that accommodating various morally challenging experiences is difficult to achieve in the military. Moreover, service members are at high risk of developing psychosocial impairment. Psychosocial impairment is a topic of interest because it is connected to MI and marital discord. Therefore, the soldier's injuries and afflicted psyche are concerning and should be addressed. Consequently, all aspects of the service member's life should be included when tailoring a treatment plan to experience moral repair and a state of resilience.

Forgiveness

Forgiveness and self-forgiveness have been significantly associated with health and well-being. Cole (2008) addressed the topic of forgiveness and reconciliation. The author provided detailed information on when reconciliation might occur. For instance, when MIs are latent in the subconscious mind, it produces moral pain. MI might occur in three levels: (a) between individuals, (b) between individuals and groups, and (c) between political collectives. Apology and forgiveness are necessary to experience moral repair between the wrongdoer (apology) and the victim (forgiveness; Cole, 2008).

Cole (2008) disregarded the subject of self-forgiveness. Self-forgiveness is an act of compassion and self-love. Woodyatt et al. (2017) offered a basic concept of forgiveness as "the act of generosity and kindness toward the self-following self-perceived inappropriate action." Findings from recent studies indicate that self-forgiveness is associated with significantly less severe posttraumatic stress, regardless of trauma exposure and intensity (Bryan et al., 2015).

Forgiveness is encouraged from the biblical perspective; therefore, learning to forgive others also means forgiving oneself. For example, 1 John 1:9 reads, “But if we confess our sins to him, he is faithful and just to forgive us our sins and to cleanse us from all wickedness” (1:9 ESV). The scriptures corroborate Bryant’s et al. (2015) suggestion that self-forgiveness reduces the risk of negative emotions and unwanted thoughts among military and veterans. Forgiveness is a process that could start at any time; however, forgiveness cannot be demanded, imposed, or expected, but rather is an internal process that begins by examining the emotions and allowing God to intervene in the transformation process. In addition, forgiveness is intertwined with personality traits and life experiences. For instance, Holowka et al. (2012) stated that “exposure to heavy combat should be considered a risk factor for physical or mental illness and important risk factors for atrocities” (p. 261). Consequently, going on combat missions, receiving or returning fire, and witnessing others being injured or killed can cause PTSD, MI, and TBI.

Summary

The study of the nature of MI, marital satisfaction in the military, and military members’ relationship with God have important theoretical implications. First, contextual theories emphasize the importance of communication for an optimal connection with the spouse and with God (Boska & Capron, 2021). Stewart (2012) addressed the issue of mindfulness communication. However, when a service member suffers from MI and experiences a feeling of shame or blame, the spouse might suffer from secondary traumatization due to a toxic relationship between them. As a result, the couple might stay in the “crazy cycle” for too long, leading to separation or divorce. Second, Boska and Capron (2021) argued that MI is detrimental to service members, and the symptomatology of MI could impact service members’ cognition. For example, suffering from maladaptive cognition might impact their thought and

communication. Third, maladaptive cognitions such as self-worth and judgment of the trustworthiness of others could be a sequel to MI. Finally, the practice of forgiveness with an aptitude of love toward self and others might be challenging for service members due to the detrimental effect of MI on their mind and soul.

Therefore, an interdisciplinary approach to MI could be suitable for treating married military couples. Consequently, it is crucial to understand the essence of military MI, the service members' belief system (e.g., core values), communication style, and the importance of religious practice to overcome obstacles and manage dilemmas while staying resilient in adversities. Thus, a phenomenological investigation was used to answer questions regarding negative emotions, such as shame and guilt, that affect service members' marital life. Investigating aspects of faith, religiosity, and God as the ultimate healer could remedy the MI. It is generally agreed that relationships and cultural practices could rekindle marriages. In conjunction with God's guidance, married couples could handle negative human emotions with love, respect, faith, and forgiveness.

Chapter Three: Methods

Overview

Chapter 3 includes a discussion of the justification of the methodology for this investigation. Furthermore, it covers the research design, data collection, participants, the procedures for the study, and the interview strategies. Also, the chapter includes examples of interview questions and demonstrates evidence of quality and unbiased investigation by utilizing the process of bracketing. The research methodology used in this investigation was Creswell and Poth's (2018) traditional approach to scientific research (e.g., problem, question, method, findings). Creswell and Poth (2018) indicated that researchers conduct a qualitative study because they want to understand the contexts or settings in which participants in a study address a problem. For example, studies conducted by Disabled American Veterans (n.d.) (DAV) supported the notion that MI in the military cause negative emotions such as shame and blame for service members. While it has been generally agreed that MI causes mental distress, less consensus regarding whether it causes marital dissatisfaction and interpersonal relationship problems with the spouse and God existed by the time of this study.

Design

A transcendental phenomenological (TPh) study is a suitable approach when investigating the topic of military MI concerning marital satisfaction and God as the ultimate healer for negative emotions (e.g., shame and blame). Neubauer et al. (2019) explained that the phenomenological investigation aims to describe the meaning of the experiences in the context of what was experienced and how it was experienced. Therefore, a holistic level of human consciousness is essential when investigating the essence of human experiences. For instance, Moustakas (1994) pointed out that TPh is a philosophical approach to qualitative research

methodology used to understand human experiences. This investigation aimed to understand the essence of the ethical dilemma that causes MI in the military and its sequels, such as cognitive impairment, emotional competence, social aptitude, and functioning that impact marital relationships and relationships with self and God.

Throughout all phases of the research process, finding the essence of the phenomena occurring among military marriages was the focus of the investigation. According to Neubauer et al. (2019), an interpretive phenomenological analysis (IPA) aims to provide a detailed examination of the lived experience of a phenomenon through participants' personal experiences and personal perceptions of objects and events, such as military MI and the negative emotions of shame and blame impacting marital satisfaction and relationship with God.

In another study, Urcia (2014) provided a general overview of a qualitative research methodology. According to the findings, phenomenology is used to understand participants' inner essence and the structure of participants' lived experiences. Moreover, Urcia (2014) evaluated the effectiveness of different research methods and clarified the assumptions, methodological strategies, usefulness, outcomes, strengths, limitations, and applications of phenomenology as a research inquiry.

Research Question

Four research questions guided this study. Each question is discussed in this section with supporting literature.

RQ1. How have negative emotions like shame and blame that service members experience changed their marital satisfaction?

RQ2. How do service members struggling with moral injury and suffering from emotional and spiritual concerns have difficulties practicing forgiveness?

RQ3. How has time and intensity of potential moral injury events contributed to the service member to struggles with emotions and personal faith?

RQ4: How do participants define moral injury?

Setting

The site for this study was in the states of Georgia, Alabama, and North Carolina. The investigation was conducted at the Dobbins Air Reserve Base (ARB) military installation, GA, Maxwell Air Force Base (AFB), AL, and Fort Bragg, NC. The meeting site was at the base chapel or a Zoom platform with a private meeting room. The individual assisting in this project was Chaplain Joseph Ortega (pseudonym) in GA. The military base is a facility owned and operated by the U. S. military and its branches (e.g., Air Force, Navy, Marine Corps, and Army) and offered a safe environment to conduct this research study.

The additional site at which this investigation was conducted was the American Legion Post 45, located in Georgia, and Post 133, in Alabama. The American Legion is a patriotic veterans organization devoted to the mutual helpfulness of military veterans and their spouses. The site was suitable to meet the service members' needs because it was convenient, safe, private, and participants were comfortable in a familiar setting. If participants preferred to meet online, the principal investigator accommodated the request by signing into a Zoom private room platform.

Participants

Ten military couples were purposely selected for a phenomenological investigation. The phenomenological study allowed for ascertaining the negative emotions the participants were experiencing (e.g., blame and shame) due to the aftermath of war. The researcher recruited military veterans, retirees, or active-duty service members who witnessed atrocities or faced a

moral dilemma with or without combat exposure. A flyer with detailed information about the study was displayed at both chaplains' offices on military bases. Also, snowball sampling was the additional method used after the study had begun. Creswell and Poth (2018) explained that the snowball sampling researcher asks the participant to recommend another person to be sampled. The criteria for selection to participate in the study were as follows: active duty, reserve, retiree, or veteran married or living together between 18 and 88 years of age. In addition, the potential participants had to report clinical distress in PTSD, anxiety, and MI or have experienced negative emotions, such as blame and shame.

This research focused on military marriages, negative emotions (e.g., shame and blame), marital satisfaction, and the relationship with God. To be eligible for participation in this study, participants had to answer military-specific questions and be able to meet the following criteria (e.g., branch, rank, number of deployments) and report clinical levels of distress in anxiety, PTSD, and MI. To ensure the participants' eligibility in this study, a demographic questionnaire (prescreening phase) was used to obtain information regarding participants' age, origin, sex, and eligibility. An example of questions used in this investigation during the prescreening is located in Appendix A.

Procedures

The steps necessary to conduct this research study include information for the Institutional Review Board (IRB) approval (see Appendix C). Ten couples were recruited for this study. Merriam (2009) explained the sample size might vary, and "there is no specific answer on how many are in the sample" (p. 80). However, after the researcher read few dissertations and consulted with professors on the subject matter, ten couples were suitable to start investigating MI in the military. Semi-structured interviews were used as the method for collecting data. Semi-

structured interviews are “flexible, guided by the list of questions, and do not predetermine wording or order” (Merriam, 2009, p. 89). They are used when the researcher is interested in past events that are impossible to replicate.

In addition, phenomenological investigations are used to learn the essence of the phenomenon; in this case, the researcher was interested in understanding how service members and their spouses interpret their negative emotions and the world around them. In scientific research, recording an interview ensures that the interviewees’ information is appropriate and accurate and makes the best use of the data for the examination (Moustakas, 1994). In addition, recording the interview facilitates first-hand knowledge, which is a more effective form of communication and trustworthiness. The participants’ qualifications for this study were obtained through a questionnaire to learn about the couple’s criteria. The prescreening questionnaire took approximately 10 minutes to complete, and participation is entirely voluntary. Finally, participants took a self-assessment questionnaire of 10 questions to measure MI. It took approximately 10 minutes to complete the self-assessment. Koenig et al. (2018) created a subscale on the MI questionnaire military version to help determine the severity of the symptomatology of MI.

Couples received a \$50.00 gift card (two visa gift cards of \$25.00 for each participant) to complete the interview process. The interview audio recording allowed the researcher to discern and interpret the information while identifying themes until data saturation was achieved. After obtaining informed consent, each couple responded verbally to the following questions:

1. How do you define moral injury?
2. During deployment, what keeps the two of you together?

3. Can you tell me if religious commitment or God has been an important part of your marital life?
4. I am wondering if negative emotions or thoughts such as shame and/or blame interfered with your marital relationship.

Researcher's Role

My role as a researcher was to ensure ethical standards and an investigation with excellence. I separated my personal experiences as a military spouse and culture through journaling and banqueting. I did not have any relationship with the participants, and my role in the setting and site was as a researcher. I am familiar with the military culture, installations, and varying emotions that spouses may experience during the pre-deployment, deployment, and reintegration stages. I conducted the research objectively to reduce bias and assumptions. Therefore, the triangulation method and member checking was used to verify the transcripts' content to enhance the credibility of the data analysis.

A qualitative investigation is often criticized for lacking transparency and scientific rigor (Creswell & Poth, 2018). However, this method allowed insight into MI and the negative emotions of shame and blame. Another possible implication could be unknowingly interpreting data to meet my theory or include only data that I believed to be relevant. Also, as the researcher I could ask questions in an order that might affect the participants' response to the next question or ask leading questions that might prompt specific responses.

Data Collection

In qualitative research, researchers interpret non-numeric data. A qualitative phenomenological investigation elicits genuine dialogue, meaningful time, intentionality, and honesty. However, deconstructing the meaning of the phenomenon takes time. Therefore, the

researcher needed time investment, patience, organization skills, accessibility to Microsoft Suite, Internet access, and software to code and categorize the data. Professional services assisted with data analysis, and NVivo software was used in this phenomenological investigation.

Participants were recruited from Dobbins ARB, the American Legion Post 45 in GA, Maxwell AFB, the American Legion Post 133 in AL, and Fort Bragg in NC. Initially, the participants were contacted by email, phone, or text to explain the purpose of the study. Next, snowball sampling was used as recruiting technique, as it was the most popular method of sampling in qualitative research.

Prescreening

The prescreening phase was essential in allowing the researcher to determine if the couple was suitable for the study or if they would commit to the investigation. Phillippi and Lauderdale (2018) indicated that the demographics of the general area provide context about the community (in this case, the military) and potentially relevant characteristics of the participants. Therefore, if the couple showed interest and agreed to participate in the study, a consent form was sent to the participant via email. Each participant signed and indicated the date of the informed consent before the interview. Once the consent form was signed and sent back to the researcher, participants received three self-administered assessments. Once they received the assessments, the researcher scheduled an interview with the couple. After concluding the interview, the participants were contacted by phone to corroborate whether the transcript findings from the initial interview were correct and accurately represented the participants' intended meanings.

Purpose of the Investigation

The investigation aimed to explore and better understand MI in the military and discover the central phenomenon of negative emotions, such as shame and blame, that impact marital satisfaction and the relationship with self and God.

Benefits of the Study

The researcher explained to the participants some of the benefits of participating in the investigation. For example, community and service members and their spouses could benefit from the study by learning more about MI and its consequences. In this manner, the service member might seek clinical attention. In addition, participants might better understand the degree of cohesion in a relationship and the level of satisfaction and commitment after participating in this study. Moreover, participants and spouses could learn about their spiritual and religious struggles and seek pastoral care for guidance and support. Finally, the researcher explained to participants that other individuals could benefit from the study because the findings would build knowledge and facilitate learning and future research on this topic.

Informed Consent

Informed consent was given to the couple individually to abide by the ethical standards when conducting research with a human subject. The researcher ensured the participants were comfortable by explaining the reason for the study and the steps to follow. Scholars recommended beginning the interview with a neutral question to help the participant relax (DeJonckheere & Vaughn, 2019). For example, an icebreaker question is, what is your favorite type of day? (e.g., weather, temperature). Five open-ended questions were asked during this investigation and were selected from a pool of 17 questions (see Appendix A). The researcher

notified the participants that they should understand their task and the research before agreeing with the study. Also, participants received a copy of the informed consent for their records.

Finally, the researcher explained the different sections of the informed consent and answered arising questions as needed. In addition a brief clarification on any doubt to among the participants and an explanation of the investigation's purpose and its benefit to the service member, the spouse, and the community were provided.

Field Notes

Phillippi and Lauderdale (2018) explained that field notes, also known as scratch notes, provide the information needed in the analysis. Moreover, field notes are an essential component of rigorous qualitative research. Creswell and Poth (2018) encouraged researchers to take field notes to enhance data and provide a rich context for analysis. Therefore, field notes were an essential part of this investigation into MI in the military.

Bracketing

When conducting a phenomenological investigation, it is essential to utilize the bracketing technique. For instance, when conducting interviews, the “researcher must ‘bracket’ or set aside his or her assumptions and theories and focus instead on the research participants’ points of view, and their unique lived experiences” (Winzenried, 2011, p. 278).

Questionnaire

In this qualitative research study, the participants took three self-administered assessments questionnaire: (a) the Dyadic Adjustment scale (DAS), (b) the Moral Injury scale Military Version Short-Form (MISS-M), and (c) the Relationship Satisfaction scale (RSAT). The DAS includes 32 questions. Participants wrote down what they considered meets their criteria in

the respective box. For example, the couple needed to select a number reflecting the appropriate extent of the agreement or disagreement to various items in the scale.

The MISS-M questionnaire (Koenig et al., 2018) is the second assessment and includes ten questions. Again, participants circled the correct answer on a scale of 1 = *strongly disagree* to 10 = *strongly agree*. Finally, the RSAT consists of 13 questions. Participants selected the most suitable answer from 13 items. The RSAT questions are on a 7-point Likert scale rating from 0 to 6, where 0 = *extremely dissatisfied* and 6 = *extremely satisfied*.

The research was divided into three parts, and the time estimates for each procedure was as follows. In the first procedure, the participants completed the screening questions to determine eligibility. If they were eligible and agreed to participate in the study, the informed consent was sent to them to sign and return electronically before scheduling the interview. Second, once the informed consent had been signed and returned electronically by typing their name and the date on the form, the researcher sent the three aforementioned assessments to the participants. The study respondents (i.e., the couple) completed these assessments individually online, which took approximately 30 minutes to complete. Third, the researcher conducted and audio-recorded interviews with the couples in person or via Zoom to record 60 minutes of conversation with the military couple, but no longer than 90 minutes. The researcher followed up with the participants to verify the content of the interview via phone call or Zoom platform. The elapsed time of the initial interview changed per the request of the participants. This investigation was voluntary, and the participants could end the interview at any time.

Interviews

The semi-structured interview guided the researcher in explaining how affection and cognition were associated with MI, negative emotions (e.g., shame and blame), marital

satisfaction, and an intimate relationship with God. Next, participants were asked to complete an online demography questionnaire (prescreening) to determine eligibility for the study. If the couple was eligible and agreed to participate, the participant completed an online informed consent and sign, date, and return it before the initial interview. The online questionnaire took approximately 5 minutes to complete. The informed consent form took about 7 minutes to complete. Once the participants had completed these forms, they further completed the three self-administered assessments before meeting with the principal investigator for the interview.

Interview Questions

1. How do you define moral injury?
2. During deployment, what keeps the two of you together?
3. Can you tell me if religious commitment or God has been an important part of your marital life?
4. I am wondering if negative emotions or thoughts such as shame and/or blame interfered with your marital relationship?

MI is a sensitive topic to discuss with the service member and their spouse as it is associated with emotions or, a deeply wounded soul according to Silver (2011). Therefore, nine questions with sub questions were created to expand the original interview questions and foster conversation. Self-disclosure is essential to facilitate a connection and promote a conversation (Stewart, 2012) between the interviewer and interviewee. Therefore, the following sub question enabled conversation and created dialogue.

1. How do you define moral injury? (Both military member and spouse)
2. (Military member) Have you ever witnessed any morally injurious event? (I do not want details, just yes or no)

- a. If yes, how many times did you witness these events?
 - b. How did you feel while witnessing the act?
 - c. How did that event or events affect you personally?
 - d. How did the event affect your home life with yourself, your spouse, your friends, and your overall quality of life?
 - e. How did this affect your reintegration when returning from deployments?
3. (Spouse) Did you notice any changes in (name of the service member) when he (she) returned from deployment?
- a. Was there marital tension upon returning home from his (her) deployment?
 - b. Understanding that some topics and information are classified and unable to be disclosed to anyone, beyond that, did he (she)(service member) talk about his (her) deployment to you and the thing he (she) saw or did during the deployment?
 - c. If yes, how did it make you feel toward him (her) and within yourself?
4. During deployment(s), what kept the two of you together?
- a. How many times have you been deployed?
 - b. How long were your deployments on average?
 - c. (Spouse) How did these deployments make you feel?
 - d. How often did you speak to or contact each other during the deployment?
 - e. How did you communicate? (Via phone calls, text, or video chat)
 - f. How were those conversations?
5. Did you see combat firsthand?
- a. How did being in a combat situation affect you and your life?
 - b. How did it affect your relationship with your spouse?

- c. (Spouse) Did you notice changes in your husband (wife) after returning?
 - d. Did the deployment or deployments change your life in any way?
 - a. What theater were you deployed to?
 - b. What was your role during the deployment?
6. How was your “reconnection” (reintegration) upon returning home from deployment?
 - a. After a deployment, there is what is known as the “honeymoon period,” where everything is great.
 - b. How was your reconnection after this period?
7. All relationships have ups and downs, but were there conflictive periods geared toward personal changes after the deployment?
 - a. How did the two of you work through any rough patches?
 - b. Did you talk to one another about the issues? Seek counseling? Any disclosure of what was going on internally with either or both of you?
8. Can you tell me if your religious commitment or God has been an important part of your marital life?
 - a. Did your deployment(s) change your outlook on your life?
 - b. Did your deployment(s) change your marital life?
 - c. Did religion and a belief in God play a part in your life prior to your deployment?
 - d. What about after your deployment?
9. I am wondering if negative emotions or thoughts such as shame and/or blame interfered with your marital relationship?
 - a. Do you understand what shame and blame are?
 - b. Shame and blame can make a person withdraw; did this happen at all to you?

- c. If yes, how severe was it? And how did it affect you (both) and your marriage?
 - a. How did you overcome this feeling of shame and blame?

Question one addressed MI issues and the emotions violating one's core values. For instance, evidence suggested that MI might result in feelings of shame and blame (Litz et al., 2009). However, traumatic events that violate the person's core values might lead to MI and, at times, be mistaken with PTSD symptomatology. Also, this question provided information about the couple's core values and belief systems. Heikkilä (2004) argued that couples with different cultural backgrounds and upbringings offer an opportunity for growth. Still, there remains a chance of increasing tension and conflict when exposed to traumatic events.

Question two focused on marital satisfaction, emotional competence, social aptitude, and life functioning. Researchers agreed that emotion regulation was crucial for daily functioning (Wilms et al., 2020). For example, during deployment, couples suffer from a constellation of emotions due to uncertainties, new roles, and responsibilities. Also, separation affects communication. Therefore, this question could develop into a conversation of self-disclosure. Stewart (2012) emphasized the importance of communication in building connections and enhancing marital relationships. However, during the emotional cycle of deployment (pre-deployment, deployment, and reintegration), the couple might be at risk of ineffective communication, leading to increased stress, negative feelings, and marital dissatisfaction.

Question three allowed participants to share their personal beliefs and religious practice. Tong and Teo (2018) explained that religiosity might have the power to regulate negative emotions such as guilt and shame. Therefore, this question was a thought-provoking transcendental question that allowed participants to speak about existentialism issues, hope, and faith.

Question four referred to negative emotions or, indirectly, the sequels of life in the military and the possible sequels of moral pain. This question relates to feelings, intense emotions, and life stressors. These practical questions helped gain insight into participants' internal conflicts and emotions. Finally, Jamieson et al. (2020) addressed moral pain and delineated PTSD and MI symptoms, which could lead to the understanding of shame and blame.

Questionnaires

The participants were requested to sign the informed consent form and take three self-administered assessment questionnaires voluntarily: (a) the DAS, (b) the MISS-M, and (c) the RSAT. There was no risk when taking the assessments. The researcher tabulated the results to analyze the corresponding score with the interviews. The assessments are located in Appendix B.

Dyadic Adjustment (DAS)

This instrument was designed by Spanier (1976) to assess the quality of marriages by answering 32 questions. The total score provides measures of satisfaction in an intimate relationship. The scale measures four aspects of the relationship: satisfaction, cohesion, consensus, and affectional expression. The DAS has internal consistency with an alpha of 0.96, and the sub-scale has a fair to good consistency (Spanier, 1976). The validity of this instrument correlates with the Locke-Wallace Marital Adjustment scale and has evidence of concurrent validity. This assessment has three different rating scales; the total scores are the sum of all items.

Moral Injury Symptom Scale – Military Version Short Form (MISS-SF)

According to Koenig et al. (2018), the 10-item MISS-M-SF is a reliable and valid scale for assessing the psychological and spiritual/religious symptoms of MI. MI is a common

psychiatric disorder among service members. The MISS-M specifically assesses MI symptoms (not events) and includes spiritual/religious indicators of MI (Koenig et al., 2018).

Relationship Satisfaction Scale (RSAT)

The RSAT comprises of seven brief items that measure a couple's satisfaction in seven areas of the relationship. The scale correlates with the Locke–Wallace Marital Adjustment test. The RSAT assesses the spouses' feelings, thoughts, and behaviors (Hendrick, 1988). The scale has internal consistency and is related to measures of a relevant construct, such as love and self-esteem. The criterion validation shows an extremely “high correlation with the longer Dyadic Adjustment scale, a well-respected measure of dyadic satisfaction scale” (Hendrick, 1988, p. 97). The response options range between 0 = *very dissatisfied* to 6 = *very satisfied*. The total score might fluctuate between 0 and 42. The higher the score, the higher the relationship satisfaction in the couple.

Document Analysis

Inductive content analysis was used in this investigation. It is exploratory and involves the researcher reading through the data to discover themes within the collected data. Initially, the researcher utilized NVivo software to visualize and analyze the data. The software allowed for the development of codes and generation of auto-coding themes to understand common patterns. However, field notes and memoing were used to construct the theoretical argument. The field notes and memoing helped the researcher to make sense of the data and keep track of the analysis process (Bingham & Witkowsky, 2022).

After receiving the prescreening questions from the participants and corroborating their eligibility, the researcher emailed the participants the informed consent to read, sign, and return. Arising questions for clarity from the participants were answered as needed. After the

participants returned the informed consent with an electronic signature, they received three self-administered assessments via email (i.e., the DAS, MISS-M, and RSAT). Once the self-administered assessments were completed and sent back to the researcher, a Zoom meeting was scheduled with each couple.

The simplified form of the scale on a MI facilitated answers to some of the behavioral changes in service members. Moreover, this assessment guided the researcher to analyze data better. In this fashion, the researcher could start reflecting, discerning, and philosophizing on the transcript to find the essence of the participants' spoken words. The RSAT consists of 13 items assessing relationship satisfaction (e.g., handling finances and degree of affection and caring). The degree of satisfaction in each area is on a scale from 0 = *very dissatisfied* to 6 = *very satisfied* (Heyman et al., 1994).

The DAS helped in identifying reasonable characteristics of a distressed or a non-distressed couple. Moreover, the DAS created a valid diagnostic interview for relationship distress, which could be compared with the properties of the content of the semi-structured interview (Heyman et al., 2001). Once data saturation was reached, the researcher gathered the field notes and listened to the audio recordings a few times more to ensure a better understanding of the participants' responses. Next, the researcher initiated the audiotape transcription, and worked on the open code, categorization, and themes.

Data Analysis

A narrative qualitative analysis was used to find logic to the how and why of the participants' stories. In addition, this analysis approach allows the researcher to explain how the investigation was conducted in the narrative work by "telling, analyzing, and transcribing" (Riessman, 1993, p. 54). Data analysis was performed by conducting a preliminary read-through

of the database, coding, organizing themes, and forming an interpretation. Narrative analysis is concerned with the stories people express about themselves or others (Riessman, 1993).

Therefore, listening to the participants' narratives, transcribing their stories, and re-reading them several times could add meaning to the content in conjunction with the self-administered assessments, allowing the researcher to ascertain a better understanding of MI in the military.

Creswell and Poth (2018) indicated that all transcripts should be "read several times to obtain an overall feeling of them" (p. 332). Therefore, the methodology for analyzing the text itself entails coding and word frequency.

Also, this qualitative research was undertaken with an inductive approach because it aimed to count the frequency of word occurrences to understand what the service member or couple were trying to convey. Therefore, it was vital to include the participants' facial expressions, tone, and intonation in the narrative interpretation.

Transcribing

Riessman (1993) indicated that the process of transcribing spoken words to text takes time, but it depends on the length of the interview and the number of participants in the qualitative investigation. Therefore, when the interview was completed, the researcher listened to the recording and read the transcriptions to interpret the information using Otter's online application. This process was repeated a few times to ensure the transcribed words were correct. However, common words with no value or meaning were excluded (e.g., the, but).

Coding

The researcher categorized the data to reflect the various themes represented during participant interviews. NVivo software is often used in qualitative research to analyze the

unstructured text, audio, video, and image data, including interviews. Therefore, NVivo was a suitable software for creating codes and categories for data analysis in this study.

Trustworthiness

Trustworthiness is considered a more appropriate criterion for evaluating qualitative studies. Guba and Lincoln (1989) proposed that research should satisfy four criteria to ensure the process is trustworthy. These criteria are credibility, transferability, dependability, and confirmability.

Credibility

Maier et al. (2018) explained that credibility ensures the study measures what is intended to measure and is a true reflection of the social reality of the participants. Different strategies are used to address credibility, including prolonged engagement and member checks. In this investigation, member checking was used to corroborate the interview transcripts. Also, it was pivotal that the researcher performing the investigation had the skills and knowledge to perform the study's role successfully.

Dependability and Confirmability

Dependability ensures that the process is described sufficiently to facilitate another researcher to repeat the work (Marshall et al., 1999). This requires a detailed audit trail (i.e., disinterested external auditor). In this investigation, the researcher reported a transparent description of different steps taken from the beginning of the research to the development and reporting of the findings on MI; negative emotions (e.g., shame and blame); marital satisfaction; and relationship with self, others, and God. Moreover, Marshall explains that confirmability implies reflexivity. Therefore, the researcher implemented reflexive thought in this investigation by developing a reflexive journal for making regular entries during the research process.

Transferability

Transferability relates to the ability of the findings to be transferred to other contexts or settings (Marshall et al., 1999). For example, the research context in this investigation is MI in the military, the negative emotions (e.g., shame and blame) concerning marital satisfaction, and a relationship with God. Therefore, the researcher provides the reader with a way to assess whether the findings of this study could be transferable to their situation. “Thick description” is the technique used to establish transferability in this investigation. The thick description entails a detailed account of field experiences in which the researcher makes explicit the patterns of cultural and social relationships and puts them in context (Holloway, 1997).

Ethical Considerations

Researchers have specific guidelines to protect participants in a research study or when conducting human subject research. The researcher should complete Citi training before investigating the human subject. The Social-Behavioral-Educational (SBE) training introduces SBE analysis focusing on protecting human subjects, which is pivotal in this investigation on MI in the military, including negative emotions of shame, blame, marital satisfaction, and relationship with self and God.

The American Counseling Association (ACA) Code of Ethics (2014) explained the expectations on counselors or researchers when investigating a subject of interest. According to the code of ethics, the following sections are essential when conducting a research study with a human subject. Section A.4.a. includes *Avoiding harm* to clients, trainers, and participants; therefore, the researcher took reasonable steps to avoid harming the research participants. Section B.7.a. includes *Institutional approval*, suggesting that the investigator (e.g., counselors

and students) should provide accurate information about the research proposals and obtain permission before conducting research. The letter of approval is found in Appendix A.

Section B.7.b. of the code includes *Adherence to guidelines*, implying that the investigator should follow the state, federal, agency, or institutional policies regarding confidentiality in research practices. Moreover, section B.7.c. also emphasizes the confidentiality of information obtained in research. Therefore, all research records and data collection should remain safe and protected. In addition, The Code of Ethics explains in section E.2.c. the *decisions are based on results measurement*, including validation criteria, assessment research, and guidelines for assessment development and use. In this investigation on MI, the researcher was concerned about respecting the dignity of the participants (e.g., service members and their spouses). Therefore, during the research, the communication with participants was done honestly and transparently. Thus, any deception or exaggeration about the aims and objectives of the study were avoided.

Summary

Chapter 3 explored the strategies, methods, and techniques for collecting and analyzing data and administering assessments. According to the ACA Code of Ethics (2014), during investigations with human subjects, researchers should ensure integrity and respect to participants. Therefore, the researcher approached the investigation with an open mind while utilizing field notes, audio recordings, transcripts, and bracketing techniques. Bracketing facilitates data analysis where the researcher could remain unbiased when interpreting the essence of the narrative of participants' life experiences.

A semi-structured interview with four open-ended questions allowed a dialogue to develop during the interviews. Simultaneously, the researcher connected with the participants to

develop trust with the interviewees. NVivo software was utilized to find themes and create codes. Moreover, the credibility, dependability, trustworthiness, and transferability of three self-administered assessments (e.g., DAS, MISS-M, and RSAT) were discussed in this chapter. Finally, the researcher explained to the participants the reason for the study and the steps to follow to ensure they were comfortable proceeding with the investigation.

Chapter Four: Findings

Overview

Chapter four introduces ten military married couples who voluntarily agreed to participate in the research study on moral injury in the military and the effect of negative emotions such as shame and blame on their marital relationship. Letters from the alphabet were used as code names together with pseudonyms to protect the identity of the participants. For example, letter A refers to the first interview, whose pseudonyms are Andrew and Abby. The second interview is denoted with the alphabet letter B, and their pseudonyms include Bruce and Bonnie. The last couple interviewed is represented with the letter J; their pseudonyms are Jake and Jeri. Also, this chapter explains the data collected from the self-administered assessments and the semi-structured recorded interviews. Visuals are presented with tables and graphs to show the finding of this research study. The phenomenological reduction (Mustaka, 1994) was used, and all repetitive statements that did not relate to the research questions were removed from the research study.

This phenomenological investigation aimed to describe and understand moral injury in the military and discover the central phenomenon impacting marital satisfaction and the relationship with self and God. To address this purpose, four main research questions were asked:

RQ1. How do negative emotions like shame and blame that you experience change your marital satisfaction?

RQ2. How do you, as a service member struggling with moral injury (MI) and suffering from emotional and spiritual issues have difficulties practicing forgiveness?

RQ3. How has time and intensity of potential moral injury events contributed to your struggles with emotions and personal faith?

RQ4. How do participants define moral injury?

The results of the research study are described in this chapter. Additionally, information about the participants included in the study and how the data were analyzed are covered. The findings are further explored against each research question. Finally, the chapter ends with a summary.

Participants

The participants in this study included ten military couples from Dobbins Air Reserve Base, GA, Maxwell AFB, AL., Veterans Affairs, NC., and American Legion. All participants were active duty, reserve, retirees, veterans, or married to these individuals. Each couple was married or living together, and all participants were between 18 and 88 years of age. In addition, some service members reported clinical distress in the form of PTSD, anxiety, moral injury, or had experienced negative emotions such as blame and shame.

Letters from the alphabet were used, and pseudonyms protected the identity of the participants. For instance, the letter A refers to the first interview. The second interview is denoted with the alphabet letter B and the last couple interviewed is represented with the letter J.

Data saturation was achieved when no new themes emerged in the thematic. For instance, letter J did not add further information to what was already found with the first nine couples in the study. Scholars indicate that saturation is usually reached between the 9th and 17th interviews (Hennink & Kaiser, 2022). For example, interview number ten, corresponding to the letter J, did not add a new theme. This is an indication that saturation has been achieved in this study. Hennink et al. (2019); and Palinkas et al. (2015), among others, argue that when subjects

for the study are obtained through the purposive sampling technique, participants have information about the issue that a qualitative study intends to address. In this study, all ten couples are service members with the signs of moral injury. Table 1 below describes the participants in this study.

Table 1

Study Participant Demographics

Pseudonym Name	Code	Years Together	Military Service Status	Military Branch and Rank	Years of Service
Andrew & Abby	A	5	Active	Army, Captain	19
Bruce & Bonnie	B	33	Retired	Army, Sergeant Major	28
Chuck & Cindy	C	8	Active	Air Force, Major	14
Dave & Donna	D	5	Active	Army, Corporal	4
Erik & Erin	E	16	Active	Army, Captain	12
Frank & Fran	F	44	Retired	Army, Sergeant	26
Gerald & Gina	G	18	Retired	Army Officer	25
Harry & Hazel	H	5	Separated	Army, Corporal	14
Ivan & Indra	I	18	Active	Air Force, Lt. Colonel	25
Jake & Jeri	J	29	Separated	Army, Captain	8

Couple A (Andrew and Abby)

They are a middle-aged, white American Christian, married for five years with one young daughter. They met while attending college. Both have been exposed to the military but to different degrees. She knows the military culture through her grandparents. And he had direct exposure to the military culture through his parents; both were active duty, so he is used to deployments and relocations. Currently, the couple is stationed in Alaska, where he plans to retire as an army colonel in about eight years. The couple has a good relationship with the extended family. Abby is looking to go back to school to earn a degree as a social worker while her husband is serving on deployments. They are both active in their church, even while Andrew

is deployed. They usually read the Bible daily and talk about Scripture verses together, keeping their relationship with each other and God strong.

Couple B (Bruce and Bonnie)

Bruce and Bonnie are in their 60s, white American, Christian, married for 33 years, and have two adult children. Bruce was active Army for 28 years, currently retired. Bonnie was a DOD nurse working in the base hospital when they met. The couple has experienced multiple deployments throughout his career. They now serve at their local church. Bruce is a pastor, and Bonnie is a layperson in the same church. After retiring from the Army, Bruce returned to school to get his doctoral degree in pastoral care. Both enjoy participating in missionary trips and leisure travel to visit family and friends. They both claim to be happy together, and to have a successful marriage – “the couple must serve first the Lord.”

Couple C (Chuck and Cindy)

Chuck and Cindy are in their early 40s, white American and Christian with one son. Chuck is an Air Force active-duty Major with 14 years of service, and Cindy is a heart doctor but does not practice since their son was born. They met during college before he joined the Air Force. Chuck indicated that he joined the military to serve his patriotic duty and made the Air Force his career because of the structure, a robust hierarchy system in place, and security for his family. The couple believes that good and effective communication has been essential in all ambits of their life for the success of human and marital relationships and with God. In addition, they feel it is important to invite God into all decisions they make. Chuck is projected to retire from the military in seven to eight years. Cindy is very active with military spouse groups and at church. She cares for her family and serves God.

Couple D (Dave and Donna)

Dave and Donna are in their early 30s. Donna is from Cuba, and Dave is African American. They met online while Dave was in basic training for the Army while she was attending school to become a dentist. Dave and Donna got married after he completed basic training and have been married for five years. The couple has no children, but Dave has a daughter from a previous marriage. Soon after they married, he deployed to Afghanistan, where Dave was wounded by an Improvised Explosive Device (IED) and received severe leg damage. Donna strongly believes in God, attends Sunday church, and participates in bible study. However, her husband, Dave, is not devoted as she is. Dave seems to see God's importance in his life, but he is still growing in his faith. The couple indicated that good communication, forgiveness, and God are the path to a fruitful marriage.

Couple E (Erik and Eren)

Erik and Eren are in their early 40s, white American, with two preteen children. They met through common friends at a party and have been married for 12 years. Erik is an active Army Captain stationed in Texas, and she is a stay-at-home mom. They both have bachelor's degrees and a belief in God. Erik is looking to retire in about ten years but has not made plans yet. His wife, Eren, explains struggles with the military culture, lifestyle, and relocations, even with assistance from family support agencies on base. The situation has aggravated over the years, and the family tension seems to have grown. Erick has been deployed multiple times and believes his family has adapted well to relocation. The couple recognizes the importance of keeping God in their lives to flourish and stay resilient. Eren says that she only makes it through by constantly praying. Meditative prayers are an integral part of her life, said Eren. The couple agreed to have a healthy relationship and good communication even during deployment.

Couple F (Frank and Fran)

Frank and Fran are in their early 60s and are white Americans with one adult daughter. Frank served in the Army for 26 years and retired as a Master Sergeant, while his wife was a Librarian most of her adult life. The couple met in High School and married when they were 17. Despite all life obstacles, they are grateful they succeeded in 44 years of marriage. Frank and Fran attribute their long marriage to mutual trust and good communication. Frank and Fran had a dysfunctional family dynamic during their teen years and were raised in a Christian environment. However, Frank and his wife did not commit to God until her husband was wounded during the Iraq war. Frank has suffered from substance use which he attributed to his experiences in the Army, where he witnessed morally injurious events. The couple is now active in church and outreach programs.

Couple G (Gerald and Gina)

Gerald and Gina are in their mid-40's, both white American, have been married for 18 years, and have two daughters. Gerald and Gina believe in keeping family cohesion and privacy in all areas of their lives. The couple is Christian and active at church. Gina is a pastoral counselor, and Gerald is a retired higher-ranking Army officer who served for 25 years. The family has two teenagers and one dog. Gerald suffers from PTSD and TBI but is reluctant to discuss moral pain.

Couple H (Harry and Hazel)

Harry and Hazel are in their mid-30's, white American, married for 14 years, and have two children. Harry was in the Army but no longer serves as an artilleryman due to an explosion he encountered on one of his deployments to Iraq. As a result, Harry has PTSD, TBI, and moral injury. The couple met at a party hosted by the church near their residence. Hazel married Harry

when he was a Corporal but knew little about the military culture and lifestyle. However, the couple considers their marriage sacred, and Hazel is convinced that God has brought them together to heal her husband wounded soul. They are active at the American Legion and the VA. Hazel works on base, and Harry holds a civilian job since he cannot serve his nation like before due to the injuries his body suffered from the explosion when he was deployed. Hazel explains that her husband seems angry and absentminded but continues praying for healing. Harry does not consider himself an atheist, but he explains that the relationship with God is broken.

Couple I (Ivan and Indra)

Ivan and Indra are in their late 40s, of Hispanic descent, US citizens, and have been married for 18 years. Ivan and Indra have two children. The couple is very religious. Ivan and Indra are well educated; he holds a master's degree in computer sciences and Indra in Human Resources. The couple admitted struggling with deployment and reintegration, but God has guided them to endure and to seek professional help. Ivan and Indra are both Spanish descendants with strong cultural values and practices. Ivan has been serving as a military chaplain and explained the deeply wounded soul of service members. The couple dedicates their time to helping soldiers and their families learn about God, and its promises. Ivan and Indra believe in good communication, forgiveness, and in reconciliation. Ivan wants to retire in six years and travel back home to share time with family and friends.

Couple J (Jake and Jeri)

Jake and Jeri are in their early 40's, white American, Christian, and have been married for 29 years. They have two grown children who no longer live with them. Jake indicated suffering from TBI and MI from an explosion while serving in Afghanistan that caused lower extremity dysfunction. Jake served eight years in the Army, and his wife still works as an

elementary teacher. They both believe in God. However, the couple thinks they should be true friends and never keep secrets to have a happy marriage.

Results

The results of this study are presented in the following sections as they relate to each research question that guided this work. The data is structured around each of the four research questions in this study.

Theme Development

This study recruited participants from four military installations: Maxwell Airforce Base in Montgomery, Dobbins Air Force Reserve in Georgia, Fort Bragg Army base in NC, Fort Benning in GA, and the American Legion Post in GA. Military chaplains at the respective military installations placed flyers at the base churches to recruit participants for this study. In addition, the chaplains, who acted as a facilitator, gathered information such as emails and phone numbers from service members who showed interest in the study. A few days later, the researcher contacted the chaplain's office by phone to ask for the list of potential participants. Also, the investigator had the opportunity to visit all four military installations and meet with the chaplains. While at the base, the researcher visited the Mental Health Behavioral Centers, but the visit was not fruitful since it did not generate any participants.

From the list the chaplain's office provided, the researcher proceeded to email the service members using the template approved by the IRB with an explanation of the research study and invited them to participate. Once the couple reached out by mail or a phone call showing interest, the researcher sent the couple the pre-screening questions by email. After the pre-screening questions were completed, the study's investigator printed and revised them to ensure that the participants met the criteria needed to participate in the research study. If participants met the

criteria, they were sent the informed consent that the couple completed and signed individually. When the informed consent was signed and sent back by email, the researcher revised it to ensure all pertained questions on the informed consent were completed. Then participants were sent by email three self-administered assessments questionnaires: (a) the Dyadic Adjustment scale (DAS), (b) the Moral Injury Scale Military Version Short-Form (MISS-SF) for service members only, and (c) the Relationship Satisfaction scale (RSAT) to be completed before the interview. The reason was to understand the military couple's relationship dynamics, to support the research study during data analysis, and to build rapport with participants. Then a zoom meeting private room to meet the participants for the semi-structured interview was scheduled. About a week before the first interview, the researcher began writing personal thoughts and feelings to separate individual experience as a military spouse from the research study and upcoming interviews. I did this to maintain neutrality and be unbiased during the interview phase (Appendix H).

After carefully listening to each audio-recorded interview, the researcher made notes to understand the emerging themes. Also, Otter's application has helped to understand and compare transcription later with a professional transcription service. On receiving the professional transcription, reading it carefully and comparing it with the original to verify the validity of its content began. Also, the researcher contacted the couple by phone, read the transcription, and asked them if they agreed with the transcription captured from the interview. All transcriptions reflected the interview, allowing for the replacement of the actual couple's names from the transcription. The couple were then assigned a letter from the alphabet with each participant being given a pseudonym.

The researcher trained on NVivo software using their 14-day free trial promotional package. However, due to time constraints and being a novice researcher, after praying and communicating with the committee chair, a decision was made to utilize professional services to assist with the codes and emerging themes. The codebook (Appendix J) helped to understand the emerging themes clearly. The codebook derived themes and patterns.

Themes

In this phenomenological study, thematic analysis and searching for patterns generated themes that created coding and clustering. This qualitative procedure generates information for the researcher to interpret. This approach to qualitative research is proactive and reflexive. The themes identified in this study were deployment, military, married, negative emotions, family, moral injury, rocket, feel an attack, injurious, communication, vacation, deploy, question, inconclusive, prayers, affect, redeployment, kids, mission, jaded, religion, God, and frustration. The organization of the themes and numeration are listed below in Table 2.

Table 2

Organization of Themes, Subthemes, and Enumeration

Item	Open Code	Subthemes
Primary Themes for RQ. 1	1	Community support
	2	Disruption of family
	7	Frustration
	4	Jaded
	3	Something to look forward to
	3	Need for focus
	5	Putting aside feelings
	9	Reluctance to communicate events
	Primary Themes for RQ. 2	7
5		Fear and anger
2		Disappointments
4		Increased caution
3		Need for faith

Primary Themes for RQ. 3	7	Increased faith
	3	Feeling lost
Primary Themes for RQ. 4	4	Moral pain
	2	Soul in anguish
	4	Wounds

Response to Research Questions

Research Question One

Research Question One asked, *how do negative emotions like shame and blame that you experience change your marital satisfaction?* Several themes emerged related to Research Question One. These themes included tension within family interactions, suppressing feelings to cope, and impacts on communication with family.

Tension Within Family Interactions. Several participants discussed how experiences in the military related to moral injury created tension within family interactions when military members returned from deployment. Each of these couples recounted that their spouses' interactions with their family were more tense than before the moral injury. For Hazel, the tension related to how her partner interacted with their children. Hazel said:

So, the other thing is the way that he interacts with the children. He will easily get frustrated if things get so out of hand or we are in a crunch, for example, getting the children ready for school in the morning. He will almost become militant with the children, almost like a drill sergeant. So, it's like, 'Get up now, go downstairs, eat breakfast, go brush your teeth.' So, it's either one polar extreme or the other polar extreme emotion.

Jeri described that she felt like she was walking on eggshells with her spouse once he returned from deployment. Jeri said that those emotions lessened over time. However, when the

moral injury first happened, Jeri indicated her husband was distant and could become easily irritated. Jeri said:

Sometimes would say he is distant. He is distant, and he can be easily agitated. There were times I felt like I was walking on eggshells when I knew something was bothering him. I understand more now what is happening.

For Gina and Gerald, the tension was around the constant cycles of deployments. The stress of deployment was so hard on the whole family that Gina and Gerald felt like they were constantly in survival mode and unable to relax, even when Gerald was home. Gina said:

I think we did well for myself. I just had other things to focus on as far as children, or furthering my education, focusing on my career. And those things occupying my time while he was gone, but the pre-deployment, post-deployment, and redeployment that was a heavy cycle and heavy tempo for many years, and I think during that season, it was hard to for both of us to fully relax because there was always something on the horizon. And so even when he was home, we were planning for the next one, so we couldn't ever fully take a deep breath and have time to relax.

Suppressing Feelings to Cope. All participants said that moral injury changed marital satisfaction because it forced the individual who experienced injury to suppress their feelings to cope with the trauma. However, this suppression leaked into other areas of their life. For example, Donna, felt like her spouse had to set aside his feelings to complete his job. Donna said:

You know, so I feel like more so we're affected as a family, in terms of him doing certain things that he doesn't believe are right, you know, like having someone leave their house so early without having anything for them to do, or if there's someone in leadership that

maybe shouldn't be there. But that's kind of how you feel, but it doesn't really matter how you feel.

Harry said that suppressing feelings were necessary to survive life in the military. Harry then indicated that there was no support for individuals to heal while serving in the military. Therefore, the burden of unresolved feelings fell onto their family when military members returned home. Harry said:

So you kind of had to swallow up your feelings when you're in a service. Because those helps are available, but they're not really provided. But there's that there's nothing wrong with you. The way you feel the way you do. They're so mission-focused that that person's psychology doesn't really come into play. So I think that was one of the biggest issues that I recall probably and a service that says to filling your disposable asset. And best case, kind of like the girl the lot where your station is where your superiors are, and you come to realize very quickly that those people are supposed to be taking care of you. I really not that interested in doing that. So a lot of stuff happens that just kind of blows through.

Like Harry, Ivan indicated that he had to put up a wall around his emotions to protect himself while he was deployed. When he returned home, Ivan said it was not easy to let that wall down. This suppression of his feelings impacted his family life and marital satisfaction.

Ivan said:

I've had that emotional war wall that you place to protect yourself for survival and all that stuff when you're over there, the lifestyle that you live for six months. Then coming back, and in two days changing your whole lifestyle because it takes two days in the airplane to get home. Maybe two or three. So changing that whole lifestyle in two days, it's just, it's

hard knowing that used to deploy people at the old times my grandfather told me was to vote and they had weeks to get off to retrain their mind their emotions, but now here you get into planning two days you're back to a new world. So, I guess it wasn't comfortable.

Impacts on Communication with Family. Couples participating in the study said that partners with moral injury often experienced changes in their communication. This inability to communicate was challenging for some couples and impacted their marital satisfaction. For some couples, however, communication was a skill they were able to hone over time to increase their satisfaction in their marriages. Erin said, “He's always been more closed off with emotions and feelings and things like that. But I felt like after that happened, he became even more closed off. Immediately after he returned from deployment, he was very quiet.”

Hazel said:

I think he has a tendency to kind of feel jaded about things and then just go along with things. It's almost like, well, if I'm not happy, then that's just, I have to suck that up and deal with it. And so, for the most part, he is very quiet about things. He doesn't talk about his military service, really.

Cindy said:

He was deployed within the first three years of our marriage. I have to say that we have grown exponentially in our marriage. I think we've both grown individually, but our communication is so much better now than it was that I think I think that should those circumstances arise now? I feel like we would handle them much more fluidly. And just in a much healthier, unhealthy, but I think we're just in a healthier place now. Where our communication was much more open and effective.

Research Question Two

Research Question Two asked, *how do you, as a service member struggling with moral injury (MI) and suffering from emotional and spiritual issues, have difficulties practicing forgiveness?* Several themes emerged from the data that related to Research Question Two.

These themes included using compartmentalization to cope and feeling disappointment in self and others.

Using Compartmentalization to Cope. Several couples indicated that MI led to using compartmentalization to cope with negative emotions rather than truly finding forgiveness for themselves and others affected by moral injury. For example, Harry, said, “I saw a lot of wrongdoing. I just kind of get swept under the rug and, you know, a lot of, a lot of issues.” For Chuck, it took years to be able to break past this compartmentalization enough to sufficiently communicate their feelings and begin the healing process.

Chuck said:

So really recently, like within this last year, we've talked about labeling emotions, the importance of using the words even though honestly, you just prior. I think I would just compartmentalize and suppress. I don't even know that I had the vocabulary to say what it was that I was feeling, and that's a frustrating. It's so frustrating.

Cindy said:

Interestingly, we were not married when he was experiencing those events. And I will say that, as his wife, I don't know a lot of the details about some things that he has seen or experienced while deployed or serving overseas. Because we just don't really have an opportunity to talk in detail about it. It's not something that we talk about casually or bring up regularly. So I know that he's experienced difficult things. But I think he does a

very good job of processing them and potentially compartmentalizing them on some level.

Erik said:

The mortars probably landed about 50 meters away from us, but nobody was injured. I guess I was kind of kind of more shocked, and how it didn't phase me. Because other guys that I was with, they all like jumped on the ground and lay down flat. I guess at that time. I just wasn't self-reflecting enough to notice that something was wrong or different. Because I was probably just pushing it down and not addressing it.

Feeling Disappointment in Self and Others. Couples also indicated that MI led to feelings of disappointment in themselves and others. This disappointment made it hard to forgive and move past the trauma. For these individuals, disappointment stemmed from feelings of failure on their behalf, as well as disappointment in their colleagues. Gerald said:

I mean, yeah, I mean, on different levels, like, you know, maybe guys would be unfaithful to their wives, and I would know about it, or you know, something like that. I mean, in most cases, when it came to the military, I kept my, I kept my military bearing and how I did things in the military, and my spiritual reality they were combined as in I always tried to make sure that all my Christianity affected my spiritual life. It also affected my military life. However, I was never one that would preach at somebody, nor would I ever tell them that they were doing something wrong if their life. Mostly it was a disappointment.

Harry said:

So yeah, I do have those feelings sometimes. And I think sometimes they, they but they hit my head, and you know, like embarrassing things in my life. Sometimes if I think

about it too long, I've kind of feel a sense of shame. And then I just kind of try to push them out on my on my psyche. When whenever they come into my brain, so I'm just like, oh my god, like those situations. We're not good. And you feel a sense of like, like, you say, shame away. And I kind of think, you know.

Jake said:

I have some regret that I didn't get to finish what I wanted to do. I started out to make the army my career, and I got hurt. And that pretty much ended my ability to do that. So, I was angry, yes, I have anger, so there's a lot, a lot of those feelings, but a lot of that stuff kind of was grounded by the alcohol.

Research Question Three

Research Question Three is, how has time and intensity of potential moral injury events contributed to your struggles with emotions and personal faith? Two primary themes emerged from the data related to this research question. Those themes were a struggle to regain emotional control and increased faith and gratitude.

Struggle to Regain Emotional Control. Several military members who had experienced moral injury said they struggled to regain emotional control after returning from deployment. For them, little things would set them off and cause disproportionate emotional reactions. Bruce said:

Life in the military was brutal and toxic. I tried to retire to start life again, but it was hard, well, because all I knew in my life is to serve my country. I was trying to learn new ways to be but negative emotions, memories I was carrying with me all the time, and if you can turn off those memories, you are in trouble. So it was hard to turn them off.

Gerald said:

I was scared, but I mean, I didn't have any guilt for what happened or anything like that. Fear and anger were probably the only two emotions I had, and that situation creates tension. I'd say over the years, the anger was a kind of a constant.

Ivan said:

Or when you get back and at the same habit to me, I changed, I didn't notice it. So, the little things were bothering me, and I was mad. It was adjustment. It was uncomfortable. So, I would fight more until I remember one day, I was putting gas in the gas station. I just started crying in that, and it was like a month-to-month afterwards. And that's when everything kind of went back to normal. That catharsis happened, and everything went back to normal, and then we can carry on.

Increased Faith and Gratitude. The silver lining for many couples was their increased faith in God after moral injury. Each of these participants indicated that the trials they had been through deepened their faith in God and their gratitude that they were alive. For example, Bruce said, "When I retired, I learned a new way to be and how I don't even know how I did it before. God, it was God helping me. I see now I am different."

Donna said:

My faith means a lot to me. And my husband would tell you that I fast I pray, you know, I feel like I pray for him. I pray for us. I pray for our relationship. I pray for our marriage when he's not here. When he was deployed, I prayed for him constantly. Even I remember when he went to basic training. Yes, that's not a deployment, but he left me for three months. You know, I prayed a lot. I prayed a lot for him to be successful. I prayed a lot for, you know, for a war not to break out where you know, it was a lot of prayer. I think faith and commitment kept us together while he was away. And even when he's not

on deployment, faith, and commitment really keeps our relationship because I feel like we were put together by God. And they said, you know, whatever God brings together, no man can separate, and I really do truly feel like with our marriage, you know, God is within our marriage. So to me, I would say yes, faith and commitment is important. It's important.

Andrew said:

Well, I mean, I don't think you can go on deployments like that and then not have, you know, some kind of effect on you. Fortunately, I think for me, it had a positive effect, too, to where it made me more grateful for the life I had back here. And I mean, just grateful for life and safety. In general.

Research Question Four

Research Question Four asked, *how do participants define moral injury?* Each participant's definition of moral injury involved describing trauma to the mind and soul rather than to the body.

Injuries of The Mind and Spirit. All participants described MI as occurring when an individual was forced to do something that went against their conscious or when they experienced something that hurt them emotionally. In this way, several participants viewed MI as similar to physical injury, except instead of injuring the body, MI affects the mind and spirit.

Frank said:

I guess it's just going against what you really believe. So, if you have a belief about could be anything, and then you're you act out against it, and then it subconsciously or consciously bothers you. It's something that affects you because it goes against your morals against what you believe.

Abby said:

Moral injury is having done something that would, that would, I guess, potentially be against what you would more morally do normally. That would kind of lead you to kind of think bad about yourself and what you did, so I think that goes against the will.

Gina said:

I would say moral injury is when you do something against your morals that you later regret. You know, something that goes against your morals that creates a hang-up emotionally or mentally for you that you can have a hard time reconciling.

Tables and Graphs

After the prescreening questions and the informed consent form were completed and signed, participants completed three self-administered assessments questionnaires: (a) the Dyadic Adjustment scale (DAS), (b) the Relationship Satisfaction scale (RSAT) and the Moral Injury Scale Military Version Short-Form (MISS-SF).

Dyadic Adjustment Scale (DAS)

Tables 3 and 4 below show the Dyadic Adjustment scale (DAS) results. For instance, Table 3 displays the results for service members in four aspects of the relationship: dyadic satisfaction (DS), dyadic cohesion (Dcoh), dyadic consensus (DCon), and affectional expression (AE). The total score is the sum of all items, ranging from 0 to 151. The higher the score, the better relationship the married couple has. The subscale has fair to excellent internal consistency, with an alpha of .96. (Spanier, 1976).

Table 3*Dyadic Adjustment Scale (DAS) for Service Members*

Couple & Code	Male DS	Male Dcoh	Male DCon	Male AE	Male Total
Andrew & Abby A	42	18	49	9	118
Bruce & Bonnie B	42	23	49	9	123
Chuck & Cindy C	42	28	54	10	126
Dave & Donna D	40	28	50	11	129
Erik & Erin E	34	11	47	8	100
Frank & Fran F	41	21	60	12	134
Gerald & Gina G	42	14	38	3	97
Harry & Hazel H	37	14	46	8	105
Ivan & Indra I	42	16	52	12	122
Jake & Jeri J	44	18	60	10	132
Total	406	191	505	92	1186
Total Average	40.6	19.1	50.5	9.2	118.6

Table 4 shows the results for DAS for the spouse on the same four aspects of the relationship (DS), (Dcoh), (DCon), and (AE). Typically, cutoff scores are between 92 and 107. In this research study, all ten couples experience a degree of feeling satisfied with their relationship.

Table 4*Dyadic Adjustment Scale (DAS) for the Spouses*

Name & Code	Female DS	Female Dcoh	Female Dcon	Female AE	Female Total
Andrew & Abby A	42	13	51	9	115
Bruce & Bonnie B	42	26	41	6	115
Chuck & Cindy C	45	18	53	10	126
Dave & Donna D	40	22	49	11	122
Erik & Erin E	42	16	43	8	109
Frank & Fran F	40	24	61	12	137
Gerald & Gina G	43	16	52	11	122
Harry & Hazel H	38	14	47	5	104
Ivan & Indra I	40	14	56	12	122

Jake & Jeri	J	44	19	59	9	131
Total		416	182	512	93	1203
Total Average		41.6	18.2	51.2	9.3	120.3

The Dyadic Adjustment scale (DAS) results show consistency in all ten couples in dyadic consensus. Likewise, dyadic consensus (DCon) reveals how couples agree with their partner. Also, in the results on dyadic satisfaction, all ten couples appear to feel satisfied with their partner, followed by dyadic cohesion (Dcoh) for service members, with an average consistency of 19.1, and their spouses, with 18.2 (Table 3 and Table 4), respectively. However, anomaly detection in couple G suggests Gerald might struggle with demonstrating affectional expression (AE) with a score of 3 (Table 3). On the other hand, his wife Gina scored 11 (Table 4), indicating that Gina feels comfortable with affectional expression.

Figures 1 and 2 represent the DAS data set of ten military couples to visualize the results and identify patterns and trends in the increased data flow. Figure 1 is for the service member, and Figure 2 is for the spouses reflecting four aspects of the marital relationship: dyadic satisfaction (DS), dyadic cohesion (Dcoh), dyadic consensus (DCon), and affectional expression (AE).

Figure 1

The Dyadic Adjustment Scale (DAS) for Service Members

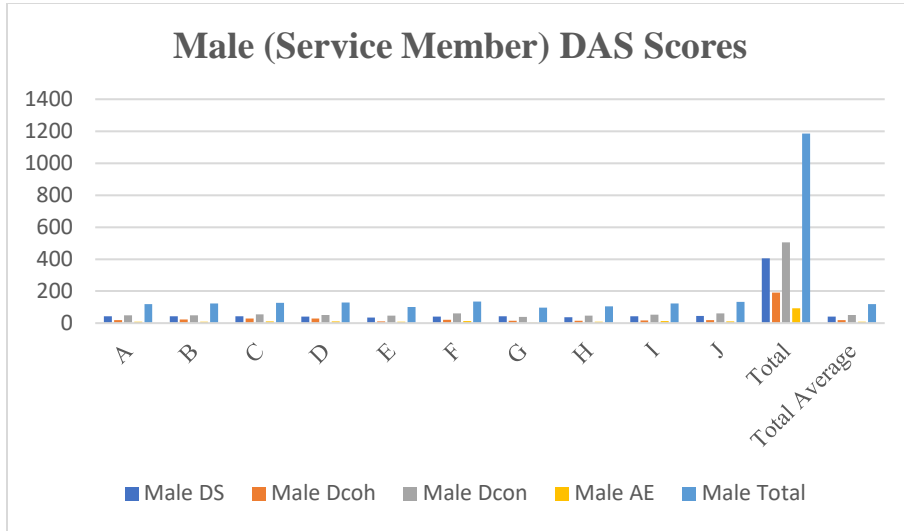


Figure 2

The Dyadic Adjustment Scale (DAS) for Spouses

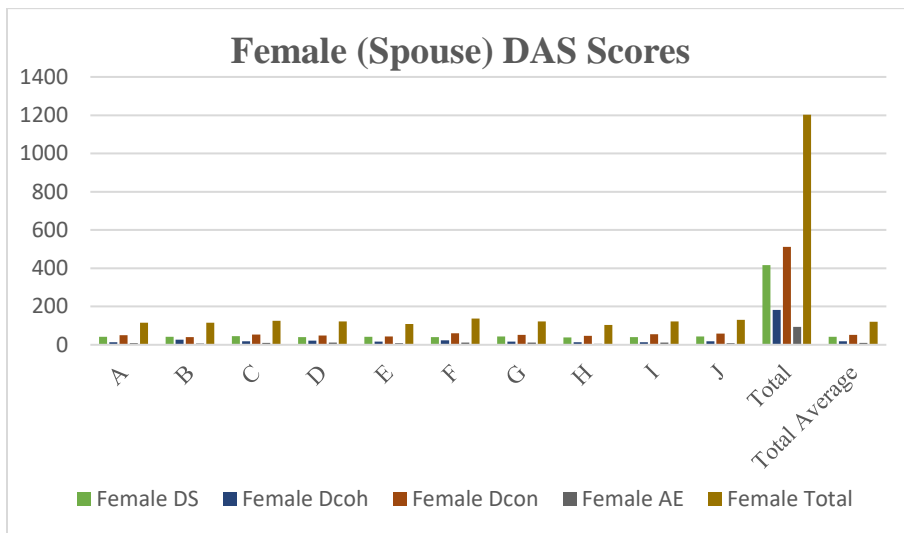


Table 5 and Figure 3 below represent comprehensive data results of the ten military couples simultaneously. The gray color denotes gender, and the blue indicates the lowers scores of the sample. In this case, Erik and Erin scored low, followed by Harry and Hazel. It can be

argued that these couples might be experiencing difficulties demonstrating affection. For instance, demonstration of affection includes the couple's sex life, how often the couple kisses each other, and how often the couple shares time outside together.

No changes have been made, and the data is the same as in Tables 3 and 4 and Figures 1 and 2. The gray areas in Table 5 denote the gender male vs. female totals score for DAS. The orange color indicates the couples with the higher score for DAS in all four aspects of their marital relationship: dyadic satisfaction (DS), dyadic cohesion (Dcoh), dyadic consensus (DCon), and affectional expression (AE). For example, only two couples, Frank and Fran, scored high in all four aspects of the marital relationship, followed by Jake and Jeri. The following are the codes used in Table 5 and the couple's pseudonyms for interpreting the results: Andrew & Abby (A), Bruce & Bonnie (B), Chuck & Cindy (C), Dave & Donna (D), Harry & Hazel (E), Frank & Fran (F), Gerald & Gina (G), Harry & Hazel, Ivan & Indra (I) and Jake & Jeri (J).

Table 5

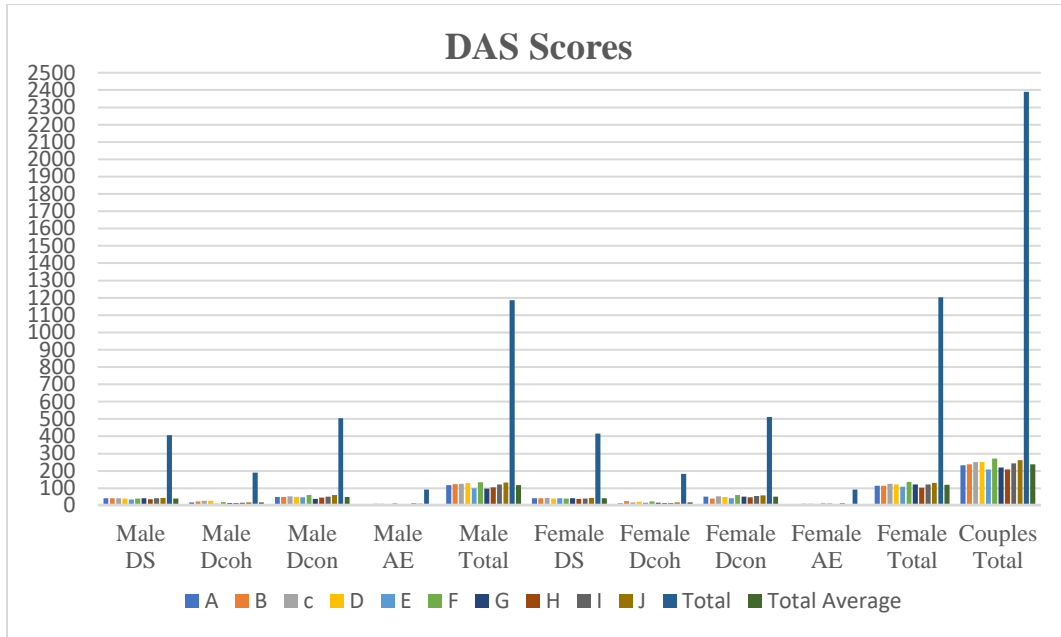
The Dyadic Adjustment Scale (DAS) for Service Members and Their Spouses

Couple Code	Male DS	Male Dcoh	Male Dcon	Male AE	Male Total	Female DS	Female Dcoh	Female Dcon	Female AE	Female Total	Couples Total
A	42	18	49	9	118	42	13	51	9	115	233
B	42	23	49	9	123	42	26	41	6	115	238
C	42	28	54	10	126	45	18	53	10	126	252
D	40	28	50	11	129	40	22	49	11	122	251
E	34	11	47	8	100	42	16	43	8	109	209
F	41	21	60	12	134	40	24	61	12	137	271
G	42	14	38	3	97	43	16	52	11	122	219
H	37	14	46	8	105	38	14	47	5	104	209
I	42	16	52	12	122	40	14	56	12	122	244
J	44	18	60	10	132	44	19	59	9	131	263
Total	406	191	505	92	1186	416	182	512	93	1203	2389

Total Average	40.6	19.1	50.5	9.2	118.6	41.6	18.2	51.2	9.3	120.3	238.9
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Figure 3

The Dyadic Adjustment Scale (DAS) for Service Members and Spouses



Relationship Satisfaction Scale (RSAT)

The second self-administered assessment the couple completed was the Relationship Satisfaction scale (RSAT). The seven-item scale measures satisfaction in seven different areas on a Likert scale, with the response options ranging from very dissatisfied (0) to very satisfied (6). A high score denotes a higher level of relationship satisfaction. The seven items on the RSAT asked the couples about communication, openness, and how effectively they resolved conflicts and arguments. Also, the assessment measures the degree of affection and caring the couple feels for one another (Burn, 1993). Table 6 shows the relationship Satisfaction scale (RSAT) data for service members and their spouses. The cut-off score for the RSAT is 48, which indicates non-distress in the relationship. In this study, three couples appear to struggle with their relationship.

Table 6*Relationship Satisfaction Scale (RSAT)*

Name & Code	Male	Female	Couple RSAT Total
Andrew & Abby A	65	115	180
Bruce & Bonnie B	56	74	103
Chuck & Cindy C	76	75	151
Dave & Donna D	77	78	155
Erik & Erin E	46	56	102
Frank & Fran F	72	71	143
Gerald & Gina G	39	64	103
Harry & Hazel H	49	38	87
Ivan & Indra I	56	67	123
Jake & Jeri J	66	67	133
TOTALS	602	705	1307
TOTAL AVERAGE	60.2	70.5	130.7

The color blue in Table 6 indicates a degree of marital dissatisfaction. The RSAT score in Table 6 shows that Erik and Harry are somewhat dissatisfied with their relationship with their spouses. However, Erin seems somewhat satisfied with her relationship with Erik. But, Hazel's score indicates that she is somewhat dissatisfied with her husband. Harry and Hazel's scores show that the couple is somewhat dissatisfied with their marriage. The sum of all the scores suggests that service members and their spouses are moderately to extremely satisfied with their marital relationship, except for Gerald, whose score shows dissatisfaction in Table 6 above.

According to RSAT results, military couples from this research study are moderately satisfied with their marital relationship, except for Gerald, who scored 39, and Hazel, who scored 38 (Table 6). However, a lower score on RSAT does not necessarily mean a bad relationship. For instance, Burn (1993) indicated that the RSAT does not demonstrate who is to blame in the relationship for the emotional struggles and marital tension. Instead, it means the couple is

exceedingly dissatisfied and has the possibility for improvement and rekindling their marriage.

Below is Table 7 with instructions on scoring for the RSAT assessment.

Table 7

Scoring Key for RSAT

Level of Satisfaction	Total score
Extremely Dissatisfied	0-15
Moderately Dissatisfied	16-30
Somewhat Dissatisfied	31-45
Somewhat Satisfied	46-60
Moderately Satisfied	61-75
Extremely Satisfied	76-78

Note: Adapted from Burn (1993)

Figure 4 visualizes a bar graph comparison between service members (male) and their spouses (female). The critical metric between service members and their spouses suggests that service members (male) and their spouses are satisfied with their marital relationship.

Figure 4

Relationship Satisfaction Scale (RSAT)

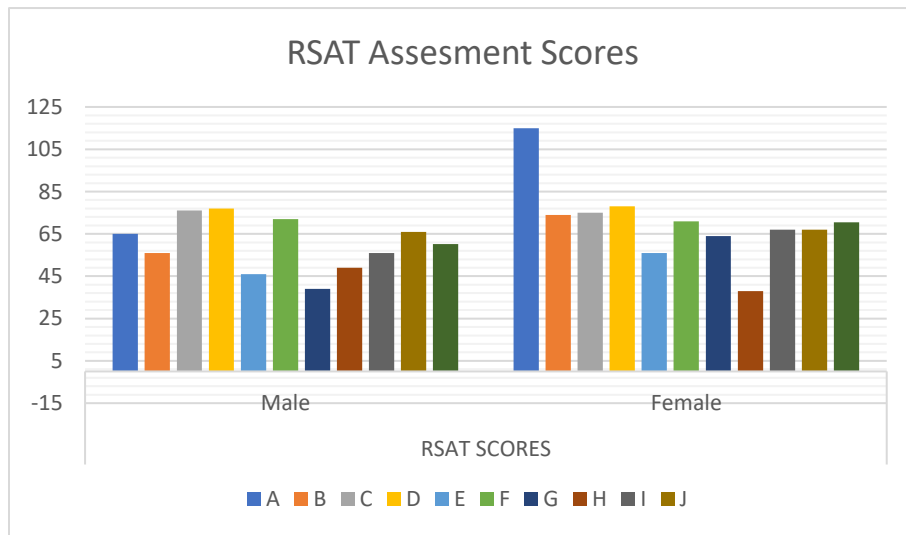
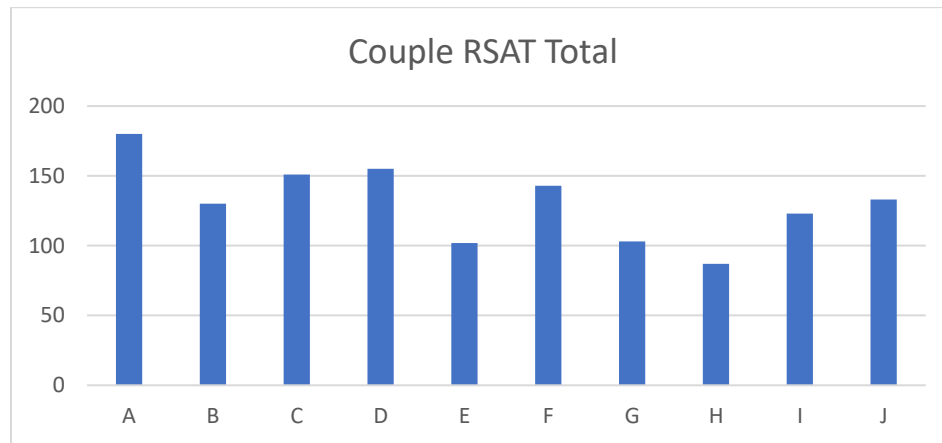


Figure 5 shows the sums of the Relationship Satisfaction scale (RSAT)

scores for service members (males) and their spouses (females). The representation of the total scores is visualized in a graph bar.

Figure 5

Relationship Satisfaction Scale (RSAT)



Moral Injury Symptom Scale (MISS-M-SF)

Before service members (male) completed the Moral Injury Symptom scale (MISS-M-SF), the researcher emailed Dr. Koenig, the creator of the MISS-M-SF, to request permission to utilize the assessment for this research study. As a result, Dr. Koenig approved the use on 02/12/2022. The email correspondence is found in Appendix F.

Service members (male) voluntarily completed the Moral Injury Symptom scale – Military version, short form. The short form of the Moral Injury Symptom scale (MISS-M-SF) military version contains 11 questions to capture behavioral, social, and spiritual suffering like guilt, blame, shame, moral, religion, difficulty forgiving, loss of trust, and self-condemnation (Currier, 2020).

Koenig et al. (2018) explained that the MISS-M is a reliable and valid multi-dimensional symptom measure of MI. Moreover, experts in MI and PTSD found evidence that MISS-M-SF could be used in studies targeting MI in veterans and active-duty military with

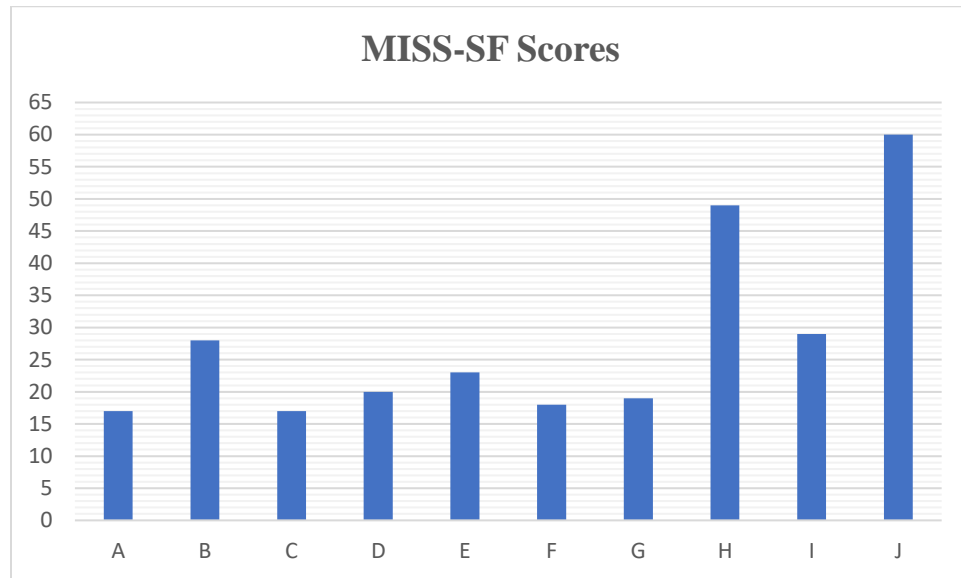
PTSD symptoms (Koenig & Currie, 2020). Also, it could be used by clinicians to identify those at risk. After computing the individual score of each male participant, the factor analytic results suggest that the higher the score, the higher the signs of moral injury. The results are listed in Table 8 and the bar graph from Figure 6.

Scoring MISS-M-SF. Reverse score items 5, 6, 7, 9, and 10, and then sum all items to produce a total score indicating moral injury severity (possible range 10-100). Scores of 8 or higher on any of the 10 items (after using reverse scoring) likely require clinical attention (Koenig et al., 2018).

Table 8

Moral Injury Symptom Scale Military Version Short Form MISS-M-SF

Service Member (Male)	Moral Injury Score
A - Andrew	17
B - Bruce	28
C - Chuck	17
D - Dave	20
E - Erik	23
F - Frank	18
G - Gerald	19
H - Harry	49
I - Ivan	29
J - Jake	60

Figure 6*MISS-SF Scores*

The results obtained for Andrew from computing his score on the MISS-SF suggest that he experienced a difficult time forgiving himself and others for events during combat. He scored 17 as illustrated in Table 8. Question 7 on the MISS-SF assessment corroborated what happened to him or others during battle. Nevertheless, Andrew felt the military had strengthened his faith and relationship with God. For instance, on question 6, Andrew scored high in the belief in having a good sense of what makes his life meaningful. Also, he scored high on question 5 about trustworthiness.

Table 8 illustrates that, a similar narrative occurred with Bruce, who scored 28, representing moderate signs of moral injury. However, on question 10 about faith and religion, Bruce firmly believed that the military service has helped him with spiritual concerns and faith in God. Conversely, Bruce expressed mild distress when answering question 11 in personal relationships, interacting at work, with family, or with friends.

On the other hand, Chuck scored a 17, revealing mild signs of moral injury (Table 8). Like Andrew, Chuck scored high on question 7, forgiving himself and others for their wrongdoing while in combat. In addition, he believes that military service has strengthened his faith and relationship with God. On the other hand, Chuck's question 9 about religion indicates he feels that God might have punished him for his actions.

Dave scored 20, suggesting mild signs of moral injury (Table 8). Dave is inclined to feel that he is a failure but contradicts this when he agrees to feel in control of his feelings. In question 11 about interpersonal relationships, Dave believed that the military service did not affect him, as is reiterated in question 10 about faith and religion, where he noted that the military service had strengthened his faith in God.

Also with mild signs of moral injury was Erik with a score of 23 (Table 8). For example, on question 1, he marked down feeling betrayed by the leadership he had trusted, but he has forgiven them and himself for the wrongdoing. For question 10 concerning religion and faith, Erik scored high. The score suggests that his faith in God has strengthened, as it did with Andrew. However, when comparing his score to other participants like Jake, who scored 60, and Harry, who scored 49, who might exhibit severe signs of moral injury according to the results of their answers on their assessments; however, Erik presented mild symptoms of moral injury instead.

However, Jake scored a 60, representing robust signs of moral injury (Table 8). For instance, Jake scored high on question 1 about trusting his leaders. This corroborates question 4 about acting in ways that violate service members' moral values, with a high score of 7. However, on question 6, about having a good sense of what makes his life meaningful, Jake scored lower when compared to other questions from the assessment. It appears that Jake is

somewhat struggling with fear since he believes God has punished him for his actions while serving in the military. Jake answered question 11, “with very much,” implying that he feels distressed when interacting with others at home, work, or with family.

Differently, Harry scored 49, suggesting notorious signs of moral injury (Table 8). For example, on question 7 about forgiving himself and others for events during combat, Harry marked it somewhat challenging to forgive, as alluded to in his answers to questions 3, 4, 6, and 7. Also, Harry shows signs of feeling distressed or lacking the ability to function in relationships, work, and social events. Harry feels betrayed by leadership and trustworthiness, as shown in his answer to questions 1 and 5.

For Gerald, he showed minor signs of moral injury with a score of 19 (Table 8). However, Gerald intentionally omitted to answer questions 9, and 10 about God. Also, he did not answer question 11 about significant distress or impairment when interacting with others or caring for things at home. As shown by his answers to questions 1 to 5, Gerald does not feel betrayed by his leaders, trusts others, and does not carry feelings of shame or blame.

On Frank, the score indicated 18 (Table 8), showing mild signs of moral injury as Bruce did. Still, Frank trusts his leadership and others and does not feel shame and blame, as indicated in his answers to questions 1 through 7. In addition, Frank's answers to questions 9 and 10 show he reconciled with God, and his faith has grown since he joined the military.

Ivan scored 29 (Table 8), suggesting moderate signs of moral injury. However, like Harry, forgiving himself and others is somewhat challenging. For instance, questions 9 and 10 reveal that Ivan lacks faith and feels God has punished him for his actions. However, questions 1 and 5 contradict each other, whereas, for question 1, he trusts his leadership but lacks trustworthiness in people, question 5.

Summary

This phenomenological investigation aimed to describe and understand MI in the military and discover the central phenomenon impacting marital satisfaction and the relationship with self and God. The participants in this study included ten military couples from Dobbins ARB, GA, Maxwell AFB, AL., Fort Bragg, NC., and American Legion. A narrative qualitative analysis was used to find logic in the how and why of the data in this study. Several themes emerged related to Research Question One: tension within family interactions, suppressing feelings to cope, and impacts on communication with family. However, two themes emerged from the data that related to Research Question Two: compartmentalization to avoid emotional pain and disappointment in self and others. Equally, two primary themes emerged from the data related to Research Question Three: the struggle to regain emotional control and increased faith and gratitude. Finally, on Research Question Four, several participants described MI as occurring when an individual was forced to do something that went against their conscious or when they experienced something that hurt them emotionally. In Chapter Five, these findings are discussed as they relate to practice as well as the established literature.

Chapter Five: Conclusion

Overview

The purpose of this phenomenological study was to explore the negative emotions that cause moral injury in the military and the detrimental effects on military couples and their relationship with God. This chapter discusses the summary of the findings and justifies the relationship to the literature review from Chapter Two. In addition, this chapter discusses the research study's implications, delimitations, and limitations. It concludes with recommendations for future research.

Summary of Findings

This phenomenological study explored the lived experiences of ten service members, their relationship with their spouses, and God. The central focus was the descriptions of the service members' emotions and their potential impact on marital satisfaction, spiritual condition, and the intimate relationship the service member had with God. The narrative of the phenomena was captured by a video recording of 10 military couples who shared similar experiences and voluntarily answered questions based on their marriage, negative emotions, and aspects of faith, religiosity, and God. For the accuracy and validity of the transcribed data, participants confirmed its content to be accurate and truthful.

Research Question Addressed

The problem addressed was the adverse ripple effect of negative emotions, which might lead to personal alienation from the relationship with the spouse and the relationship between God and oneself. Service members believed that the symptomatology of moral injury was burnout; however, the constellation of emotions is the soul in pain. Wortmann et al. (2017) determined the effect of spiritual practice when service members were working on a moral

repair. To address this problem, the researcher sought to describe and understand MI in the military and discover the central phenomenon impacting marital satisfaction and the relationship between self and God.

Several themes emerged from the first research question on *how do negative emotions like shame and blame that you experience change your marital satisfaction?* The themes include tension within family interactions, suppressing feelings to cope, and impacts on communication with family. Each of the interviewed couples recounted that their spouses' interactions with their family and friends were more tense and hostile than before the moral injury.

The themes arising from research question two: *how do you, as a service member struggling with moral injury (MI) and suffering from emotional and spiritual issues, have difficulties practicing forgiveness?* The themes included using compartmentalization to cope and feeling disappointment in self and others. Furthermore, service members experienced a difficult time trusting and forgiving themselves and others. The state of avoidance is evident, as they often used compartmentalization to cope with negative emotions rather than genuinely finding forgiveness for themselves and others affected by moral injury.

Different primary themes emerged from the data related to the research question three on *how have time and intensity of potential moral injury events contributed to your struggles with emotions and personal faith?* For this question, two themes merged: the battle to regain emotional control and increased faith and gratitude. In addition, participants described how the military service had strengthened their faith in God.

Research question four asked, *how do they define moral injury?* Service members described MI as something that went against their consciousness when they experienced an

event. The participants noted that the events caused emotional pain. The merging themes for question four were moral injury of the mind and moral injury of the soul.

Research Question One

Research Question One sought to understand how negative emotions like shame and blame experienced by the service members changed their marital satisfaction. Several themes emerged related to Research Question One. These themes included tension within family interactions, suppressing feelings to cope, and impacts on communication with family. Regarding tension within family interactions, the findings revealed that several participants' experiences in the military related to moral injury created tension within family interactions when military members returned from deployment. Each of these couples recounted how their spouses' interactions with their family were tenser than before the moral injury.

Service members deployed to a combat zone experienced moral injury. Research results imply that couples with moral injury experienced tension within family integration and were tenser than before the moral injury, thereby affecting their marital satisfaction. The findings are inconsistent with previous literature, which indicated that spiritual suffering and religious struggles were unavoidable and detrimental to marital satisfaction and building an intimate relationship with God and families (Cenkner et al., 2021). However, fostering moral repair promotes emotional competence, social aptitude, and the functioning of military couples with moral injury (Graham, 2017).

Inconsistent with current study findings, Lavner et al. (2016) confirmed that more satisfied couples communicate often and positively. While this study's findings revealed that interactions with family were tenser than before the moral injury among military couples after deployment, Doss et al. (2004) demonstrated that communication remains a crucial component

of marital satisfaction. Nonetheless, emotional affection is integral to a happily married relationship (Doss et al., 2004). Although some authors contradicted the findings, Floyd (2014) attempted to establish a link between affection deprivation and marital relationship satisfaction, stating that affection deprivation had detrimental effects on married military couples, including tension in family integration. Affection deprivation among couples with moral injury shows negative linear associations with general health, happiness, social support, relationship satisfaction, and attachment security (Floyd, 2014).

However, service members' partners were distant when the moral injury first happened and could become easily irritated. As a result, the stress of deployment was extremely hard on the whole family that participants felt like they were constantly in survival mode and unable to relax, even when they were home. The findings concur with previous research results. Gudykunst and Nishida (2001) indicated that anxiety negatively predicts perceived effectiveness and attributional confidence positively predicts perceived effectiveness across relationships among military couples. However, although the situation makes challenging circumstances extremely difficult for the married military couple, the couple should learn and adapt to one another's understanding of the military culture, creating the opportunity to grow together to avoid the stress of deployment and family integration and communication. In addition, the anxiety uncertainty management (AUM) theory suggests that communication effectiveness is a function of an individual's ability to manage their uncertainty and anxiety (Gudykunst & Nishida, 2001).

Concerning suppressing feelings to cope, several participants demonstrated that moral injury changed marital satisfaction because it forced the individual who experienced moral injury to suppress their feelings to cope with the trauma. Similar to current study findings, past research

revealed that service members suppressed their emotions and followed orders to fulfill a mission while neglecting their needs and moral values and that every intention was acquired against a background of beliefs, plans, and goals (Kapitan (1991). Consistent with prior studies, moral injury damages the soul, leading the service member to experience unwanted emotions like blame, shame, and guilt, thereby resulting in trauma (Brock & Lettini, 2012).

Military partners with moral injury often experience changes in their communication. This inability to communicate was challenging and impacted their marital satisfaction. However, for some couples, communication was a skill they were able to hone over time to increase their satisfaction in their marriages. The findings are supported by Allen et al. (2010), who revealed that military couples reported higher general levels of negative communication and more resentment due to changes in the service member's behavior toward the spouse. Moreover, Stewart (2012) emphasized the importance of communication in building connections and enhancing marital relationships. The findings contribute to previous literature by establishing that moral injury causes tension within family interactions, suppressing feelings to cope, and impacts on communication with family.

Research Question Two

Research Question Two asked how, as a service member struggling with moral injury (MI) and suffering from emotional and spiritual issues, created difficulties practicing forgiveness. Several themes emerged from the data that related to Research Question Two, including using compartmentalization to cope and feeling disappointment in self and others.

Several couples demonstrated that moral injury led to using compartmentalization to cope with negative emotions rather than truly finding forgiveness for themselves and others affected by moral injury, which affected their communication with family members. As a result, it took

years to break past this compartmentalization enough to sufficiently communicate their feelings and begin the healing process, thereby affecting forgiveness. The findings imply that moral injury among military couples affected social integration and communication through compartmentalization. Other studies have reported these findings (Currier et al., 2015). For instance, one of the previous studies revealed that military families lived under continuous stress as a result of moral injury (Karney & Crown, 2007). Similar to current study findings on compartmentalization, most scholars agree that communication is a crucial component of marital satisfaction and that more satisfied couples communicate often and positively (Doss et al., 2004; Lavner et al., 2016). However, Doss et al. (2004) stated that problematic communication and lack of emotional affection negatively affected marital satisfaction.

In contrast, to the present study findings, Liebert (2019) reported that spiritual practice could rebuild moral wounds, including moral injury and the wounded human spirit, because individuals recovering from military MI and their families could benefit from spiritual practices. Inconsistent with current findings, previous literature demonstrated that the transgression of the individual's moral identity by violating the code of moral values causes a deep moral pain that generates profound shame, guilt, the inability to trust others, isolation, and the abandoning of cultural practices that guide moral behavior (Meagher et al., 2018). Consequently, a service member whose trust has been betrayed and whose core values have been corrupted due to a mission might face interpersonal relationship challenges, marital dissatisfaction, and feeling disconnected from God (Liebert, 2019).

Feeling disappointed in self and others was one of the difficulties experienced by spouses with moral injury. Couples indicated that moral injury led to feelings of disappointment in themselves and others. In this regard, the disappointment made it hard to forgive and move past

the trauma because disappointment stemmed from feelings of failure on their behalf, as well as disappointment in their colleagues. Consistent with the findings, previous research by Boska and Capron (2021) revealed that moral injury led to negative emotions affecting service members in areas such as intimacy, romance, communication, and conflict resolution. In addition, trust, commitment, and respect for one another impacted marital relationship (Boska & Capron, 2021). Judge et al. (2006) opined that moral emotions such as guilt and shame negatively affect marriages among military couples, including family relationships, especially when couples face any stage of the emotional cycle of pre-deployment, deployment, and reintegration. The findings contribute to previous literature by establishing that compartmentalization and feeling disappointed in self, and others result in difficulties in sufficiently communicating feelings and beginning the healing process, thereby affecting forgiveness.

Research Question Three

Research Question Three aimed at determining how time and intensity of potential moral injury events contributed to the service members' struggles with emotions and personal faith. Two primary themes emerged from the data related to this research question, including the struggle to regain emotional control and increased faith and gratitude.

Most military members who experienced moral injury demonstrated they struggled to regain emotional control after returning from deployment. As a result, for these individuals, little things would set them off and cause disproportionate emotional reactions. The findings imply that military couples with moral injury find it challenging to regain emotional control after deployment and get emotionally disturbed through minor provocation. Past literature established that returning veterans struggle with meaning-making, leading to an increased risk for adjustment problems when returning from a war zone (Currier et al., 2015). As a result,

inappropriate negative emotions like “guilt, shame, anger, self-handicapping behaviors, and relational, spiritual, and existential problems prevent veterans from making meaning of their identified stressors (Currier et al., 2015). However, the inability of service members to create meaning-making in connecting with others is one of the adverse consequences of combat exposure resulting in moral injury and emotional disturbance (Levi-Belz et al., 2020).

While the findings revealed that military couples with moral injury find it challenging to regain emotional control after deployment, previous research confirmed that during combat deployments, potentially moral injury events might lead to PTSD, moral injury, and spiritual struggles as a result of combat exposure causing difficulty in emotional control and reaction among military couples (Levi-Belz et al., 2020). Similar to the findings, other researchers demonstrated that military conflict is inevitable, especially when service members face an ethical dilemma or feel a life-threatening condition to themselves and their comrades (Buechner, 2020).

Based on the findings, Bailey (2018) suggested that alleviating the emotional and spiritual pain that results from moral distress is essential to gaining the attention and understanding of MI in service members to relieve their anguished hearts. However, Carey and Hodgson (2018) contradicted the findings and argued that moral injury's emotional and spiritual implications were associated with adverse mental health problems among military couples.

Similar to current study findings, Comstock et al. (2008) indicated that individuals military couples might experience misunderstanding in the context of human relations, including married couples from different cultural backgrounds and ethnicities. Therefore, identifying the contextual and sociocultural challenges that impede individuals' ability to create, sustain, and participate in growth-fostering is crucial for a healthy relationship, especially for integrating military partners into their families after deployment (Comstock et al., 2008, p. 279). In this

regard, developing relational competencies over the life span could contribute to the individual's spiritual, emotional, and relational growth. The study findings add to the body of empirical literature by confirming that military members who experienced moral injury demonstrated struggles in regaining emotional control after returning from deployment, in which little things would set them off and cause disproportionate emotional reactions.

Increasing faith and gratitude among military couples with moral injury are important. The study findings revealed that the silver lining for several couples was their increased faith in God after moral injury. The results showed that military couples with moral injury deepened their faith in God and their gratitude that they were alive. These findings are consistent with previous research, which demonstrated that due to the nature of negative emotions, a biopsychosocial spiritual approach to treating moral injury seemed to be a reasonably comprehensive treatment modality to help service members regain faith in God, hope for a better future, and rekindle their marriage with love and respect, and romance (Currier et al., 2015).

However, other researchers contradicted the current findings by establishing that no single validated instrument was recommended for chaplains that could be readily utilized to screen moral injury and spirituality (Kopacz et al., 2016; Litz et al., 2009). However, the findings concur with Currier et al. (2015), who determined chaplains' positive effects on service members struggling with negative emotions such as shame, blame, guilt, lost hope, and faith by could be an essential and initial port-of-call for screening veterans suffering a moral injury. Agreeing with current findings, Tong and Teo (2018) argued that religious practice appears to regulate people's emotions and the need to avoid destructive feelings that might be detrimental to their well-being. The deviation in findings is likely due to the use of diverse variables, sample sizes, and different settings for the study. The result contributes to current research by highlighting that the silver

lining for various military couples was their increased faith in God after moral injury. These findings corroborate the data from this study, as service members go through spiritual growth by deepening their faith in God and their gratitude that they are alive.

Research Question Four

Research Question Four sought to identify how service members defined moral injury. Each participant's definition of moral injury involved describing trauma to the mind and soul rather than to the body. Participants described moral injury as occurring when an individual was forced to do something that went against their conscience or when they experienced something that hurt them emotionally. The findings imply that moral injury affected military couples' mental health because it involved describing trauma to the mind and soul rather than to the body. The definition given by participants asserts the definition from past literature. For instance, Silver (2011) described moral injury as "a deep soul wound that pierces a person's identity" (p. 6).

The current study findings identified moral injury as forced actions or doing something that went against their consciousness. Similar to current findings, other researchers described moral injury as an inner turmoil that violates the core values of service members by the betrayal of what is right either by a person in legitimate authority or by oneself (Litz et al., 2009; Nash et al., 2013). The findings support earlier research by Shay (2014), who pointed out that moral injury impairs the capacity for trust and elevates despair, suicidality, and interpersonal violence.

However, in contrast to the findings, Boss (2010) described moral injury as the phenomenon of ambiguous loss in which a loved one is physically present but psychologically absent or vice-versa. This dynamic type is detrimental to marital relationships because it creates a toxic cycle of interpersonal relationships that might create much depression, anxiety, and

family conflict among military couples (Boss, 2010). Equally, Dekle et al. (2016) argued that secondary traumatization and stress on a military spouse often result in ambiguous loss, which may lead to separation or marital dissolution due to moral injury.

In another difference to current study results, Dekel et al. (2016) contended that spouses and family members reported experiencing a negative impact on combat veterans with PTSD and MI, leading to shame, blame, and the loss of meaning. Contrary to current findings, Tong and Teo (2018) indicated that service members might encounter morally injurious events that lead to emotional, social, and spiritual suffering that overlap with mental health diagnoses and moral injury. The findings add to the current empirical literature by establishing that moral injury involves describing trauma to the mind and soul rather than to the body.

Discussion

This section is dedicated to analyzing the literature review found in Chapter Two and verifying or confirming it with the results obtained from this research study. The findings provided empirical evidence supporting the literature review and corroborates the detrimental effect of potential moral injury events on service members and their spouses. In addition, this research contributes to the body of scientific knowledge by better understanding the effect of negative emotions, such as shame and blame, on military marriages and the relationship service members have with God.

This investigation aimed to learn about negative emotions such as shame and blame caused by MI in the military and the detrimental effect on married couples. Data analysis found no direct correlation between negative emotions such as shame and blame, marital satisfaction, the service member's relationship with self, and God. The emerging themes found in the thematic analysis are reluctance to communicate, compartmentalizing, fear and anger, putting aside

feeling increased caution, jaded, need for focus, disruption of family, community support, moral pain, soul in anguish, wounds, and increased faith. According to the findings, it seems that anger and fear are common emotions among service members while serving in the military. However, additional study is needed to confirm if there is a correlation between fears, anger, and moral injury.

Empirical Literature

Harris (2003) found evidence that negative moral emotions such as shame and blame cause inner conflict and interpersonal difficulties in service members with combat exposure. Likewise, Foran et al. (2013) correctly observed service members and their spouses suffer from mental health symptoms and aggressive behaviors. Ten service members completed the self-administer assessment on moral injury military version. From their responses, evidence shows significant distress or impairment to function in a relationship or at work. Spouses (female) from this research study supported these findings and added that God was the healer of the invisible wounds of war and the saver of their marriage. The theoretical framework guiding this investigation was to evaluate four specific factors that might affect military marriages with moral injury: emotional competence, social aptitude, functioning, marital satisfaction level, and relationship with God.

Borah and Fina (2017) considered the implications and complexity of military marriages. They recognized military couples often experienced marital dissatisfaction due to work-related adverse outcomes like deployments, combat exposure, and witnessing atrocities. The findings from this research study argued in favor of current literature and provide empirical evidence supporting these findings. For instance, The Relationship Satisfaction scale (RSAT) shows

somewhat dissatisfied couples, and those who scored moderately satisfied with their marriage claim God as the healer of their toxic relationship.

BioPsychosocial- Spiritual Model

This investigation on moral injury in the military did not intend to diagnose or prove a model as a technique to approach moral pain. However, the findings in this study suggest that religiously cognitive behavioral therapy RCBT helps military-married couples to improve their marital relationship and rekindle their marriages. In addition, all the ten couples agreed on the importance of including religious practice to strengthen their marital relationship. Moreover, all interviewed couples in this phenomenological study confirmed the association between thoughts, emotions, behaviors, and God's presence as critical determinants for positive behavioral modifications to occur. This finding corroborates past research. For instance, problematic behavior can be modified when God is part of the couple's life (Gask, 2018).

Chapter Two briefly explains the importance of integrating a biopsychosocial- spiritual model as a therapeutic modality to help service members and their families with signs of moral injury. Tong and Teo (2018) explained that the biopsychosocial-spiritual model helps regulate negative emotions that service members often experience when they violate their core values. In addition, service members perceive God as a spiritual being with divine power (Tong & Teo, 2018). The results from this study reveal that all 10 military couples identify themselves as active Christians and members of their local church except for one service member Jake who struggles with aspects of faith and religiosity but hopes to serve God again.

Implications

Military couples might use the findings to understand the implications of moral injury and the importance of using faith and gratitude to enhance mental health and family reintegration. Moral injury is a phenomenon that occurs in society, and it is unavoidable to experience negative emotions after a traumatic event such as combat exposure experienced by service members. The Department of Veteran Affairs (2009) explained that service members who witness atrocities, participate in inhumane or cruel actions, or fail to prevent an act of others might experience MI. Lancaster and Harris (2018) identified the characteristic of PMIEs in the military and facilitated an understanding of the phenomenon.

Clinicians and mental health practitioners might also find this study's findings useful in helping them to achieve the counseling goal among veterans with moral injuries by using spirituality to control moral injury consequences. Examining MI in the military and moral repair without referencing the Bible is impossible (Kelle, 2020). Instead, Bible contributes to understanding MI with the example of King Saul's story. Kelle (2020) offered a working definition of MI as "a nonphysical wound that results from the violation of a person's core moral beliefs.

Delimitations and Limitations

This research study on moral injury in the military intended to record a 60-minute interview with participants. However, bridging the trust gap between the military couple and the researcher was challenging due to the sensitive nature of the topic. In addition, the researcher is a female and fundamentally unknown to the service members and spouses. In addition, the theme of moral injury, negative emotion, and God was too personal to service members and their spouses to disclose to the interviewer. The service members were reluctant to disclose personal

or observed morally injurious events to the researcher or with their spouse in attendance. Consequently, the interview was reduced to approximately 15 to 30 minutes of dialogue.

This study was delimited to three research locations in the states of Georgia, Alabama, and North Carolina. The investigation was conducted at the Dobbins Air Reserve Base (ARB) military installation, GA, Maxwell Air Force Base (AFB), AL, and Fort Bragg Army Base, NC. The delimitation might hinder the transferability of findings. Transferability relates to the ability of the findings to be transferred to other contexts or settings. For example, the research context in this investigation was MI in the military, the negative emotions (e.g., shame and blame) concerning marital satisfaction, and a relationship with God (Holloway, 1997). The research also delimited military couples who had experienced a moral injury. Ten military couples were purposely selected for a phenomenological investigation.

One major limitation of this study was using purposeful sampling. Purposeful sampling is prone to researcher bias and, therefore, might not offer the reliability of the research findings. Another limitation is relying on qualitative investigation, often criticized for lacking transparency and scientific rigor (Creswell & Poth, 2018). However, this method allowed insight into MI and the negative emotions of shame and blame. Furthermore, researchers interpret non-numeric data in qualitative research, unlike in quantitative studies. Additionally, deconstructing the meaning of the phenomenon takes time under qualitative studies. Therefore, there is a need for time investment, patience, organization skills, accessibility to Microsoft Suite, Internet access, and software to code and categorize the data. Another limitation of this research study is that all service members were male. However, it was not for a particular reason but instead of the willingness and available time of the service member (male) to participate with their spouses.

Recommendations for Future Research

Using purposeful sampling limited this study. Purposeful sampling is prone to researcher bias, therefore, might not offer the reliability of the research findings. As a result, future research should adopt random sampling to avoid future researcher bias limitations. In addition, given that qualitative investigations are often criticized for lacking transparency and scientific rigor (Creswell & Poth, 2018), future studies should be conducted using the quantitative study to include a large sample size with numerical data for comparisons. Based on the study findings, future researchers should use these findings to extend the study to examine in-depth how moral injury might be controlled among military couples. MI's distinctive signs materialize in mental health problems and negative emotions such as shame, blame, anger, and self-condemnation, causing an impairment (Bravo et al., 2020). Substance use problems, suicide ideation, and strained interpersonal relationships might also result from a MI (Bravo et al., 2020). Future studies should consider including both active and veteran service members to enhance the transferability and generalizability of the findings.

A future qualitative research study should include females with moral injury in the military to understand the phenomenon of negative emotions of shame and blame in the context of marital satisfaction and the relationship between self and God. Also, to overcome the apprehension of service members to disclose PMIEs that cause MI for future studies, a qualitative phenomenological investigation could help to understand in-depth moral injury and the detrimental effects on service members and their families. A rapport should be made between the researcher and the service member to gain trust in the researcher and allow the study participants adequate ease to discuss such a sensitive topic openly. Meeting with the service member a number of times before the interview could build trust between the researcher and the

service member as they become more acquainted with each other. Furthermore, interviews should be individual from the spouse when addressing these events unless the service member indicates they could be comfortable discussing the topic in front of the spouse. This approach could allow the service member to discuss moral injury without inhibitions leading to meaningful conversation.

Summary

The problem addressed in this study was the adverse ripple effect of negative emotions, which might lead to personal alienation from the relationship with the spouse as well as the relationship between God and oneself. To address the problem, the author sought to describe and understand MI in the military and discover the central phenomenon that could impact marital satisfaction and the relationship between self and God. Understanding MI, marital satisfaction, and God could liberate service members from negative emotions through forgiveness, redemptive behavior, and reconciliation. The study findings demonstrate that experiences in the military relate to moral injury since they created tension within family interactions when military members returned from deployment. All participants in this study confirmed that their spouses' interactions with their families were tenser than before the moral injury. The findings associated moral injury with changed marital satisfaction because it forced the individual who experienced an injury to suppress their feelings to cope with the trauma. This study confirmed that military partners with moral injury often experienced changes in their communication.

Moral injury among military couples leads to feelings of disappointment in themselves and others. This disappointment made it hard to forgive and move past the trauma. Such disappointment stemmed from feelings of failure on their behalf, as well as disappointment in their colleagues. However, several military members who experienced moral injury said they

struggled to regain emotional control after returning from deployment. For these individuals, little things would set them off and cause disproportionate emotional reactions. The silver lining for several couples was their increased faith in God after moral injury.

Furthermore, the study results revealed that injury occurred when an individual was forced to do something that went against their conscience or when they experienced something that hurt them emotionally. Based on the findings, there is a need to enforce various policies guiding the management of moral injuries among veterans and active service members. More research is needed to expand on this study's findings regarding moral injuries among military couples and how they might affect military families after deployment and integration.

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Appendix A. IRB Approval Letter**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

January 12, 2023

Re: IRB Exemption - IRB-FY22-23-1 Moral Injury in the Military.: A Phenomenological Inquiry

Dear Yohiris Martin, Zoricelis Davila,

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

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), questionnaire procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

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

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

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office

Appendix B. Recruitment Flyer**Moral Injury in the Military: A Phenomenological Inquiry**

Are you 18 or over and married with at least one spouse involved in the military?

By answering yes to the question listed above, you may be eligible to participate in a research study.

This study aims to describe and understand moral injury in the military and to discover the negative emotions such as shame and blame that is impacting marital satisfaction and the relationship with self and God.

Participants will be asked to:

1. Participants will be asked to take three self-administered assessments for a total of 15 minutes:
(1) Moral Injury questionnaire, (2) Marital Satisfaction questionnaire, and (3) Dyadic Adjustment questionnaire.
2. Participants (the couple) will meet with the principal investigator, Yohiris Martin, for up to 90-minutes in an audio-recorded interview.
3. Lastly, participants will be contacted for a transcript review to ensure the accuracy of the interview for a duration of at least 30 minutes.

Participants will receive a \$50 Visa gift card upon completion (\$25.00 for the service member & \$25.00 for the spouse).

If you would like to participate, please contact Yohiris Martin at the email listed below and I will send you the screening document (to determine if the military member and spouse meet the participation criteria). Once you have been qualified to participate in the study, I will send you a consent form for both spouses to sign and return.

Yohiris Martin, a doctoral candidate in the **Department of Community Care and Counseling** School of Behavioral Sciences at Liberty University, is conducting this study.

Please contact Yohiris Martin at [REDACTED] for more information

Appendix C. Email Inquiry

Date

Name

Dear

My name is Yohiris Martin, and I am a doctoral candidate. As a doctoral student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree. My study aims to understand moral injury in the military and how negative feelings such as inner conflict (e.g., shame, blame, mistrust, guilt) influence the service member's interpersonal relationships. Moreover, this research aims to understand how the time and intensity of potentially injurious events affect the service member's mental health and, consequently, how moral injury impacts his/her marriage. Therefore, I am writing to invite eligible participants to join my study.

Participants consist of a military member who has served in some capacity in the military and a spouse, both who must be 18 and older. Participants, if willing, will be asked to take three self-administered assessments for a total of 15-minutes: (1) the Moral Injury questionnaire, (2) the Marital Satisfaction questionnaire, and (3) the Dyadic Adjustment questionnaire. Participants (couple) will meet with the principal investigator Yohiris Martin for up to 90-minutes in an audio-recorded interview. Lastly, participants will be contacted for a transcript review to ensure the accuracy of the interview—30 minutes. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please complete the attached questionnaire and return it by February 17, 2022. You may contact me at [REDACTED] for more information or to schedule an interview.

A consent document will be sent to you after you contact me and have passed the screening. The consent document contains additional information about my research on Moral Injury in the Military. If you choose to participate, you will need to sign the consent document electronically by typing your name and date on the form and return it to me via email prior to scheduling the interview.

Participants will receive a \$50.00 Visa gift card upon completion of the study (\$25.00 for the service member & \$25.00 for the spouse).

Sincerely,
Yohiris Martin
Doctoral Candidate
[REDACTED]

Appendix D. Screening Questions

Are you 18 years of age or older?" Yes ___ NO ___

Is the participant's spouse 18 or older? Yes ___ No ___

Are the participants married? Yes _____ No _____

Please provide your contact information:

Phone number: _____

Email address: _____

Did you serve in the U.S. military? Yes _____ No _____

Number of years served: _____

Service Status:

Active: ___ Guard/Reserve: ___ Retired: ___ Separated: ___

Number of deployments (e.g., combat or peacetime) completed: _____

Do you have any physical injuries? Yes / No

If yes: what is the injury: _____

Have you a diagnosis of PTSD, TBI, or MI (Moral Injury)? Yes / No

If yes, circle diagnosis: PTSD / TBI / MI

How many children do you have, and what are their ages (s)?

How long have you been married? _____

Do you have any special needs dependent (e.g., adult or child) who have special medical or educational needs or both? Yes / No

Sex:

Male: _____

Female: _____

What is your Service Branch? Army: ____ Marines: ____ Navy: ____ Air Force: ____

What is your race/ethnicity?

White/Caucasian: ____

Black or African American: ____

American Indian or Alaska Native: ____

Asian: ____

Native Hawaiian or Pacific Islander: ____

Hispanic: ____

Rather not state: ____

What is your highest education level?

High School or equivalent: ____

Some college, no degree: ____

Associates degree: ____

Master's degree: ____

Doctoral or professional degree: ____

What is your Religion affiliation?

Judaism: ____

Christian: ____

Islam: ____

Buddhism: ____ Hinduism: ____ Atheist / Agnostic: ____

Other: _____

Name: _____

Appendix E. Informed Consent

Title of the Project: Moral Injury in the Military: A Phenomenological Inquiry

Principal Investigator: Yohiris Martin, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be between the age of 18 and 88, active duty, reserve, retiree, or veteran) participants must answer military-specific questions (e.g., branch, rank, number of deployments) and report clinical levels of distress in anxiety, PTSD, and moral injury). Taking part in this research project is voluntary.

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

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

The purpose of this study is to describe and better understand moral injury in the military. It is also designed to explore negative emotions such as shame and blame that impact marital satisfaction and the relationship with self and God.

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. The first task procedure is to complete a demography questionnaire. The questionnaire will take approximately ten minutes.
2. The second task procedure is to take three self-administered assessments (1) Moral Injury questionnaire (time estimate about 5 minutes); (2) Marital Satisfaction questionnaire (time estimate about 5 minutes); and (3) Dyadic Adjustment questionnaire (time estimate about 5 minutes).
3. Recorded meeting interview with the principal investigator Yohiris Martin (the couple will meet with the investigator for about 90-minutes).

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are:

- The service member can learn more about moral injury and, if needed, seek clinical attention
- The couple can improve the degree of cohesion in their relationship and their level of satisfaction and commitment.
- Service members and spouses can learn about their spiritual and religious struggles, if any, and seek pastoral care if desired

Benefits to society include:

- Increase knowledge of moral injury

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. The information is confidential. If participants experience strong emotions during the interview, the interview will be discontinued and, if desired, rescheduled.

How will personal information be protected?

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

- Participant responses will be kept confidential through the use of pseudonyms or codes. Interviews will be conducted in a private soundproof room where others cannot hear the conversation.
- Data will be stored on a password-locked computer. After three years, all electronic records and transcripts will be deleted.
- The interviews will be audio-recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher[s] will have access to these recordings.

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

Participants will receive a \$50 Visa gift card upon completion (\$25.00 for the service member & \$25.00 for the spouse).

What are the costs to you to be part of the study?

Participants do not need to pay to be part of the study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

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

If you choose to withdraw from the study, please contact the researcher[s] at the email address/phone number included in the next paragraph. Yohiris Martin, [REDACTED]

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

The researcher[s] conducting this study is Yohiris Martin. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. Dr. Zoricelis Davila Assistant Professor of Counseling, Dept. of Counselor Education and Family Studies Counseling, School of Behavioral Sciences – Liberty University

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

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher[s], **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 research 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[s] 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 F. Permission Letter to use the MISS-SF

From: Martin, Judy [REDACTED]
Sent: Saturday, February 12, 2022, 1:09 PM
To: Harold Koenig, M.D. [REDACTED]
Subject: Permission to use The moral injury symptom scale military version

Re: Dissertation research

Dr. Koenig, I am a doctoral candidate at Liberty University working on a phenomenological study on moral injury in the military. I am asking permission to use the moral injury symptom scale military version short form when assessing service members.

Yes, you have permission to use it.

Harold G. Koenig, M.D.
Professor of Psychiatry & Behavioral Sciences
Associate Professor of Medicine
Director, Center for Spirituality, Theology and Health
Duke University Medical Center, Durham, North Carolina
Adjunct Professor, Dept of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia
Adjunct Professor of Public Health, Ningxia Medical University, Yinchuan, P.R. China
Visiting Professor, Shiraz University of Medical Sciences, Shiraz, Iran

Appendix G. Measurement Scales

Moral Injury Symptom Scale – Military Version Short Form

Instructions: Please circle the number that most accurately indicates how you are feeling now:

1. I feel betrayed by leaders who I once trusted.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree	Neutral				Mildly agree		Strongly agree	

2. I feel guilt over failing to save the life of someone in war.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree	Neutral				Mildly agree		Strongly agree	

3. I feel ashamed about what I did or did not do during this time.

1	2	3	4	5	6	7	8	9	10
Strongly disagree	Mildly disagree	Neutral				Mildly agree		Strongly agree	

4. I am troubled by having acted in ways that violated my own morals or

values.	1	2	3	4	5	6	7	8	9	10
	Strongly disagree	Mildly disagree	Neutral			Mildly agree		Strongly agree		

5. Most people are trustworthy.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral			Agree		Strongly agree

6. I have a good sense of what makes my life meaningful.

1	2	3	4	5	6	7	8	9	10
Absolutely untrue	Mostly untrue	Somewhat untrue	Can't say true or false		Somewhat true	Mostly true		Absolutely true	

7. I have forgiven myself for what happened to me or others during combat.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral			Agree		Strongly agree

8. All in all, I am inclined to feel that I am a failure.

1	2	3	4	5	6	7	8	9	10
Strongly disagree		Disagree		Neutral			Agree		Strongly agree

9. I wondered what I did for God to punish me.

1	2	3	4	5	6	7	8	9	10
A great deal		Quite a bit				Somewhat			Not at all
(Very true)									(Very untrue)

10. *Compared to when you first went into the military*, has your religious faith since then...

1	2	3	4	5	6	7	8	9	10
Weakened a lot		Weakened a little				Strengthened a little			Strengthened a lot

11. Do the feelings you indicated above cause you significant distress or impair your ability to function in relationships, at work, or in other areas of life important to you? In other words, if you indicated any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at All Extremel
 Mild
 Moderate
 Very Much

Relationship Satisfaction Scale

Instructions: Place an (x) in the box to the right of each category that best describes how much satisfaction you feel in your closest relationship. Please answer all 13 items.

0 = Very Dissatisfied

1 = Moderately Dissatisfied

2 = Somewhat Dissatisfied

3 = Neutral

4 = Somewhat Satisfied

5 = Moderately Satisfied

6 = Very Satisfied

	0	1	2	3	4	5	6
1. Communication and openness							
2. Resolving conflicts and arguments							
3. Handling of finances							
4. Sexual satisfaction							
5. Recreational activities and leisure time							
6. Sharing duties and household chores							
7. Raising children							
8. Affection and caring							
9. Relating to friends and relatives							
10. Intimacy and closeness							
11. Satisfaction with your role in the relationship							
12. Satisfaction with your partner's role							
13. Overall satisfaction							
Please Total Your Score on Items 1 to 13 Here							

Dyadic Adjustment Scale (DAS)

Please indicate the appropriate extent of the agreement or disagreement between you and your partner for each item on the list.

5 = Always agree

4 = Almost Always agree

3 = Occasionally disagree

2 = Frequently disagree

1 = Almost disagree

0 = Always disagree

___1. Handling family finances

___9. Way of dealing with in-laws

___2. Matter of recreation

___10. Aims, goals, and things important

___3. Religious matter

___11. Amount of time spend together

___4. Demonstration of affection

___12. Making major decision

___5. Friends

___13. Household task

___6. Sex relations

___14. Leisure time interests

___7. Conventionality

___15. Career decisions (Correct or proper

___8. Philosophy of life

behavior)

Indicate how often the following items occur between you and your partner.

1 = All the time

2 = Most of the time

3 = More often than not

4 = Occasionally

5 = Rarely

6 = Never

___ 16. How often do you discuss, or have you considered, divorce, separation, or terminating the relationship?

___ 17. How often do you or your mate leave the house after a fight?

___ 18. In general, how often do you think things between you and your partner are going well?

___ 19. Do you confide in your mate?

___ 20. Do you ever regret that you married? (or live together)

___ 21. How often do you and your partner quarrel?

___ 22. How often do you and your mate “get on each other’s nerves?”

___ 23. Do you kiss your mate?

Every day	Almost every day	Occasionally	Rarely	Never
4	3	2		0

___ 24. Do you and your mate engage in outside interests together?

All of them	Most of them	Some of them	Very few of them	None of them
4	3	2	1	0

How often would you say the following events occur between you and your mate?

1 = Never

2 = Less than one a month

3 = Once or twice a month

4 = Once a day

5 = More often

___ 25. Have a stimulating exchange of ideas

___ 26. Laugh together

___ 27. Calmly discuss something

___ 28. Work together on a project

There are some things about which couples sometimes agree and sometimes disagree.

Indicate if either item below caused differences of opinions or problems in your relationship during the past few weeks. (Circle yes or no).

Yes No 29. Being too tired for sex

Yes No 30. Not showing love

31. The number on the following line represents different degrees of happiness in your relationships. The middle point, "happy," means the degree of happiness in most relationships. Please circle the number that best describes the degree of happiness, all things considered, in your relationship.

0	1	2	3	4	5	6
Extremely Happy	Fairly unhappy	Little unhappy	Happy	Very happy	Extremely happy	Perfect

32. Please circle the number of one of the following statements that best describes how you feel about the future of your relationship.

5 I want to desperately for my relationship to succeed and *would go to almost any Length* to see that it does.

4 I want very much for my relationship to succeed, I will do *all that I* can to see that it does.

3 I want very much for my relationship to succeed, I will do my *fair share* to see that it does.

2 It will be nice if my relationship succeeds, but I *can't do much more than I am doing now* to succeed.

1 It will be nice if it succeeds, but I refuse to do *any more than I am doing now* to keep the relationship going.

- 0 My relationship can never succeed, and there is *no more that I can do* to keep the relationship going.

Appendix H. Interview Schedule

First-Week Interview of Five Military Couples Labeled A, B, C, D, & E

01/27/2023 to 02/13/2023

1. Andrew and Abby's interview is on Friday, 1/27/2023, at 5:00 pm Est. A
2. Bruce and Bonnie's interview is on Friday, 1/27/2023, at 6:30 pm Est. B
3. Chuck and Cindy's interview is on Wednesday, 2/1/2023, at 10:50 Est. C
4. Dave & Donna's interview is on Friday, 2/3/2023, at 10:50 Est. D
5. Erik and Erin's interview is on Friday, 2/3/2023, at 7:00 pm Est. E

Second-Week Interview of Five Military Couples Labeled F, G, H, I, & J.

02/06/2023 to 02/13/2023

1. Frank and Fran's interview is on Tuesday, 2/7/2023, at 10:00 am Est. F
2. Gerald and Gina's interview is on Friday, 2/10/2023, at 1:00 pm Est. G
3. Harry and Hazel's interview is on Saturday, 2/11/2023, at 10:00 am Est. H
4. Ivan and Indra's interview is on Monday, 2/13/2023, at 11:30 am Est. I
5. Jake and Jeri's interview is on Monday, 2/13/2023, at 7:00 pm Est J

Appendix I. Sample Transcripts of Interviews**1**

Speaker 1

0:00

Hello Andrew and Abby. Thank you for volunteering to participate in this study. Will you allow me to pray before we start?

A brief prayer is okay (Abby).

Sure. Absolutely (Andrew).

Heavenly Father, as I enter this interview with Andrew and Abby, I humble myself and ask you, Lord, to give us discernment, integrity, and guidance under the Holy Spirit in the name of Jesus, Jesus Christ. Amen.

1

Speaker 1

1:00

Okay, recording is in progress.

My first question is about moral injury. I want to start with you, Andrew. Explain in your own words what moral injury is.

What comes to your mind?

1:33

I guess...

2

Speaker 2

1:34

... having done something that would that would, I guess, potentially be against what you would more morally do normally.

2

Speaker 2

1:48

That would kind of lead you to kind of think bad about yourself and what you did,

1

Speaker 1

1:54

Do you agree with that Abby? How do you interpret moral injury?

2:06

1

Speaker 1

2:10

You're right, by the way. Yeah, that that makes sense. Yes. Okay. Yeah.

3

Speaker 3

2:18

I mean, I would agree doing something against what I mean what you believe your morals are? Yeah. Yeah.

1

Speaker 1

2:25

Do you see this as something that may be happening in any context? For example, could it be in the military or a group in society?

2

Speaker 2

2:41

Yeah, absolutely. I mean, I think, you know, sometimes you may be in a group. Especially say, say on a deployment. In the military, you know, the group that you're with gets pretty close, close knit. So, you might kind of feel obligated to partake in something that you normally wouldn't do or you feel kind of pressured to do something that maybe you normally wouldn't do. So he I could definitely see it happening.

1

Speaker 1

3:08

Yeah, I understand. It seems that you are referring to strong connection with your group. Right? Silent for few minutes.

I'm a military spouse. I've been married for 26 years. I understand the military culture, their training, and mental frame. For instance, my husband needed to compromise to fulfill a mission. That might violate his core values but he needed to actually perform, and negotiate .

3

Speaker 3

4:08

I don't think I've seen him in that type of setting before. I don't think so

1

Speaker 1

4:16

Abby, you have indicated that this is your first time experiencing military life and deployment. When you go to these deployments, is the whole family going, or just you going traveling?

2

Speaker 2

4:41

Just me on the first two combat deployments to Iraq. We weren't married. At the time. So that was back in 2006 and 2009.

2

Speaker 2

4:57

And then in 2020, when it was, I went to

1

Speaker 1

5:08

Abby, you have been apart for a few months, right? I mean, before engagement and then later, when you two got married,

2

Speaker 2

5:18

so we met when I was in Korea in 2016. And then, when I came back in October 2016. We met in person after we'd been talking for months, and we got engaged we got married that March of 2017 and then got stationed at Fort Riley. And then shortly later that year, it was September 2017. I deployed to to Poland in Germany.

1

Speaker 1

5:53

I understand.

During deployment, what keeps the two of you together?

5:59

1

Speaker 1

6:03

I see you have children together; would you like to share more about them?

2

Speaker 2

6:09

We got a two year old she's she'll be three in June and then we got a four year old boy and he'll be five

1

Speaker 1

6:20

Beautiful age.

6:24

1

Speaker 1

6:28

Can you tell me about that deployment process, known as the emotional cycle of deployment?

1

Speaker 1

7:28

How that affects your marriage and your family? How was the reintegration? What happened to both of you during the separation? Was God present?

3

Speaker 3

7:57

It was hard because we were newlyweds. We haven't been married that long. And right before he left I found out I was pregnant. Oh, so I moved away from family or I quit my job would with my family gotten married, gotten pregnant and then my husband was leaving. So it was a lot. Yeah, that's a lot. But I was able to drive back home to my parents in Oklahoma because it was only worth four and a half five hours. I was able to go home every couple of months to see my family kind of get grounded and I needed something to do when I was back at Fort Riley. So I volunteered at the USO and I spent a lot of my time

8:48

there. Okay.

3

Speaker 3

8:50

And then the she wasn't the director of the USO, but she was in charge of like the volunteers and stuff and her and I became really close. So I that's what I did. I just spent a lot of my time at the USO volunteering.

1

Speaker 1

9:05

You are in the army. Correct? Yes.

So, you guys are gone for a year or six months.

9:13

2

Speaker 2

That one was not mine. nine,

9:15

nine months.

9:18

A month after I had our first child.

1

Speaker 1

9:21

Abby, you claimed not to be alone during deployment and that you were with family.

3

Speaker 3

9:26

my mom came my parents came up when I have my son.

1

Speaker 1

9:31

Before the recorded interview, you explained that you knew nothing about military culture. However, the Family Clinic on base has prepared you through the orientation meetings on how to cope with pre-deployment, deployment, and reintegration. However, you claimed that it is still a difficult process; why?

3

Speaker 3

9:54

First, just because we had a new baby, and it was just it was hard. Plus, he was he had taken over as command. Company Commander company commander, so he was always getting phone calls and messages. Like all hours of the day and night so he was on his phone a lot. So, he was he was fat plus coming home to a new wife and a new baby. It was hard.

1

Speaker 1

10:26

Now, how does God play a role in your life? You're going through that process of adaptation changes that took place, like being married to a military man, he is going to deploy, and then you find out you were expecting the first baby. As you know, the military mission comes first, then the family. The military has a cultural belief system; everything has a structure and a plan to follow. So how have God and spirituality, you might want to collect it, religion or a higher power helped the two of you, your family, and your relationship with God itself?

3

Speaker 3

11:12

Judy, I mean, you just have to believe that he's going to get you through it.

1

Speaker 1

11:15

So, you did pray.

3

Speaker 3

11:20

Yeah. And I had my family praying for us, and then Andrew's dad and Kelly praying for us. You know, they may not have been close, but they were there to give us both support you know, whatever we needed.

1

Speaker 1

11:35

You need family and God?

3

Speaker 3

Yeah

When Andrew was in combat exposure, he was on the frontline, not behind.

11:44

Not the deployment that I've been through with him.

1

Speaker 1

11:49

So, he was exposed to combat while you were engaged but not married?

3

Speaker 3

11:54

Yeah, He was, but we were not together at that point in time. That was back in 2009.

1

Speaker 1

When did you go to combat deployment, Andrew?

2

Speaker 2

2006 and 2008. And we weren't together then.

1

Speaker 1

12:15

So now you didn't know him? You don't know anything about that part? No. But he pulls you he's been in deployment before. Yeah. This is you know, now he explained to you.

3

Speaker 3

12:29

Yeah. And he's told me a few things about his experience over there.

1

Speaker 1

12:35

Okay, but this was all new to you when you married him. You didn't have any idea about the military and that commitment.

3

Speaker 3

12:46

I went blind. I didn't know Oh, my God. I didn't know anything. I had friends in the military, but I didn't know.

12:51

that was new to me

3

Speaker 3

12:52

that you know, the intimate part of it like Yeah, yeah, it's sad

1

Speaker 1

12:56

Now, Andrew, are you there, and can you hear me? Is he saying ...?

3

Speaker 3

13:07

he saying he heard a noise, and he ran. Something is upstairs. Okay. Be right back.

1

Speaker 1

13:11

I want to ask him about direct exposure to combat, deployment, and negative emotions. I wonder if negative emotions or thoughts such as shame or blame interfered with your marital relationship.

3

Speaker 3

If he carries on, you know, like people have emotional baggage's that they say is nothing. You don't know anything about it or what are you getting into but affect your life?

1

Speaker 1

Do you have these experiences, you know, within yourself?

2

Speaker 2

I'm thinking about you know, when I was deployed, or what's going on, you're serious. Well, there's something that happened, you know, it's anything from the deployment that you carry on.

2

Speaker 2

14:29

Well, I mean, I don't think you can go on deployments like that and then not have, you know, some kind of effect on you. Fortunately, I think for me, it had a positive effect, too, to where it made me more grateful for the life I had back here. And I mean, just grateful for life and safety. In general.

1

Speaker 1

14:59

I see. what was your role? Like?

2

Speaker 2

15:09

So both deployments?

1

Speaker 1

Yes

2

Speaker 2

I was lower enlisted. I was in an artillery unit. But we did convoy security while we were over there. So we're in charge of, of securing convoys of all different types of goods in tractor trailers, taking supplies from one base to another. So we're in charge of basically protecting the convoy as it traveled.

15:35

That was what the nine months a year mission, how many?

2

Speaker 2

15:39

First deployment was 12 months and the second one was 15 months.

1

Speaker 1

15:43

And what was the turnaround time and back-to-back or did you have time to be home?

2

Speaker 2

15:48

There was a year in between so it's 12 months and then about a year back and then 15 months.

1

Speaker 1

15:54

This was imposed on you, or you voluntarily said I'm going.

2

Speaker 2

16:01

It was imposed, but at the time, I mean, I knew it was going to happen when I first got to the unit retraining out of basic training and hey, it they were in our in Iraq at the time, and they actually, we thought we were about to go and they prepped us to go. And there was something wrong with the flight or something. So we didn't go and the unit redeployed like a month later. So they just all come back from a deployment to Iraq and I think 2003 2004 timeframe, or maybe 2004 or five anyways, they all just come back and I was brand new out of training. And then I got to train up with them. And I knew that 12 months later because at that time, it was basically, you know, every year you're going on another deployment.

Speaker 1

16:53

1

Speaker 1

The military has shaped you. You are not any more a civilian You two are a military family with military experiences like deployment, reintegration, relocation, mission oriented rather than family oriented. It is like wearing an invisible label that you and your spouse carry even after retirement from the military. Do you feel that the label causes emotions? How that affects you emotionally? I am referring to the negative emotions of shame and blame. What happened inside of you?

2

Speaker 2

17:49

Of course, you know, missing the birth of my first child. I mean, it was terrible. You know, it's not something I wanted to do. I kind of felt obligated. I was given a couple options. I was, I was told I could, I could leave on paternity leave to potentially see the birth. At the time. I think paternity leave was just a couple of weeks, I think 10 days. So I could get sent home for 10 days and hopefully be there for the birth. Or I could wait and go on the very first group that redeployed and I could be with them for like a full month before my unit actually got back. So

they kind of gave me the choice and I chose to go ahead and stay and then come back earlier knowing that it would give me more time with them.

1

Speaker 1

18:42

Did you explain the situation to her?

2

Speaker 2

18:46

Yeah, I'm pretty sure we talked about it at the time.

3

Speaker 3

18:49

No, you surprised me. Oh, um you surprised me.

2

Speaker 2

18:53

So I didn't. I didn't tell her that I'd be coming home early. I guess. Though we did talk about me not, you know being there.

1

Speaker 1

19:03

Tell me about the emotions and how it was affecting your marital relationship. were you upset with the military or were you upset with him, with Andrew?

3

Speaker 3

19:16

I'm sure I was probably upset. Just in general. I mean, probably I was upset at him but I knew that he really didn't have a choice that that's just how it was going to be so there was no reason to feel angry any more. So, I got over it, you know, fairly quickly.

1

Speaker 1

19:38

All these emotions that service members and their spouses feel it might affect their marital relationship.

2

Speaker 2

20:25

Are you asking basically how all that happened? Oh, yeah. I mean, it caused a lot of stress, obviously, especially the role I was in like she had said earlier, I was in a company commander role, my first-time, kind of, with that level of responsibility. I think there was about 80 soldiers in my company that I was responsible for, and it was just nonstop, you know, on the phone and trying to get stuff done and working late and early. So yeah, all that all at once. Definitely. Definitely caused some stress. And I remember we had some disagreements really honestly I forget what they're about. But we did have some disagreements. Some minor arguments. Like

one of the questions on the questionnaire was, how often do you leave the house after an argument? And I remember one particular time, and I forget what we were arguing about, but I guess she had, we had arguments, she left the house, and then I just got super frustrated and as soon as she came home, I took Jace, the baby and we left and I because I think it might have had something to do with her being with the baby all the time. And maybe me not.

21:38

It happened to me too.

2

Speaker 2

21:41

So, me, I'm thinking, Okay, you want some time yourself? And I took the baby and we left, and I didn't tell her where I was going. Wow. You know, I was you know, I was pretty frustrated.

3

Speaker 3

21:52

but that's like the only time that's ever happened other than that, like we don't get into like, big arguments, you know, like I told him yesterday, our arguments is because it's how I'm feeling. It's not necessarily anything that he's done. It's just how I feel about that moment or what words he used, you know,

1

Speaker 1

22:13

Thank you for sharing. You both knew that the military had impacted your relationship.

3

Speaker 3

We need help because praying is not enough. Let me find some help.

1

Speaker 1

22:13

Do you use any of the services?

3

Speaker 3

Yeah.

1

Speaker 1

In the military or private?

2

Speaker 2

22:35

No, we I don't think we've felt the need to. I think we we've talked about it. I think we would, you know if we felt the need to. I just don't think we've ever really felt the need to.

1

Speaker 1

22:47

How many years have you been in the military?

2

Speaker 2

22:52

So, this is my 20th year right now. I got so far.

2

Speaker 2

22:58

I'm in a program right now that is going to I have I'm going to oh three more years. So that'll push me to about 24 years in and then about that time, I'll be looking at getting promoted to Lieutenant Colonel. And we've talked about it and I think the benefit, you know, is there. Just stay in three more years. Yeah. So we're looking right now at about nine more years, eight to nine more years.

1

Speaker 1

23:27

Yes, it's a great benefit. Have you talked about the plans for the future?

2

Speaker 2

24:15

Yeah, I mean, we've talked about, you know, what the next nine years kind of looks like, you know, potential future duty stations we might plan to go to, you know, I know Abby as much as you want wanted to stay home with the kids to kind of help raise them when they're young. You know, she's itching to kind of do something else during the day. So once they're both in school, I mean, I'm sure she'll be looking at things to do to kind of keep her busy outside of the house. Get her some adult interaction. But then we also project okay, you know, when are eight, nine years is up and we're looking at retirement. What does that look like and where are we going to settle down? Are we going to settle down Oklahoma next, you know, by her parents. Are we going to settle down in North Carolina? closer to my family? Are we going to build a house or buy it like we've talked about kind of what that life looks like.

1

Speaker 1

25:17

It seems that you two have good communication and a good family dynamic. Thank you for your service, and thank you to both of you for participating in this research. Now, I think I'm going to stop this recording.

Appendix J. Codebook

2/11/2023 5:44 PM

Martin_CodingReport_03112023

Name	Hierarchical Name	Coded Text
Community Support	Codes\\Community Support	I think everything you mentioned, should definitely experience right. kind of learn best from the bad examples that we make mistakes, failures, learn from it, apologize. In addition to the things that you listed life experience with, I would add community as well. So whether she mentioned her coworkers in church have mentioned previously our small group led by the word family, but having other married couples, particularly those who have been married longer to kind of mentor and guide you and help you with things that they've tried it at work, learn from lessons that haven't worked. So I think it's not any one of the
RQ1	Codes\\RQ1	
Disruption of Family Unit	Codes\\RQ1\\Disruption of Family Unit	We want to get back home you know we expected the days to get back home it's just part of our life was there but our spirit wasn't there yet. It we were still in the old ways and it was hard trying to not be two people at once, but the one and that's what took a little time so it wasn't comfortable so you're uncomfortable you're irritated more you get to fight more the little things bother you more. Not everything's life and death over there it was so it was just highest no pain per se I know that people do it. I didn't get injured. I did see that close close friends of mine get
Disruption of Family Unit	Codes\\RQ1\\Disruption of Family Unit	It was not easy. It was very, very difficult at times it was we had good times. But when Tim was away, it was it was hard. But you just get through it and you realize there's this I came to realize there's a cycle of

emotion like at first you know that you're going to settle in it's gonna be really hard the first week or so then it's going to get a little bit easier but I came to in my mind to realize that just hang in there because once

Name	Hierarchical Name	Coded Text
Disruption of Family Unit	Codes\\RQ1\Disruption of Family Unit	So I mean, pre deployment is always a little tougher. Knowing that the deployment is coming out and trying to hang out family as much as possible. I know it can get stressful for myself and Ashley with the thought of me leaving and trying to get everything in order. I think sometimes that would lead to arguments. No, actually, as mentioned before, before I leave, it's almost like she sees me maybe trying to distance myself a little bit. So that oh, maybe it's not as hard. And as far as the deployment. The first few weeks are always the toughest for me. Getting used to that new routine and not being with the family. But after that, I feel like almost the deployment levels out emotionally wise. Family With varies from deployment to deployment that I get to have if it's nightly FaceTime. I always make things better. And then, after deployment when I come home, it's a little shock initially because actually the kids have their
Frustration	Codes\\RQ1\Frustration	Find the best ways to be aggressive and training all the time.
Frustration	Codes\\RQ1\Frustration	Get angry and just try to get things done, in a sense because he is personally you go up from zero to 60 fairly quickly, when you're not seeing them. React. And you know, sometimes I see myself in them on so maybe I feel guilty about it. What I see my some of that lack of motivation. I was on my kids one times, and in a way I realized that they need to get motivated. And sometimes if that my mission was negative that Soviet would need at least to get a

Frustration	Codes\\RQ1\Frustration	I never hated the military. But I would get frustrated because at times it was sort of on a vacation. And I was doing all the work at home
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Name	Hierarchical Name	Coded Text
Frustration	Codes\\RQ1\Frustration	if things get so out of hand, or we are in a crunch for example, in the morning getting the children ready for school. He will almost become militant with the children. Almost like a drill sergeant. So it's it's like, Get up now downstairs, eat breakfast, go brush your teeth. And, you know, so it's either one approach polar extreme, or the Or when you get back and at the same habit to me I change I didn't notice it. And little things were bothering me like I said I would work 12 hours but then I have 12 hours to myself when you get home you work out you go to your job and then you gotta come home and you still got kids and there's still family life so you never get 12 hours off. You were you were 20 hours and then you get the hours to sleep and that's it then you gotta wake up so the little things were bothering me and and I was mad. It was adjustment. It was uncomfortable. So I would fight more until I remember one day I was putting gas in the gas station. I just started crying in that and it was like a month to month afterwards. And that's
Frustration	Codes\\RQ1\Frustration	So the other thing is the way that he interacts with the children. He will easily get frustrated,

Frustration	Codes\\RQ1\Frustration	Well, the main thing for us was that his job over there was to train others how to rearrange when they come back from deployment. But for him to apply that those concepts himself it was hard, because we had three small kids during those years and for him to come to a place where he thought it was different, like you'd send a child to sleep and you're expecting them to fall asleep immediately. It didn't work like that become like a couple of times to the room and they want something else now I'm hungry now. I need to do this now. I need to go pee I need to. So for him it was so emotionally hard to like never like to get engaged, engage in the with the runway. For him it was hard
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Name	Hierarchical Name	Coded Text
Having Something to Look Forward to	Codes\\RQ1\Having Something to Look Forward to	I guess the best way we deal deal with or dealt with the being honest, we try to look forward to something so we would always have like a vacation plan on the fall on the back end of the deployment. So we could like look forward to that. And then on the redeployment. I mean it was happy for maybe four weeks and then I was in Special Operations too. So we already knew when we were going back. So as soon as I got home, like we had like four weeks of like, alright, things are great. And like we can we just got back and then as soon as like the second month in, I mean we were only a few months away from the point again. So
Having Something to Look Forward to	Codes\\RQ1\Having Something to Look Forward to	I mean, like there was a Bible study, I guess, spiritually and then was with us. I was planning like a vacation to when I got back it gave us something else to talk about. What are we going to do you know, where are we going to eat? You know, what are the kids saying about it? Like, you know, so give us some hope of something in the future look forward to but other than those two things. I wouldn't really say it was

Jaded	Codes\\RQ1\\Jaded	<p>because I can see it from the point of view of, you know, mission and outcome. So if we're being sold something like we're here to do this, and then in reality is really a different story than obviously that crisis. So, you know, like, we're being sold a bill of goods that is not real. And ever since, for example, you know, for example, when we had to go for so I was I was in college, and I was, you know, at that time that the country was very patriotic about it and everything was being sold as its model of democracy and justice. No, right or wrong. And then you come to realize that everything you read in total is has been a complete lie. And, you know, and even</p>
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Name	Hierarchical Name	Coded Text
Jaded	Codes\\RQ1\\Jaded	<p>I think in a sense that I mean, his military service has shaped the way that he thinks about politics in our country, and I think that that can add a layer of jadedness to his mood. And I kind of see that with a lot of veterans is, you know, they're they, they're discharged. They they walk away from their service, a lot of times feeling very disappointed with things kind of like what Juan was speaking of. And that does penetrate the family in the sense that there's a greater awareness than those who were strictly within the civilian world because you kind of have an inside view of things. That are accurate our safe little</p>

Jaded	Codes\\RQ1\\Jaded	I wouldn't say that it's necessarily changed him I would say that it has affected how he views the world, the world in the sense that the world in which we live, how the government operates, and how that affects
Jaded	Codes\\RQ1\\Jaded	In you know, we sacrifice the young people in this country to implement policies of the government. And then we just leave them out to dry when it's done. And we talk about taking care of the veterans. And you know, they're the most important thing for us and obviously working, you know, Washington was working with veterans who said that's absolutely not the case. And I can see it just from just by, you know, listening to people who talk about how little they were taking care of once once the conflict was over, and they were left basically out to dry. Less anything you
Need for Focus	Codes\\RQ1\\Need for Focus	Baggage lines mindset that I had to 3
Need for Focus	Codes\\RQ1\\Need for Focus	go to Ranger School to try to focus on it.
Need for Focus	Codes\\RQ1\\Need for Focus	We have a loving and caring relationship and so my mindset was just drawing on this is when I this is what I do. I'm gonna throw

Name	Hierarchical Name	Coded Text
Unable to Relax	Codes\\RQ1\\Need for Focus\\Unable to Relax	I think we well for myself, I just had other things to focus on as far as children, or furthering my education, focusing on my career. And those things occupying my time while he was gone, but the pre deployment, post deployment and

Putting Aside Feelings	Codes\RQ1\Putting Aside Feelings	<p>redeployment that was a heavy cycle and heavy tempo for many years, and I think during that season, it was hard to for both of us to fully relax because there was always something on the horizon. And so even when he was home, we were</p>
Putting Aside Feelings	Codes\RQ1\Putting Aside Feelings	<p>I'm just going to suck it up. And go with it. The kids are driving us crazy. They're not listening and he allows it to happen and walks away like okay, this is just the way it is and there's nothing I can do to change it. So I'm just going to accept it. And let it</p> <p>I guess I was kind of kind of more shocked and how it didn't faze me. Because other guys that I was with, they all like jumped on the ground and lay down flat.</p>
Putting Aside Feelings	Codes\RQ1\Putting Aside Feelings	<p>I think we have a pretty, you know, open communication so, you know, I can tell when you know, when he's at work if something didn't didn't go right, you know, they have some say in the military where they tell you hurry up and wait, you know, you'll go they'll make you come to do something or that he will leave the house really, really early. And they will start until like noon, but yet they want him out of the house at 5am. You know, so I feel like more so we're affected as a family, in terms of him doing certain things that he doesn't believe are right, you know, like having someone leave their house so early without having anything for them to do you know, or if, if there's someone you know, in leadership that maybe shouldn't be there, you know, but that's kind of how you feel, but it doesn't really matter how you feel. But you know, when he comes home, there are certain things that I noticed and of course, if he's, you know, he's down I'm going to be down well, I'm going to try to wonder, hey, what's going on with you? You know, are you okay? So I think it affects us in a way where we I feel</p>

Name	Hierarchical Name	Coded Text
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Putting Aside Feelings	Codes\\RQ1\Putting Aside Feelings	I've had that emotional war wall that you place to protect yourself for survival and all that stuff when you're over there the lifestyle that you live for six months, and then coming back, and in two days changing your whole lifestyle because it takes two days in the airplane to get home. Maybe two or three. So changing that whole lifestyle in two days. It's just it's hard knowing that used to deploy people at the old times my grandfather told me was to vote and they had weeks to get off to retrain their mind their emotions, but now here you get into planning two days you're
Putting Aside Feelings	Codes\\RQ1\Putting Aside Feelings	So you kind of had to swallow up your feelings when you're in a service. Because those helps are either available but they're not really provided. But there's that there's nothing wrong with you. The way you feel the way you do. They're so mission focused that that person psychology doesn't really come into play. So I think that was one of the biggest issues that I recall probably and a service that says to filling your disposable asset. And best case, kind of like the girl the lot where your station is where your superiors are, and you come to realize very quickly that those people are supposed to be talking to you from behind that
Reluctance to Communicate About Events	Codes\\RQ1\Reluctance to Communicate About Events	Interestingly, we were not married when he was experiencing those events. And I will say that as his wife, I don't know a lot of the details about some things that he has seen or experienced while deployed or serving overseas. Because we just don't really have an opportunity to talk in detail about it. It's not something that we talk about casually or bring up regularly. So I know that he's experienced difficult things. But I think he does a very good job of processing them and potentially
Inability to Communicate	Codes\\RQ1\Reluctance to Communicate About Events\Inability to Communicate	he's always been more closed off. With emotions and feelings and things like that. But I felt like after that happened, you became even more so? closed off. So,

Name	Hierarchical Name	Coded Text
Inability to Communicate	Codes\\RQ1\\Reluctance to Communicate About Events\\Inability to Communicate	Question and really until recently, we had, again, we appreciate this opportunity interview because you give us a chance to talk about this stuff. So really recently, like within this last year, we've talked about labeling emotions, the importance of using the words even though honestly you just prior I think I would just departmentalized the supress and not I don't even know that I had the vocabulary to say what it was that
Inability to Communicate	Codes\\RQ1\\Reluctance to Communicate About Events\\Inability to Communicate	sometimes like say he's distant I guess we can about it or you know, Father name he's distant he can be easily agitated. I feel like walking on eggshells. When I know something's bothering him I undertand
Inability to Communicate	Codes\\RQ1\\Reluctance to Communicate About Events\\Inability to Communicate	Yes. Definitely. It was brutal and toxic. I tried to retire to start life again. but it was hard, well because all I knew in my life is to serve my country. I was trying to learn new ways to be but negative emotions , memories I was was carrying with me all the time and if you can turn off those memories you are in trouble. so it was hard
Inability to Communicate	Codes\\RQ1\\Reluctance to Communicate About Events\\Inability to Communicate	Yes. I think one has a tendency to kind of feel jaded about things and then just go along with things. It's almost like well, if I'm not happy then that's just I have to suck that up and deal with it. And so, for the most part, he is very quiet about things. He doesn't talk about his military service.
Learn to communicate	Codes\\RQ1\\Reluctance to Communicate About Events\\Inability to Communicate\\Learn to communicate	cuz this isn't really with regard to like the children or Brian specifically. But I will say that when you were gone through was traveling a lot for a TDY for work for training because that was early in our marriage. It was within the first three years of our marriage. I have to say that we have grown exponentially in our marriage. Really, really? I mean, I think we've both grown individually, but our communication is so much better now. than it was that I think I think that should those circumstances arise now? I feel like we would handle them much more fluidly. And

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Name	Hierarchical Name	Coded Text
Learn to communicate	Codes\\RQ1\Reluctance to Communicate About Events\Inability to Communicate\Learn to communicate	<p>say it's communication and the friendship that we have within the relationship.</p> <p>2 Speaker 2 7:23 Do you agree with that, Cynthia the communication was the key. Yes, I feel really</p> <p>1 Speaker 1 7:28 blessed because me and my husband, we have really good communication. It didn't happen overnight. You know, it's something I mean, when you wait some somebody for nine years, you know, there's certain things you start to develop. But I really feel like that communication was key. You know, he never missed an opportunity to call me to text me. You know, other people might take it for granted. But whenever if there's internet if there's connection, he's making sure that I know he's okay and that he's keeping constant communication with me. And I</p>
Learn to communicate	Codes\\RQ1\Reluctance to Communicate About Events\Inability to Communicate\Learn to communicate	<p>Well, I think when we first got married communication was hard because that was back in 2004. And, you know, email was basically all we had, and that was even sparse because of the internet connection. And then of course, as the years went on, technology increased and it was so nice. We got to the point where we could even text one another so that was a release and that I could contact him anytime I wanted to. So and then we always had instead of it just being updates like oh, this is what I did today or whatnot, we would have a Bible study that we would do together to so that</p>
RQ2	Codes\\RQ2	

Name	Hierarchical Name	Coded Text
Compartmentalizing	Codes\\RQ2\\Compartmentalizing	by just kind of a no, I guess. I know some people saying of another person will make another person feel bad. I disagree with that. I say you can only make that person think if you say something to them, that person has to reflect on what you said. Then they're going to apply that to themselves. And then if they feel bad, that's their emotions, and that's unknown. So if they did something wrong or questionable, they think about it and they feel bad about it. That's not on me. They did that. And I'm like, you know, you can't blame me. You did it not me. So I just process it and then get through it. You
Compartmentalizing	Codes\\RQ2\\Compartmentalizing	I just tried to look at the money Python. Look at the bright side of life you tried to just make the best of it in you get through it and tomorrow is going to be a better day.
Compartmentalizing	Codes\\RQ2\\Compartmentalizing	I mean, yeah, I mean, on different levels, like, you know, maybe guys would be unfaithful to their wives and I would know about it or you know, something like that. I mean, in most cases, when it came to the military, I kept my I kept my military bearing and how I did things in the military, and my spiritual reality they were combined as in I always tried to make sure that all my Christianity affected my spiritual life. Also affected my military life. However, I was never one that would preach at somebody, nor would I ever tell them that they were doing something wrong if their life was imploding around them and they would be, you know, like, what do I do? I'd be like, well, you need your life straight Easter coming to church and you need to

		repent like I would be very open about it, but I would never I would never preach and I when I was telling guys like, if they're going to do something that I thought was unwise, I'd be like, if you do it and you get caught, and it causes drama for our unit.
Compartmentalizing	Codes\\RQ2\Compartmentalizing	I saw a lot of wrongdoing, I just kind of get swept under the rug and you know, a lot of a lot of issues

Name	Hierarchical Name	Coded Text
Compartmentalizing	Codes\\RQ2\Compartmentalizing	Just because they're there to face their or their What's another word for it, you know, they're they're gonna sit there and say you can't do it, but they can and if that makes you angry, especially as a senior NCO, so I was the head of maintenance department and, you know, I've got 27 people underneath me. In another platoon sergeants have the same thing. And he's going around, giving people article fifteens or whatever. And that's just a human nature thing. And even if they weren't married, he was going after anybody. But yeah, I would go to the battalion meetings. And then he's running around after this other captain on the side. And his wife's in charge of the family support group working with my wife and his wife. So like what he's
Compartmentalizing	Codes\\RQ2\Compartmentalizing	Yes. It's it's the same thing Tim said. It's, it goes. It's something that affects you because it goes against your morals against what you believe. And the same thing happened for me when Tim was in Desert Storm. I was on the family support group with the commander's wife. And it was very, very difficult because I was hearing from all of the soldiers wise what was going on with her husband and then she would come to the meetings, and he, he just, he just was not a great person. And, and I saw the way it was affecting not only the families but also the soldiers because I was listening to all sides. So being on the family

Disappointment	Codes\\RQ2\Disappointment	I have some regret that I didn't get to finish what I wanted to do. I started out to make the army my career and I got hurt. And that pretty much ended my ability to do that. So I was angry, yes I have anger 2 Speaker 2 6:59 so there's a lot of those feelings, but a lot lot of that stuff kinda was grounded by
Disappointment	Codes\\RQ2\Disappointment	Mostly it was disappointment,

Name	Hierarchical Name	Coded Text
Disappointment	Codes\\RQ2\Disappointment	So So yeah, I do have those feelings sometimes. And I think sometimes they, they but they hit my head and you know, like embarrassing things in my life. Sometimes if I think about it, too long, I've kind of feel a sense of shame. And then I just kind of try to push them out on my on my psyche. When whenever they come into my brain, so I'm just like, oh my god, like those situations. Were not good. And you feel a sense of like like you say shame 13:32
Fear and Anger	Codes\\RQ2\Fear and Anger	And that's that situation, create tension in the marital relationship or with the family 3 Speaker 3 13:45 yeah, I say over the years, the anger was a kind of a constant. 2
Fear and Anger	Codes\\RQ2\Fear and Anger	I was scared, but, I mean, I didn't have any guilt for what happened or anything like that. fear and anger were probably the only two emotions I had. 2

Short Fuse	Codes\\RQ2\Fear and Anger\Short Fuse	<p>Right Is that alright? Like a different person? He I mean, maybe I think because we got married at 18. And we grew up together. We were kids. We got married. So there were changes in our marriage anyway as we grew up and matured because we were just kids, but when he came back, I know I will say I will say that. I'm just thinking back when he came back. He was he would get angry sometimes, but not toward us. Like his temperament. That is the one thing because Katie and I talked about this that he kind of had a short fuse. But it wasn't anything where he heard us or you know, or was verbally abusive or anything like that. It just, if anything, if he was feeling that way, he might just go into the other room or brother or whatever, but</p>
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Name	Hierarchical Name	Coded Text
Increased Caution	Codes\\RQ2\Increased Caution	<p>That's mine or yours? Is mine. Okay? It was mine. Okay. So I was asking you Hussman, if he witnessed any more injuries event. I understand that you probably don't feel comfortable disclosing this information. But the you witness this event and how do you feel while witnessing the event?</p> <p>3 Speaker 3 1:47 Well, it's always said you know, seeing anyone going into and stuff like that. It's especially someone that you work with all your friends with someone that you see on a daily basis. So it's, I would say it's, it's, it's really sad</p> <p>2 Speaker 2 2:12</p>

that you're this model injuries event affects your personality. You have to change because of that first event. Of

3

Speaker 3

2:25

course, I mean, it will change how you how

Need for Faith	Codes\\RQ2\\Need for Faith	I believe you need to have religion. I mean, not just because it's been around forever, but it's what holds people morally and ethically values to a point I mean, then you look at the other side of it. Some people go to church and then they pray and they ask for forgiveness, and then go out the following week in, do the same things they did and then come back to church next Sunday and ask for forgiveness and that and, you know, some people look at that as hypocritical. It's just life. I mean, everybody has to make their choices but for me, without the guidance of the military
RQ3	Codes\\RQ3	

Name	Hierarchical Name	Coded Text
Feeling Lost	Codes\\RQ3\\Feeling Lost	Yes. Definitely. It was brutal and toxic. I tried to retire to start life again. but it was hard, well because all I knew in my life is to serve my country. I was trying to learn new ways to be but negative emotions , memories I was was carrying with me all the time and if you can turn off those memories you are in trouble. so it was hard to turn them off. However, when I retired, I have learned a new way to be and how I don't even know. God, it was God helping me. I see now I am different

Increased Faith	Codes\RQ3\Increased Faith	would agree, I think that during my experience as a military spouse, my faith and my relationship with God has definitely gotten stronger. I had the opportunity, very unexpectedly to work at our church that we attended in North Carolina, which really helped me. I was just surrounded by really strong Christians all the time, which I had never really experienced in my life. On like a daily basis, which was an incredible springboard for me and I was already a Christian, but sort of helped me to see a deeper side and my daily life and we've committed to reading the Bible in a year. And you've done it every year. I think since we've gotten married. I'm doing it again now. And that
Increased Faith	Codes\RQ3\Increased Faith	But when it came to how he treated me He treated me well and I but it got I've been very connected to God and spiritual my whole life and to me, I just feel we're meant to be that's we're supposed to be
Increased Faith	Codes\RQ3\Increased Faith	God gotten stronger or weaker during your time in the military. So I can only speak from my answer, but it has increased exponentially. Sometimes, as a result of difficult circumstances. And that's where he turned to, in our case, as Christians, our Lord and Savior Jesus Christ. I can remember a camouflage Bible that I got from a USO again, and that was the first time I ever read the bible cover to cover during that time. And so I and then through relationships, like Dan would, it was our small group leader, mean, but for our military service, we wouldn't have been in that location, most of that small group

Name	Hierarchical Name	Coded Text
Increased Faith	Codes\RQ3\Increased Faith	I mean, it was pretty much like it was pretty much like you know, God is the only one that's gonna get me out of this, you know, but it got so crazy that like, you know, prayer and, and the Lord really the only things that I could really like, focus on

Increased Faith	Codes\RQ3\Increased Faith	as far as like, you know, making it out like, I mean, my first deployment we had nine Purple Hearts on a team of 12 guys, so like, it was, yeah, I mean, so like, on my second trip, the guy in my truck died. So I mean, it's like, all of us were pretty much like this.
Increased Faith	Codes\RQ3\Increased Faith	<p>Oh yeah, definitely. Without guide I cannot say survived that period only that season in my life. Even though but importantly it was more like a big break for me as well. And they were there for me. But my faith helped me a lot to go through. Each</p> <p>Or be absolutely my faith means a lot to me. And my husband would tell you that I fast I pray, you know, I feel like I pray for him. I pray for us. I pray for our relationship. I pray for our marriage when he's not here. When he was deployed. I prayed for him constantly. Even I remember when he went to basic training. Yes, that's not a deployment, but he left me for three months. You know, I prayed a lot. I prayed a lot for him to be successful. I prayed a lot for you know for a war not to break out where you know it was a lot of prayer. I think faith and commitment kept us together while he was away. And even when he's not on deployment, faith and commitment really keeps our relationship because I feel like we were put together by God. And they said, you know, whatever God brings together no man can separate</p>

Name	Hierarchical Name	Coded Text
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Increased Faith	Codes\\RQ3\\Increased Faith	Probably we got more regular into the church and I think that's really, really helped. As far as you know, just hoping and coping. Coping makes it you know, you have somebody else kind of determined to and and it's hard to explain but you'd have you know you have somebody else that's kind of determined to and to give your problems to and you have faith you know that, you know God has a greater plan. You know, you don't want to go through what you went through but you do feel like that there's a reason and you know, he has a better plan. And so that's kind of that's
Increased Faith	Codes\\RQ3\\Increased Faith	yes. My been a Christian for a long time. And of course being a chaplain it's very jollity is what takes us through everything. Not just the fun but all the other hard seasons and good seasons in life. So that appointment was just another season, that it was also hard. But again, I've been through all the hard seasons in my life and my faith that's always brought me through so the faith not only in this one, but in all of them plays a central role in and how well I got stuff from all that and not losing hope to faith helps more, especially not losing
More grateful	Codes\\RQ3\\More grateful	Well, I mean, I don't think you can go on deployments like that and then not have, you know, some kind of effect on you. Fortunately, I think for me, it had a positive effect, too, to where it made me more grateful for the life I had back here. And I mean, just grateful for life and safety. In general.
RQ4	Codes\\RQ4	
Moral Injury definition	Codes\\RQ4\\Moral Injury definition	gave a really great definition. moral injury for me is when someone is put in a position to do something that goes against their moral grain or their values and it creates feelings of depression. Sadness can result in disgust with oneself maybe even with someone's higher power. moral injury can result in a disconnection between that person his own sense of self and as well as create a disconnect with the person's sense of spirituality, religion or with their relationship with their higher power

Name	Hierarchical Name	Coded Text
Moral Injury definition	Codes\RQ4\Moral Injury definition	<p>having done something that would that would, I guess, potentially be against what you would more morally do normally.</p> <p>2 Speaker 2 1:48 That would kind of lead you to kind of think bad about yourself and what you did,</p> <p>1 Speaker 1 1:54 so I think that goes against the will. Yeah, that's a moral injury. Do you agree with that? Geo. How do you interpret moral injury?</p> <p>2:06 moral injury? 1 Speaker 1 2:10 You're right, by the way. Yeah, that that makes sense. Yes. Okay. Yeah.</p> <p>3 Speaker 3 2:18</p>
Moral Injury definition	Codes\RQ4\Moral Injury definition	<p>I mean, I would agree doing something against what I mean what you believe your I gather that it has to do with not physical but obviously, mental. injury in this context from deployment experiences or combat, and how sort of those scars that are not physically available, still continue to impact the service member and their relationships.</p>
Moral Injury definition	Codes\RQ4\Moral Injury definition	<p>I guess I would kind of take it as based off of in the context of using it with the military how the military would affect or change my morals throughout time, I guess.</p>
Moral Injury definition	Codes\RQ4\Moral Injury definition	<p>I guess it's just going against what you really believe. So if you have a belief about could be anything and then you're you act out against it, and then it subconsciously or consciously bothers you.</p>
Moral Injury definition	Codes\RQ4\Moral Injury definition	<p>I would agree, I think that based on the question that we answered it was I was thinking about how Drew's military experiences affect him individually and also our marriage. Our marriage relationship on a deeper emotional and communication</p>

3/11/2023 5:44 PM

Name	Hierarchical Name	Coded Text
Moral Injury definition	Codes\\RQ4\Moral Injury definition	I would say that it is similar, you know something that goes against your morals that creates a hang up emotionally or mentally for you that you can you have a hard time reconciling.
Moral Injury definition	Codes\\RQ4\Moral Injury definition	impaired somewhat my morals, my values, my spiritual beliefs somehow have been skewed or swayed because of something that's happened. 2
Moral Injury definition	Codes\\RQ4\Moral Injury definition	injury I would say moral injury is when you do something against your morals that you later regret.
Moral Injury definition	Codes\\RQ4\Moral Injury definition	Injury is when? Why you thought it's a wound up injury is a wound that happens in your soul and your psyche and your spirit. And it can be caused by various things, the way I understand it. It can be caused by somebody you trust. They you lost the trust and that somebody that you saw the way you thought the world was next crumble a paradigm gets crumble. Something that you saw others do, and that also affected do something you did violate your conscience, your morals so that for me is more of a injuries a wound that you have in your spirit and your soul that is caused by any of those things. Seeing something done unjustly or your past, you're doing it yourself your
Moral Injury definition	Codes\\RQ4\Moral Injury definition	like he said, not a physical injury but more injury, a psychological injury or spiritual life scenarios ranging into something that impacts your last heat
Moral Injury definition	Codes\\RQ4\Moral Injury definition	to describe moral injury? Okay, the to me anyway would be an injury that not necessarily a physical injury but an injury that is in the heart and soul

Moral Injury definition	Codes\\RQ4\Moral Injury definition	Yes, maybe the same thing like it's a wound that can be caused by any kind of trauma so in many examples of it so that's maybe the main thing the same.
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Name	Hierarchical Name	Coded Text
Moral Injury definition	Codes\\RQ4\Moral Injury definition	Yes. It's it's the same thing Tim said. It's, it goes. It's something that affects you because it goes against your morals against what you believe.

Appendix K. Transcript Review / Participation Gift Card Log

Participant	Participant Name Code	Transcript Review	Gift Card Accepted (Yes / No)	Gift Card Amount	Gift Card Sent Date
Andrew and Abby	Couple A	Yes	Yes	\$50	03/05/2023
Bruce and Bonnie	Couple B	Yes	No	\$0	-
Chuck and Cindy	Couple C	Yes	Yes	\$50	03/05/2023
Dave and Donna	Couple D	Yes	Yes	\$50	03/05/2023
Erik and Erin	Couple E	Yes	No	-	-
Frank and Fran	Couple F	Yes	No	-	-
Gerald and Gina	Couple G	Yes	Yes	\$50	03/05/2023
Harry and Hazel	Couple H	Yes	Yes	\$50	03/05/2023
Ivan and Indra	Couple I	Yes	Yes	\$50	03/05/2023
Jake and Jeri	Couple J	No	-	-	-

Appendix L. Reflective Journal

I organized my reflective journal by assigning each couple the first ten letters of the alphabet, interview date, and time, followed by their pseudonyms. The interviews are written in the order of how they took place.

A 1/27/23 5:00 pm Andrew and Abby

I was excited but nervous. I could not sleep well the night before thinking about my first interview. I remember praying and asking God to guide me. The couple seemed friendly and happy together. Andrew sounded excited about the research study, but his wife, Abby, was reluctant to participate or to connect with me.

B 1/27/2023 6:30 pm Bruce and Bonnie

In my second interview, I did not feel as anxious and felt God was beside me. I liked how Bruce and Bonnie interacted with each other and me. The couple seemed delighted to contribute to the research study.

C 2/1/2023 10:50 am Chuck and Cindy

Chuck and Cindy are happy, pleasant, and easy to connect with. It felt as if I had known them for a long time. The couple took their time to answer questions and elicitate in their marital journey and some of their life experiences.

D 2/3/2023 10:50 am Dave and Donna

The interview with Dave and Donna felt like Donna was rushing. Donna was speaking too fast and loudly. I did not feel comfortable. It seemed they wanted to finish it by answering the questions quickly.

E 2/3/2023 7:00 pm Eric and Erin

I felt a little concerned because it was raining too much, and I feared the internet or power would go out. However, I am glad I connected with Eric and Erin; they felt comfortable disclosing some of their marital tension.

F 2/7/2023 10:00 am Frank and Fran

I remember that I overslept and did not have time to have breakfast. But I was happy that I looked presentable and ready to conduct the interview. Frank and Fran were funny, and they enjoyed sharing their life in the military.

G 2/10/2023 1:00 pm Gerald and Gina

This couple was the most challenging couple to interview. Everything was complicated, from signing the informed consent to completing the self-administered assessments. I prayed to God to secure this interview and connect with them.

H 2/11/2023 10:00 am Harry and Hazel

My favorite couple was Harry and Hazel. They were funny, outspoken, and excited to talk about my research topic and their life in the military. They have contributed significantly to the research study, and interacting with them was easy.

I 2/13/2023 11:30 am Ivan and Indra

Meeting Ivan and Indra was indeed a positive experience. Ivan is knowledgeable about the research topic, and his wife shared her anecdotes as the wife of a military chaplain.

J 2/13/2023 7:00 pm Jake and Jeri

I remember feeling at ease and at peace with this last interview. Jake and Jeri were pleasant and friendly. I recall feeling energized and excited about my dissertation journey.

They were easy to connect. At the end of this interview journey, I realized that conducting research is something that I would like to do in the near future.