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Moral Injury from a Non-Combat Perspective: The Lived Experience of Army Veteran Chaplains

Sarah VanderZanden
Walden University

Walden University

College of Social and Behavioral Health

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Sarah Vander Zanden

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Review Committee
Dr. Alice Yick, Committee Chairperson,
Social Work Faculty

Dr. Earl Smith, Committee Member,
Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

Moral injury (MI) describes the profound distress experienced by military personnel because of a violation of personal beliefs. Research has shown that deeper inflictions of MI affect individuals beyond their physiological and psychological self as wounds affecting the 'soul' are far more difficult to heal. This phenomenological study sought to understand moral injury from the non-combat perspective in Army veteran chaplains. By addressing spiritual wounds, researchers can convey an understanding of the barriers that impede chaplains from seeking help when moral injury is present. More so, by understanding the complexity that has developed regarding moral injury and trauma from the non-combat setting. Betrayal and spirituality are core components in defining, understanding, and addressing MI in Army veteran chaplains. Five Army veteran chaplains who self-identified as having experiences of MI were individually interviewed. Qualitative analysis was utilized to discover thematic elements that transpired throughout the interview process. The findings revealed themes describing moral injurious experiences, including feelings of guilt and shame, and being seen as unforgiving in 'God's eyes.' Results suggest that the definition of moral injury is a significant area for future researchers to understand the impact of trauma in non-combat settings. How moral injury is distinguished as a form of psychological suffering provides a new meaning in how the concept of moral injury is impacting veterans and those currently serving in the military who work beyond combat-driven environments. With the results, the hope is for prospected researchers to uncover and utilize reparative therapeutic techniques for those who endure the transgressions of moral injury in all settings.

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Dedication

This dissertation is dedicated to all individuals, both veterans and non-veterans, who have endured moral injury. You have remained open, expressed your emotional fragility, and voluntarily wanted to help throughout this dissertation journey. On top of your time and commitment, the willingness to share your poignant stories, delights, and vulnerabilities does not go unnoticed. In addition, your role in helping others understand the meandering process of moral injury will confidently make a difference in the lives of both veterans and non-veterans alike, who may continue to struggle.

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Each of you offer remarkable, noteworthy, kind-heartedness that does not go unnoticed. Thank you all for your support!

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Chapter 1: Introduction to the Study

Among today's personnel who have joined the military and taken an oath "to uphold the Constitution of the United States, under all enemies foreign and domestic" (United States Army, 2018), an invisible and ancient 'wound' appears to be re-emerging and becoming more widely understood (Carey et al., 2016). Known as moral injury, this psychological wound is described as an injury to the soul, affected by loss, shame, guilt, or regret (Carey et al., 2016; Litz et al., 2009). As an invisible wound, it has been argued that moral injury and its diversity with trauma destroy personal morality, spirituality, and individual integrity (Carey et al., 2016) during the impact of war or other traumatic events. In contrast, a relatively new concept in the social work field (Litz et al., 2009), morally injurious transgressions are becoming more widely identified within the veteran community, particularly in those individuals who have been diagnosed with posttraumatic stress disorder (PTSD; Carey et al., 2016). The psychological sequela of moral injury includes haunting states of inner conflict that manifest into intense feelings of shame and guilt (Carey et al., 2016). Current research suggests that moral injury can entail, but is not limited to, taking part in wartime atrocities, including desecrating the bodies of fallen enemies, killing innocent civilians, failing to prevent cruel and inhumane behavior by others, witnessing transgressive acts, and even physically becoming involved in the devastations of war, such as handling human remains (Litz et al., 2009). While the research involved in the concept of moral injury entails the horrific acts in war, traumatic experiences, even outside combat zones, can be prevalent both in and out of the military.

The interactions between religion and cultural beliefs about morality are dynamic, which matters for moral injury (Farnsworth et al., 2018). Individual perspective on morality is self-motivated, suggesting that morals are characteristics of personality and religious/spiritual contexts that create one's soul (Farnsworth et al., 2014). When guilt or shame counteracts individual and spiritual beliefs, moral conflict may arise when individuals question their beliefs. Questions such as: Is killing right or wrong? Is it justified? Is it punishable? Does God take sides in human conflicts? Does God permit or even reward certain behaviors in war? Religion offers perspectives regarding morality, religious traditions, and spiritual practices that inevitably contradict and contribute to the psycho-social-spiritual functioning of warfighters, directly and indirectly following combat and non-combat experiences (Farnsworth et al., 2014). According to Pew Research Center (2015), 71% of individuals in the United States are religious. Among those who do not identify as religiously affiliated, as much as 88% consider themselves moderately spiritual (Chaves, 2017). While chaplains are commonly provided in military settings to provide religious and spiritual care, their diverse and ongoing evolution to address religious and spiritual traditions varies in different capacities in and outside places of worship.

For the context of this study, religion refers to tradition-oriented practices, whereas spirituality often signifies subjective experiences and practices (Saucier & Skrzypinska, 2006). Chaplains are clergypersons who are often assigned to work in the context of a secular institution, such as the military, a hospital, a prison, or a school (Legood, 1999). With respect to addressing moral injury among veterans, chaplains who

function in the military are of particular relevance because they are commissioned to be the military's religious leaders, responsible for tending to the spiritual, moral, and religious well-being of service members and their families. In the United States, military chaplains serve all branches of the armed forces, including active duty, reserve, or National Guard, and are assigned to the Army, Air Force, or Navy. Most chaplains practice in operational contexts ranging from serving in a chapel on a base to deploying with service members in combat zones or being assigned to healthcare venues both in and outpatient settings (Nieuwsma et al., 2013). In the broadest sense, morality constitutes a system that defines what is good, right, and appropriate (Litz et al., 2009). For many veterans, values and beliefs form a significant portion of internal morality that can be violated by morally injurious experiences (Litz et al., 2009). Consequently, how moral injury impacts chaplains becomes a central issue when understanding how psychological distress, from a non-combat perspective, impacts individuals within the helping profession.

Studies examining the experiences of military personnel found that spiritual and religious struggles were reported following exposure to a morally injurious event (Purcell et al., 2016). Research states that morally injurious experiences challenge individual spirituality, sense of self, core beliefs, and fundamental relationships with sacred/transcendent beliefs (Purcell et al., 2016). Kopacz et al. (2015) and Bremault-Phillips et al. (2018) stated that military personnel who obey their religious principles and have high moral expectations can experience amplified feelings of guilt and self-condemnation following a morally injurious event, further increasing their risk of moral

injury. Nevertheless, incongruent to chaplain framework and belief, existential struggles and experiences of distress, especially regarding one's relationship with a higher power, loss of meaning, and disentailment with a sense of purpose in life, create barriers for chaplains who experience moral injury (Kopacz et al., 2015). However, foundational aspects of healing caregivers such as chaplains, especially those who experience trauma from a non-combat perspective, are seldom overlooked when employing and facilitating access to care, particularly in veterans suffering from trauma. Additionally, the study can provide valuable research to the veteran and social work community; this can be done by providing insight into how dissonance and human beliefs negotiate moral reasoning following a morally injurious event.

Social implications for the study emerged from the exploration of the literature on moral injury, revealing a moderate segment of mental health practitioners who argued for a focus on moral injury when treating veterans diagnosed with PTSD. Personal clinical practice with military personnel led to further exploration of the construct of moral injury, as it was a recurrent theme that warranted further investigation. The current study was designed to add to the research on moral injury and inner states of conflict by examining its meaning from the non-combat Army veteran chaplain perspective. This qualitative study uses a phenomenological approach, asking veterans to describe their lived experience of moral injury, as defined by Litz et al. (2009). Advancing the study of moral injury provides social workers greater understanding of the treatment needs of active-duty personnel and veterans who experience trauma from a non-combat perspective.

The major sections of this study will include an extensive background describing the study's purpose, problem, conceptual framework, and significance. Chapter 2 will provide an in-depth analysis of the current literature surrounding moral injury. Chapter 3 will describe the research design and methodology. Chapter 4 will introduce the study's results, followed by Chapter 5, which will provide discussions, recommendations, and limitations.

Background

A common problem for veterans returning from war is the concept of anger, guilt, and shame and its consequences related to one's activities of daily living (Worthen & Ahern, 2014). Other common problems include PTSD, depression, anxiety, problematic substance abuse, and thoughts of suicide (Worthen & Ahern, 2014). Life after war can pose many challenges for veterans as the return to civilian life is a readjustment that differs from military standards. Feelings of "starting over" in society and leaving behind a personal, cultural, and professional identity can inhibit individual growth (Worthen & Ahren, 2014). More so, the psychological effects and traumatic experiences lived by veterans highlight the reality of trauma and its impact on personal recovery.

While the increase in combat after September 11, 2001, triggered the development of PTSD (Worthen & Ahern, 2014), understanding the causes, course of action, and significance of trauma is individualized between personal experience and overall perspective. Exploring patterns of anger in veterans has been linked to loss of structure in civilian life due to the concept of moral injury (Worthen & Ahern, 2014). Moral injury is defined as a complex transgression between one's ethical values and

moral compass that has been violated due to psychological trauma during unprecedented exposure, producing feelings of shame, guilt, spiritual distress, and betrayal of one's conscience (Litz et al., 2009). Unlike PTSD, which examines the physical pain on its victims, such as nightmares, trouble sleeping, and reoccurrence of distressing memories, moral injury is an emotional trauma that collides against one's moral beliefs and expectations that fragment ethical expectations on one's religious, cultural, and spiritual ideals (Litz et al., 2009). The model of moral injury is essential to understand since the prolonged strains of war and the introduction of the Global War on Terrorism became an economic consequence, slowly producing complex behavioral health problems for those defending our freedom. Nowadays, war injuries are no longer impacting those who participate in acts of combat, but rather indirect actions, such as decisions affecting wartime operations and engagement in assessing life or death decisions affecting military personnel of all ranks and occupations (Litz et al., 2009).

The U.S. Veteran Population Projection Model estimates 21.3 million U.S. living veterans in the United States as of December 30, 2016 (Veterans Administration, 2017). Of the 1% who have served in the military (Veterans Administration, 2017), the U.S. Department of Veteran Affairs estimates that PTSD has affected over 31% of the population, forecasting 10% of Vietnam Veterans/Gulf War (Desert Storm) veterans, 11% of veterans of the Afghanistan war, and 20% of Iraqi war veterans (US/VA/DoD, 2013). Currently, the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., (DSM-V) recognizes PTSD as having four criteria clusters describing the occurrence of a traumatic event or events. Smith et al. (2013) argued that moral injury is separate from

PTSD, but they share many similar distinctions, such as guilt, shame, and betrayal. According to the Department of Veteran Affairs (2018), both PTSD and moral injury begin with an event that is often life-threatening or harmful to oneself or others. While symptom severity differs, both are associated with greater levels of depression, self-blame, and hopelessness (Department of Veteran Affairs, 2018). Frankfurt and Frazier (2016) theorized that moral injury and PTSD share individual features, including guilt, shame, depression, anger, self-blame, disproportionate violence, and disconnection from others. While the functions of PTSD and moral injury differ, their prevalence overlap, suggesting that moral injury may be an added "layer" to PTSD (Farnsworth et al., 2017) as a component in the diagnostic criterion. While there are no specific moral injury principles within the DSM-V, the current literature supports that "overly negative thoughts and assumptions about oneself or the world, and exaggerated blame of self or others for causing the trauma" (APA, 2013, pp. 1015-1028) closely correlates to moral injury. While limited treatment exists for moral injury, Maguen and Litz (2012) have found that the theory of a "just-world belief" (Lerner & Simmons, 1996) can be applied through cognitive processing therapy. This psychoanalysis suggests that an individual's actions are innately inclined to be morally fair. Understanding shame and guilt behaviors associated with moral injury can enhance the diagnosis and treatment of PTSD and lead to a better understanding of veterans' treatment needs and the complex nature of moral injury on service members. Maguen and Litz argued that developing a complete clinical picture should be assessed as separate manifestations of trauma sustained in war. Nevertheless, the Veterans Administration recognizes the prevalence of moral injury as a

form of "mental disorder" (Veterans Administration, 2017), closely paralleling that of PTSD, targeting the pervasiveness and impact of changes in diagnostic labels and the phenomenon of moral injury.

The psychological toll of moral injury can include haunting states of inner conflict (Litz et al., 2009), where emotions can manifest to intense feelings of guilt and shame. Within this context, the individual may come to believe that they are an unforgivable and evil person. This global sense of being a "bad person" can lead to thoughts, feelings, and self-condemnation behaviors (Litz et al., 2009). Additionally, many veterans struggling with moral injury may experience religious or spiritual inner conflict, where, for some, the choice of suicide comes as the only escape from their inner torment (Drescher & Foy, 1995; Fisher & Exline, 2010; Fontana & Rosenheck, 2004; Litz et al., 2009; Maguen et al., 2011). In addition to self-condemnation and feelings of guilt and shame, many veterans who experience moral injury are also struggling with spiritual or religious conflict (Fontana & Rosenheck, 2004; Worthington & Langberg, 2012). Drescher and Foy (1995) found that in response to a qualitative survey, 74% of 100 Vietnam veterans diagnosed with PTSD indicated that they have had difficulty reconciling religious beliefs with the traumatic events witnessed and experienced in Vietnam. Of this same group, 50% of Vietnam veterans indicated strong feelings of guilt about things they experienced, which caused significant self-reproach concerning religion and interpersonal faith. Historically, there has been limited research on the efficacy of spirituality/religion as a treatment modality in the psychological literature (Drescher & Foy, 1995). However, there is evidence that veterans struggling with the inability to forgive themselves can be

helped with a spiritual focus treatment (Drescher & Foy, 1995; Fontana & Rosenheck, 2004), yet the question remains: Does the same remain true for veteran chaplains?

Psychiatrist Jonathan Shay, one of the founders of moral injury, argued that the diagnosis of PTSD is misdirected as related to veterans. He advised medical and mental health professionals that they each are overlooking the aspect of what is destroying veterans' lives, coining the term' moral injury' (Shay, 2002). He posited that moral injury occurs when those in authority, in high-stakes situations, fail to do what is right. This notion supports Held et al. (2018), who cited evidence of lower-ranking military personnel who had to follow orders they were morally opposed to. Nieuwsma et al.'s research (2018) surveying U.S. Veteran Affairs chaplains (n = 440) and U.S. Department of Defense chaplains (n = 1,723) indicated that 14% of DoD chaplains and approximately 45% of U.S. Veteran Affairs chaplains, had "frequently" met with and provided support to personnel suffering from moral injury. While most DoD chaplains acknowledged being only involved "sometimes" with military personnel they believed were suffering a moral injury; this indicates that a substantial number of military chaplains were connecting with personnel potentially showing symptoms and signs of moral injury. Thus, chaplains who endure moral injury impact the holistic bio-psycho-social-spiritual approach toward moral injury rehabilitation.

While military chaplains are distinctively placed alongside other combat-arm service members in times of war, their respective defense force to develop rapport and provide confidential counseling services and religious/spiritual support ensure personnel experiencing psychological symptoms of moral injury can instill trust in their chaplains

without fear of reprimand or reprisal (Carey et al., 2015). The United States military, "Rule 503: Communication to Clergy," states "a communication is 'confidential' if made to a clergyman in the clergyman's capacity as a spiritual adviser or a clergyman's assistant in the assistant's official ability and is not intended to be disclosed to third persons" (49, p. III-24). Therefore, U.S. military chaplains cannot be ordered by other military officials to disclose soldierly issues to commands or third-party officials. Given the protected privacy level, developing rapport is essential to understanding moral injury in its victims. However, understanding how moral injury impacts veteran chaplains and chaplaincy practice provides additional insight into recognizing chaplains' pivotal role on and off the battlefield.

Problem Statement

Moral injury is a type of trauma condition where individuals experience psychological, spiritual, and interpersonal issues resulting in profound moral violations by oneself or trustworthy individuals (Jinkerson, 2016). In these moral injury occurrences, significant ethical dissonance can lead to guilt, infamy, spiritual conflict, loss of meaning, and self-trust (Jinkerson, 2016). For instance, morally injured soldiers and veterans have been the prototype in understanding how trauma impacts the bio-psycho-social-spiritual model (Litz, 2016) to address overall well-being and the impact of morally injurious experiences due to the nature of killing in war. Fritts (2013) stated that moral injury becomes a 'bioethical dilemma' because soldierly forces want warriors ready to kill the enemy with a 'fight tonight' attitude. This unconventional nature creates friction for military members experiencing moral injury symptoms, which ensues when they start

to question the necessary action of killing or having killed another person (Fritts, 2016). However, the literature gap surrounding moral injury fails to address the relationship between the individual lived experiences of those facing moral injury, spiritual problems, and loss of trust in non-combat occupations (Frankfurt & Frazier, 2016). According to Vagle (2018), a lived experience refers to an individual perspective defined by a given person's experience, context, and choices. The personal or "lived" experience explored is understood and represented by one's perception unique to their experience. A non-combat occupation involves work within any military branch with little warfare interaction. Thus, existential issues associated with moral injury in non-combat settings are underexplored (Phelps et al., 2015).

Kopacz (2014) stated that military chaplains commonly engage with military personnel, helping them explore individual existential beliefs to find a sense of purpose and meaning in life. Moral injury can have long-term psychosomatic, religious, behavioral, and communal consequences (Jinkerson, 2016) that can cause significant damage to an individual's mental state. However, chaplains are cautiously placed alongside other healthcare providers in various military settings to provide holistic rehabilitation (Jinkerson, 2016). For example, moral injury can be present in a medical environment, as many sick, wounded, and ill individuals bear the burden of pain (Litz et al., 2016). Conversely, while experiencing moral injury in a military medical setting is not the same offense as killing another human in the context of war, the impact of moral injury can occur within any environmental context where pain and trauma are faced (Litz et al., 2016). According to Laverty (2003), examining an experience as subjectively

'lived' provides new meanings that can be developed to inform, even re-orient, and understand the individual experience. Maguen and Litz (2012) stated that understanding the lived experiences of how moral injury impacts individual religious and spiritual perceptions is complicated and needs to be studied in veteran chaplains to help understand how trauma impacts chaplaincy practice when personal morals are damaged. There is a significant gap in recognizing the utility of spiritual care to restore faith and a sense of self-worth when veteran chaplains experience morally injurious wounds. Because veteran chaplains have been positioned in high-stress environments to provide longevity caregiving support (Jinkerson, 2016), what care is provided when the caregivers themselves are experiencing moral injury grievances?

Within the social work field, Dombo et al. (2013) stated that social workers practice in many morally complex socioeconomic environments, including the military, child protection, substance abuse treatment, schools, hospitals, homeless shelters, and jails. Within these contexts, diagnostic frameworks postulate how trauma is addressed; more so, therapists, counselors, social workers, and other mental health care professionals are often on the front lines of addressing moral injury. Since moral injury is in its infancy stages of development (Dumbo et al., 2013), the social work field must foster public dialogue about the notion of moral injury and its existence. Understanding moral injury and its context also allows social workers to educate and explore moral injury; more so, the social work community is raising awareness to build the capacity for those who have moral injuries and begin their search for healing. This research issue's importance also allows mental health practitioners to engage in diverse practices, understanding from a

social work competency perspective that different life experiences shape human behavior that can positively impact social work practice on behalf of various individuals. Since chaplaincy occupations are non-combat specific (Jinkerson, 2016) compared to their combatant peers, the prevalence of moral injury from various lived experiences is needed to understand how Army veteran chaplains experience moral injury outside the means of killing in war.

Purpose of the Study

I aimed to understand the lived experiences of moral injury in Army veteran chaplains. According to Nash and Litz (2013), exposure to morally injurious experiences in military service can be mentally and spiritually distressing. Army veteran chaplains were the main demographic in this study compared to their active-duty counterparts because Army veteran chaplain experiences provide diverse and collective understandings from different chaplaincy care perspectives and the individual impact on moral injury. Additionally, federal duty status for active-duty chaplains requires command approval for human subject research, which may impede on-field and warfare readiness. The study's primary goal was to understand the lived experiences of how Army veteran chaplains feel their morals are violated after exposure to a traumatic event outside the notion of killing in war or the "non-combat" perspective. The individual experience was determined through the lens of moral injury and, as such, in order to understand the effects of moral injury as a vicarious traumatic event. Nash and Litz (2013) stated that veterans and military members who endure morally injurious experiences struggle to reconcile irresoluble differences between their lived experiences, beliefs, and values. By

understanding the lived experiences of how Army veteran chaplains at the deepest level of their "being" are impacted (Bremault et al., 2019), this study explained the impact of morally injurious events regarding one's lived experience outside the context of war. Since chaplains are well-positioned to enhance service member resilience and recognize distress (Bremault et al., 2019), understanding how morally injurious experiences impact chaplains from their lived experience can draw attention to morally injurious wounds from the non-combat perspective.

Research Question

The research question "What are the lived experiences of Army veteran chaplains who incur moral injury?" examined the phenomenon of moral injury and its impact from a non-combat perspective. The conceptual issue of attempting to study a construct that does not have a unanimous definition is unavoidable as the construct of moral injury is currently being explored in the literature due to its infancy stages of development (Litz et al., 2009). This qualitative study used a phenomenological approach, asking veteran chaplains to describe their lived experience of moral injury in a non-combat setting, as defined by Litz et al. (2009). As specified (Litz et al., 2009), moral injury can be applied to circumstances beyond military settings. For example, morally injurious events can affect active military, those in law enforcement, mental health workers, police officers, firefighters, or health care workers, to name a few (Drescher & Foy, 2012). However, for the current study, only non-combat veteran chaplains were investigated.

Theoretical Framework

Theoretical models are implemented to explain differing phenomena by challenging existing knowledge through guiding research and determining differing statistical relationships between what is known and what is explored (Litz et al., 2009). Litz et al. (2009) shaped a theoretical model of moral injury by stating that, unlike PTSD, moral injury involves acts of transgression, creating internal conflict, guilt, and shame that violates the core of human beliefs of right and wrong. From a theoretical perspective, moral injury is still in its infancy stages of development (Litz et al., 2009). Nevertheless, the conceptualizations of morality and the theoretical development of moral injury are captured by elements of distress through particular "kinds" of suffering that deviate from the clinical PTSD diagnosis (Molendijk et al., 2018). In particular, Litz's theoretical model of moral injury argues that morality is shaped by familial, cultural, and social environments that are fundamental assets in defining their unique moral code. With a specific focus on deployment-related suffering (Molendijk et al., 2018), an individual's moral code is violated once acts of transgression create dissonance in one's values, such as the act of killing. However, while clashing feelings of guilt and wrongdoings create moral dilemmas, researchers must help service members maintain an unwavering "meaning system" (Molendijk et al., 2018) that is theoretically dynamic to help build and foster resilience, self-forgiveness, and spiritual fitness, to reduce psychospiritual distress.

It was an assumption that the theory of constructivism was a suitable worldview to explore the phenomena of moral injury. Assumptions included participants who had constructed knowledge based on their own in-context subjective experiences, and the

study results would be varied and have multiple meanings (Creswell, 2014). Further, it was assumed that cognitive theory was aligned with the constructivist view (Early & Grady, 2017). It was also believed that behavioral health providers, chaplains, and medical health providers would effectively learn and retain new knowledge about moral injury when added to existing clinical experience.

Nature of the Study

This study employed a qualitative research design, specifically a phenomenological perspective. The study sample will include interviewing five to eight Army veteran chaplains who have experienced moral injury outside the means of killing in war. According to the fundamentals of interpretative phenomenological analysis (IPA), understanding one's individual lived experience is best understood when interviewing less than eight individuals to gather a "holistic" understanding in an undisclosed amount of time (Braitman, 2018). This was determined by using an open-ended questionnaire for potential participants describing moral injury's context and definition. Additionally, the questionnaire asked if Army veteran chaplains have been used and performed their duties in a non-combat setting, and if they believe, based on the context of moral injury, have personal lived experiences associated with their Army background. Furthermore, a separate form also included an informed consent document that consisted of the Army veteran status, which was confirmed through proof of discharge paperwork, verifying the current individual is of Army veteran status. According to Braitman (2018), qualitative analysis has a much smaller sample size than quantitative analysis, as it must reach saturation to sufficiently describe the phenomenon of interest to address the research

question. Specifically, within sampling, the most important criteria are ensuring enough in-depth data are articulating themes, the richness of information, and categories of the phenomenon to develop moral injury mechanisms. Thus, the following study employed five participants on their lived experiences of moral injury. Sources of data and settings included engaging in local church resources and veteran spiritual groups within a military community. From a phenomenological research perspective, recording each interview and implementing an open-ended questionnaire with consent through individual interviews allowed the ability to listen and evaluate interviewer bias as needed. The participant selection specifically looked for veteran chaplains who have experienced moral injury in settings outside the killing realm, which may include veteran chaplains who have worked in hospital settings, mortuary affairs units, or those deployed to support the medicinal, spiritual, and treatment of wounded, injured, ill, or deceased soldiers. Currently, the literature supports the notion that soldiers and veterans who have experienced moral injury suffer the consequences of war due to killing (Litz et al., 2009). Because chaplains are not in a combat occupation, their job is not to carry a weapon or kill the enemy. Instead, they are placed in high-stress environments to lessen war burdens and provide a sense of "comfort" in hostile situations. The basis of recruitment was a flyer that described the topic of moral injury, the opportunity to participate in research, and contact information to have a telephone number and an email address to obtain more information and eligibility screening. More importantly, recruiting a diverse demographic of veteran chaplains may provide different understandings of moral injury from individual perspectives that have yet to be explored.

Definition of Terms

The study has several military-centric terms; definitions have been provided for clarity. Words related to IPA are defined for reader understanding.

Behavioral health provider: Social workers, psychologists, psychiatrists, counselors, mental health professionals, nurses, and clergy are considered behavioral health providers.

Bio-ethical dilemma: Internal issues relating to the end of human life, serious illness, or complications when there is personal uncertainty or disagreement in what to do.

Chaplain: "Traditionally, a cleric, or a lay representative of a religious tradition, attached to a secular institution such as a hospital, prison, military unit, intelligence agency, embassy, school, labor union, business, police department, fire department, university, sports club, or private chapel" (Healthcare et al. Association, 2016, p. 3).

Command: "A unit or units, an organization, or an area under the command of one individual" (Department of Defense Dictionary of Military and Associated Terms, 2018, p. 43).

Dishonorable discharge: What the military considers the most reprehensible conduct rendered only by conviction at a general court-martial of severe offenses to include desertion, sexual assault, or murder (Department of the Army, 2018).

Fight tonight attitude: Having a quarrelsome or combative nature involving aggression.

Former enlisted rank: Service members of any branch of service who held the rank of E1 E-9 (Department of the Army, 2018).

Generalizability (or external validity): "Extending the research results, conclusions, or other accounts that are based on the study of particular individuals, setting, times or institutions, to other individuals, setting, times or institutions than those directly studied" (Maxwell & Chmiel, 2014; Polit & Beck, 2012).

Hermeneutics: The theory of interpretation, which is a significant underpinning of IPA (Eatough & Smith, 2017).

Honorably discharged: The formal release from service of a member of the armed forces after a period of honest and faithful service (Department of the Army, 2012).

Idiography: That concerns the particular and the unique (Eatough & Smith, 2017). In the study context, the focus was on the specifics rather than the general taken from participant interviews.

Institutional betrayal: When institutional action or inaction exacerbates the impact of a traumatic experience (Smith & Freyd, 2013).

Interpretative phenomenological analysis: An approach to qualitative research with an ideographic focus aims to offer insight into individual contexts to make sense of a particular phenomenon (Litz et al., 2009).

Lived experience: Refers to an individual perspective defined by a given person's experience, context, and choices. The personal or "lived" experience that is explored is understood and represented from one's perception that is unique to one's experience.

Member checking: Also known as participant or respondent validation, it is a technique for exploring the credibility of the results (Birt, 2016).

Moral injury: "Potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations, may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially (what we label as moral injury)" (Litz et al., 2009, p. 696).

MOS: Military occupational specialty (American et al., 2016). The title of the current job each Soldier is assigned numerically. (ie: 56A-Chaplain).

Non-combat occupation: Involves work within any branch of the military that has little to no interaction with warfare.

Other than honorable: An administrative discharge where your command can remove members from military service. Examples include failing a drug test and lapses in military good order and discipline (Department of the Army, 2018).

Posttraumatic stress disorder (PTSD): A psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a severe accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence, or severe injury (Diagnostic Statistical Manual-V).

Schema: A cognitive framework that permits individuals to organize and interpret incoming information efficiently (Wenzel, 2017).

Spiritual conflict: Struggle refers to matters with God/Higher Power, within oneself, and with other people. This particular conflict can generate distressing questions and emotions about a personal or spiritual journey in life (Litz, 2009).

Soldier: Military service personnel serving in the United States Army.

Stakeholders: Action research participants are defined as self-selected, honorably discharged, post 9/11, former enlisted combat veterans who are diagnosed with PTSD and participated in the study, community behavioral health providers, and interested veterans and their family members.

Syndrome: A classification of symptoms that mutually indicate or characterize a disease, disorder, or other condition considered abnormal, irregular, or nonstandard.

Transgressive acts: Actions that are brutal, inhumane, cruel, depraved, or violent bring about discomfort, pain, suffering, or death of others.

Veteran: An individual who served in the active military, including Army, Air Force, Navy, or Marines, and was discharged or released under conditions to include honorable, general, under honorable conditions other than honorable, bad conduct, and dishonorable.

Assumptions and Limitations

Interpretive phenomenological analysis (IPA) as a qualitative methodology was presumed to be best suited for this research study as qualitative studies assume a person's reality is socially constructed and may differ from another person's reality (Litz et al., 2009). IPA is an essential qualitative analysis because it explores in detail how participants make sense of their personal and social worlds. The approach involves a

detailed examination of the participant's lifeworld as it attempts to explore personal experiences and perceptions concerning an event. IPA is connected to hermeneutics and theories of interpretation (Palmer, 2009), as it is used to understand an individual's experience from their point of view. With its concern for how individuals construct meanings within a social and personal world, researchers understand the holistic viewpoint, helping participants examine and interpret their lived experiences. As a qualitative research approach, IPA allows multiple individuals who experience similar events to tell their stories without distortions and prosecutions (Creswell, 2012). Given the interest in the lived experiences of Army veteran chaplains, qualitative methodology was considered the most appropriate, as it allows for an understanding of how Army veteran chaplains perceived their morally injurious experiences and what meaning and significance they attached to them from a non-combat setting. Additionally, other notions one must consider for implementing the study include understanding how personal belief systems, making meaning, and judgments can impact reflection and reflective practice when collecting data.

Scope and Delimitations

The current research purpose, objectives, expected outcomes, and choice of methodology aligned with delimiting the investigation to Army veteran chaplains who experienced moral injury in a non-combat setting to gain their unique perspectives and individual lived experiences. The study's scope was designed to include all military veteran chaplains, regardless of rank, non-combat experience, race, or gender. The focus to narrow the study to moral injury in a non-combat setting with an Army veteran

population allows for focus on a specific vulnerable population with unique experiences outside of PTSD and trauma in war. This study was delimited to allow a greater understanding of moral injury assessment for non-combat Army veteran chaplains.

Oreg et al. (2008) stated that adjustment to social changes is particularly crucial in trauma. Large-scale traumas, such as wars, political violence, and terror attacks that shatter social structures and societies, are changed in the aftermath (Oreg et al., 2008). The recovery of a community after large-scale interpersonal violence is related to significant societal changes (Epping-Jordan et al., 2015), and traumatized individuals in a post-conflict community can face difficulties in accepting change. On a national level, social work practitioners must begin conversations about moral injury and convey necessary information to facilitate group discussions since moral injury is still in its infancy stages of awareness (Litz et al., 2009). According to Oreg et al., social workers are needed to ensure participants understand the differences between PTSD and moral injury because the understanding of moral injury arose out of work performed with military personnel initially thought to suffer from PTSD alone, often confusing the two issues. From a multidimensional aspect, incorporating the idea of moral injury as a human experience with a religious/spiritual/existential component is critical to building awareness and impacting social change (Oreg et al., 2008). Researchers must find ways to present moral injury as treatable and as something that can build resiliency to help policymakers support healing initiatives for its victims. Volunteers of America (2018) is committed to educating the general population about moral injury, devising alternative ways for individuals to seek help, building foundations to establish purpose, and seeking

diverse approaches to addressing moral injury. Volunteers of America stated that addressing moral injury is both a top-to-bottom and bottom-to-top strategy that can help a vast population, particularly veterans, through more significant interactions, peer help, partnering, and collaboration at grassroots levels, and maintaining the connections among groups and the people they serve. From a treatment perspective, the Department of Veteran Affairs (2018) has recognized the common vocabulary and definition that circumnavigates around moral injury. Despite its historical roots, moral injury remains primarily unexplored, and the risk of reinjuring sufferers who already feel vulnerable is high (Department of Veteran Affairs, 2018). From a social change perspective, one practical approach to moral injury will be training professionals to offer a therapeutic presence through deep listening and other techniques that draw on treatment for trauma, guilt, shame, and other moral emotions. Practitioners can make a difference in the community by finding commonalities among those with moral injuries, such as soldiers and veterans, first responders, sexual assault victims, caregivers, medical and legal professionals, and others impacted by the chill of moral injury. By providing a template to address their pain, practitioners can help reintegrate individuals and help them find relief from suffering. Increasing moral wellness is one step closer to impacting social change and weakening the barrier between one's moral code and the power of moral injury at an intuitive level.

Additional delimitations included interviewing Army veteran chaplains from the Southern Region of the United States and using IPA in the research design to explain the correlation between moral injury and the non-combat perspective. By conducting

individual semi-structured interviews, a thorough analysis was conducted to understand how moral injury was experienced from the non-combat perspective, thus providing an understanding from Army veteran chaplains who reside in the Southern region of the United States. Setting these boundaries helped shape the qualitative objective and increased the relevance of moral injury.

Limitations

According to Litz et al. (2009), one limitation of studying Army veteran chaplains who experienced moral injury is that the objective facts surrounding the phenomenon of lived experiences can impact how psychological meanings are portrayed. Sullivan and Starnino (2019) stated that many veterans do not recognize their struggles related to past trauma or morally injurious experiences, making it difficult to find veterans who "fit" the definition of experiencing moral injury and be willing to discuss it in detail. Nonetheless, an individual must establish a solid moral code to develop moral injury. Therefore, one cannot develop a moral injury if one possesses antimoral views (Tangney et al., 2017). Since chaplains possess the spiritual and faith-based knowledge surrounding their personal, religious, and moral beliefs, chaplains who have experienced moral injury will understand how military culture may have negatively impacted their moral development and ethical code when they begin to question their religious teachings. Once an individual's moral code has developed, they could then be susceptible to developing a moral injury if they experienced a morally distressing event. Morally injurious experiences are believed to shatter the implicit expectations that one holds about the value of life and global ethicality (Maguen & Litz, 2014). Therefore, the precursors to

understanding the etiology of a moral injury are to assess typical moral development to determine one's preexisting moral beliefs and the experience of a morally compromising incident.

Additionally, keeping personal bias in check would include implementing queries such as: What questions does the research ask? Are they leading, concise, and open-ended (Sullivan & Starnino, 2019)? A critical barrier to the study of moral injury includes the safety and protection of the participants. Because the topic of moral injury suggests feelings related to intense states of suffering (Litz et al., 2009), participants' safety is essential to remain ethical and lessen a psychological crisis. Moreover, Army veteran chaplains may be identified as a vulnerable population, and additional measures may need to be in place before recruitment. Although a preliminary prescreening process, informed consent, and establishing rapport can help safeguard participant well-being, generalizability, small sample size, and the clinical construct of moral injury can challenge the correlation between spiritual/existential problems and the loss of religion/spirituality in chaplains. Additionally, other challenges to be discussed include cultural aspects of veteran chaplains concerning Army values that may or may not align with their spiritual context. This socioeconomic relationship may impact one's lived experience and association with moral injury.

Another limitation of the study is the small number of participants in the military community, specifically within the United States South region. More so, participants are limited to only Army veteran chaplains who believed they experienced moral injury beyond combat. Since veteran chaplaincy can include religious practices outside

Christianity, this study can elicit different results if Army veteran chaplains were grouped by religious practice. The diversity and ongoing evolution of religious and spiritual traditions can present challenges to categorizing ministry and spiritual care professionals. Some religious traditions place significant importance on hierarchical structures and understandings of authority, whereas others do not, and in the case of nonorganized spiritual practices, there may be no identified positions of significance. Additionally, the study may have prompted different results if various criteria, including rank, gender, and race, grouped participants. The study is further limited by respondents involved in one branch of the military: the U.S. Army. Qualitative research studies using IPA can be replicated, but the data cannot, as it is the individual's unique lived experience, thus a limitation. Because of this limitation, it does not allow the study to be generalizable. The study's location can also pose limitations for Army veterans; therefore, only honorably discharged service personnel will be invited to participate compared to their' other than honorable' or 'dishonorable peers.' More so, the research was limited to English journal articles only, resulting in undiscovered information about moral injury.

Given the increasing literature identifying moral injury from multiple perspectives and a lack of definitional consensus, it can be argued that moral injury remains explorative because it remains a complex phenomenon that requires a holistic approach beyond any one discipline (McCarthy, 2016).

Significance of the Study

The significance of understanding moral injury and its impact on Army veteran chaplains is that the course of military service can be both mentally and spiritually

distressing (Bremaut-Phillips et al., 2019), leaving individuals to struggle with the discrepancies experienced by differing armed missions, disaster relief efforts, and warfare incidents due to military service. Bremault-Phillips et al. (2019) stated that the human spirit is an individual's core, forming the most profound depth and breadth of the human soul that shapes a person's aspirations, goals, and individual self. When individuals are exposed to morally injurious events, one's core ideals and perceptions of reality become broken, leaving a spiritual/existential struggle within themselves. By understanding the significance of moral injury and its impact on spirituality in chaplains, researchers can search for protective factors against moral injury and derive meaning from moral frameworks to prevent and resolve moral injury beyond chaplaincy. Within this implication, researchers can help bring awareness to the forefront about moral injury and its impact beyond the front line. As an affliction of moral consciousness, the judgments individuals feel, such as guilt, shame, grief, and remorse, can lead to an internal divide with oneself (Litz, 2009). Nevertheless, understanding how moral injury impacts chaplains and the conversations around moral injury can help social work practitioners understand if other helping professionals feel the burden of moral injury. Chaplains, in particular, provide non-judgmental care and support regarding recovery, promotion, and prevention. From a spiritual perspective, healing following an exposure to a morally injurious event involves reconciling with oneself. Moral injury, as a framework, can be helpful for veterans to self-identify what they are feeling to heal and grow resiliency from an ambiguous and traumatic experience.

Concerning the degree program of medical social work, it is crucial to explore the concept of moral injury as it captures the experience of veteran chaplains who do not meet the diagnostic criteria for PTSD but who are troubled by the nature of the events, they have seen from a non-combat involvement (Murray et al., 2017). From a holistic perspective, understanding moral injuries' impact on Army veteran chaplains can provide a valuable framework for discussing a psychological disturbance after witnessing a traumatic event that is non-combat related. Unlike compassion fatigue and "burn-out," moral injury extends beyond emotional fatigue (Murray et al., 2017).

The social work community recognizes the need for specialized knowledge of military culture and practitioners who can understand military culture's impact on civilian sectors. For instance, the Council on Social Work Education (2015) developed educational policies and accreditation standards specific to military social work. More importantly, moral injury must be part of the conversation, as PTSD is no longer the only parallel to the diagnosis. This study will add value to direct and indirect social work practice and enhance social worker's clinical knowledge related to the military population. Marquez (2012) stated there is a need for social work practitioners to gain an understanding of "military gestalt," that is, all things military-related. Additionally, he noted that social work practitioners must partake in a military-centric approach to recognize the military culture's intricacies and the person-in-environment perspective to holistically develop and enhance military social work.

This study raised awareness of the moral injury concept, specifically targeting veterans in non-combat occupations. Additionally, this study will acknowledge the

phenomenon of moral injury in Army veteran chaplains, its impact on individuals who experience trauma, and the awareness of treatment gaps needed. More importantly, this study will educate mental health workers and practitioners alike on the moral injury construct, aiding in practice knowledge and widening the gap between comprehension of moral injury in non-combat veteran chaplains. Highlighting that chaplains will be the first veteran community to incorporate and acknowledge moral injury's impact on their lives paves the way forward for other non-combat veterans who may have experienced the concept of moral injury during their time in the service. This study can also provide helping professionals with moral repair strategies needed for treatment interventions. As a critical component within military medicine, this study will also highlight the importance of understanding our nation's current and former service members, broadening implications for behavioral health providers when applied to other settings.

Summary

This qualitative study explored the non-combat experiences of moral injury in Army veteran chaplains, which helps further define and understand the concept of moral injury and, in doing so, open pathways supporting the idea of moral injury and effective treatment to alleviate the heavy burden carried by veterans, even those who have experienced trauma outside of a combat environment. Chapter 2 is a literature review analyzing the construct of moral injury, the history of moral injury, plausible definitions of moral injury, and needed focus on chaplaincy practice related to the concept of moral injury. Furthermore, the literature review evaluated current and seminal literature on

moral injury, including themes identified in the recent research related to transgressive acts and their impact in combat and non-combat settings.

Chapter 2: Literature Review

Introduction

The concept of moral injury has primarily focused on military-related issues, particularly in those service members who have been directly involved in killing enemy combatants (Shay, 2014). Nevertheless, the need to understand how moral injury impacts veterans and individuals beyond the front lines is vital in recognizing the treatment of moral injury through moral repair, forgiveness, and reparative action (Litz et al., 2009). Currently, the Department of Veteran Affairs (2018) has acknowledged the notion of moral injury in veterans, understanding its impact on mental health and the military/veteran community. However, empirical studies have found that research on moral injury related to veterans is limited (Jinkerson, 2016), and the few studies on moral injury focus on combat veterans who engaged in direct enemy contact through acts of killing. Whereas veterans deployed in times of war supporting missions off the frontlines, such as chaplains, have not been sufficiently studied. This study aimed to understand the lived experiences of Army veteran chaplains who incur moral injury. In addition, the possible connections between non-combat veteran experiences are explored to understand if moral injury was present. Understanding moral injury from a lived experience provides a holistic view of moral injury beyond the experiences of combat veterans. It can help explore, define, and identify moral injury presence beyond the war zone. Results of the study may offer insights into exploring moral injury outside its presence in veteran and military culture while also providing opportunities for treatment modalities that would advocate for individuals who experience moral injury.

Overview

In this literature review, I discuss the presence of moral injury in a military setting and outline the history of moral injury and the need for additional research beyond the front lines, targeting veteran chaplains. Since this study primarily focuses on moral injury in non-combat veterans, a background of moral injury is provided for a clear understanding of its history. Additionally, this literature review addresses the construct of moral injury in Army veteran chaplains, followed by the proposed definitions of moral injury and the psychological, behavioral, and emotional concepts involved. While moral injury is in its infancy stages of development (Litz et al., 2009), efforts are being created to measure and determine how moral injury parallels the concept of post-traumatic stress disorder (Bryan et al., 2015). Current research provides a connection between killing in combat and moral injury versus how moral injury impacts individuals in non-combat settings. Research on moral injury specifically examines the experiences of those who have killed in combat; however, gaps in the literature fail to address individuals who experienced combat from acts beyond the notion of killing in war. The current review identifies a body of literature from leading subject matter experts in trauma, moral injury, chaplaincy practice, and PTSD alike. The chapter concludes with a discussion on the need for future research and the link between the current study.

Literature Search Strategies

Primary literature resources included peer-reviewed journal articles from military-related education and keywords: military health, moral injury, chaplains and spiritual fitness, combat veterans, war reintegration, military medicine, psychology, religion and

spirituality, theology, and psychiatry. This search consisted of search products that produced over 120 peer-reviewed articles. Most studies implemented qualitative analysis using phenomenology to understand moral injury and the lived experience. In the related studies, researchers discovered moral injury in war and discussed spiritual distress as one of the primary themes to identify moral injury. However, according to Frankfurt and Frazier (2016), moral injury is in its infancy, and more research is needed to understand its complexity.

Walden University database was the primary archive where peer-reviewed articles were implemented, specifically concerning IPA, chaplains, moral injury, spirituality, PTSD, qualitative research studies, and research methodologies. Additional databases included Ebcohost, Scopus, Web of Science, Embase, MEDLINE, PubMed, PsychNET, PsychInfo, Proquest Central, HaPI, and Google Scholar to find other research articles. Search terms included Department of Defense, interpretative phenomenological analysis, moral injury in the military, chaplains, spirituality, qualitative studies, research methodologies, compassion fatigue, secondary trauma, trauma, moral injury treatment, veterans, religion, and PTSD.

A thorough search, review, analysis, and synthesis of literature discusses the relationship between moral injury and non-combat veterans. I focused on literature researched within the last 5 years and implemented research outside the 5-year timeframe to provide additional findings. Due to the limited research on moral injury in non-combat settings, research methodologies, theoretical frameworks, and the gaps associated with veteran chaplains and moral injury are discussed in detail.

Theoretical Orientation for the Study

The theoretical foundation for this study was a cognitive model of moral injury and constructivism. It is described as a theory of learning and knowing, wherein human beings actively construct knowledge within their own subjective experiences, culture, and context, and with varied and multiple meanings (Hershberg, 2014). Social constructivists cited this subjective and intersubjective social knowledge as necessary for understanding human phenomena (Hershberg, 2014). The constructivist worldview assumes human beings construct meaning as they interact with the world they are interpreting; those individuals make sense of the world they are engaged with based on their social and historical perspectives (Creswell, 2014). Constructivists believe humans are compelled to understand the world and to go about it (Peck & Mummery, 2018).

Conceptual Framework as it Relates to Moral Injury

From a constructivist viewpoint, this theory aligns with the study and the strengths of social work practice. It acknowledges that individuals can change their thoughts and understanding and learn new thinking methods, also known as cognitive behavior therapy (Early & Grady, 2017). According to Early and Grady (2017), the conceptual framework of cognitive theory informs researchers that those internal thoughts are created when individuals construct their realities from their beliefs, culture, perceptions, and ascribed meanings. While cognitive theorists believe thoughts influence behavior (Langer & Litz, 2014), cognitive behaviors are completed in an individual's thoughts and include language, point of view, perceptions, and beliefs about why things happen (Cobb, 2016). These covert behaviors create a personal schema, "a cognitive

framework that permits individuals to organize and interpret incoming information efficiently" (Wenzel, 2017, p. 2920). Nevertheless, an individual's schema influences their behaviors, emotions, and decisions (Cobb, 2016). Through this conceptual framework, as it relates to moral injury, cognitive theorists believe that patients with obstructive thoughts suffer from various environmental or personal factors. Over time, the mechanisms of learning new ideas developed into new behaviors, resulting in a more positive mindset (Held et al., 2017).

The theoretical constructs of moral distress and moral injury share some standard dimensions but differ in other respects. According to Grimell Sofia (2020), this means that challenges of a moral character are bound to vary depending on the perspective taken. Moral challenges are variable and thus not fully encompassed in the words "moral constraint, conflict, violation, omission, transgression, morally injurious events," the term moral stressor may be a more suitable designation for this concept. Critical theorists such as Jean Piaget found that constructivism is imperative to development because how individuals interpret information and are internalized is developed through internal experience. Morality consists of several elements that develop gradually and not always in synchrony (Dahl & Freda, 2017). In its developed form, morality protects the rights and welfare of individuals, promotes peaceful coexistence, and motivates resistance to oppressive practices. Therefore, moral injury indicates that, as humans, we are born with a moral sense and learn over time through relationships, culture, environmental settings, and personal experiences, contributing to overall moral development.

Review of Research Literature

The term ‘moral injury’ (also abridged 'MI') was first coined by Jonathon Shay in his book titled "Achilles in Vietnam" (Shay, 1994), which described numerous narratives presented by veteran patients on their perception of injustice as a result of warzone experiences (Shay & Munroe, 1998). Shay's definition of MI had three components. First, moral injury is present when there has been a betrayal of what is morally right within one's culture (Ehman, 2018); second, those who experienced moral injury felt an internal discord of authority due to an individual who holds legitimate power (in the military-a leader of greater rank); and third, moral injury was present in a high-stake situation (Shay & Munroe, 1998; Shay 2012a, b). While the concept and definition of moral injury have continued to evolve, Litz and colleagues presented a seminal article on MI, providing a working conceptual definition. Litz believed that MI focuses on feelings beyond self-betrayal when an individual is "involved, pertaining, perpetuating, and failing to prevent or bear witness to acts that transgress deeply held moral beliefs and expectations that lead to inner conflict" (Litz, 2009, p. 2). The authors elaborated on this definition, stating that individual experiences may be inhumane, cruel, or immoral. As an abstract concept, experiencing MI misaligns core ethical and moral beliefs (Litz, 2009). Additionally, Litz et al. (2009) described the essential elements of moral injury as the inability to contextualize or justify personal actions or the actions of others and the failure to accept these potentially morally challenging experiences into one's personal beliefs (Litz et al., 2009). As a type of trauma-related syndrome (Litz, 2009), Shay states that combat-related

PTSD very often reflects a warrior's moral and philosophical injury, including shattered assumptions about the self, the world, and their relation to each other.

Drescher et al. (2011) proposed a similar definition to that of Litz, defining MI as "a disruption to individual confidence and expectation about one's own or another's motivation/capacity to behave in an ethical and principled manner" (Drescher et al., 2011, p.3). He believed that this type of injury is brought about by bearing witness (Litz, 2009) to acts of wickedness, failing to stop such actions, or perpetrating immoral acts inhumane, depraved, violent, or bringing about death or suffering of others.

The Perception of Moral Injury Throughout History

The understanding that trauma in war can induce moral injury is not a new concept. Ancient Greek tragedies used the word "miasma," which can be translated to mean a moral defilement or pollution of the soul. According to Meagher (2006) and Nash et al. (2013), miasma can arise from the trauma of war. The Greeks believed that miasma could be treated through the cleansing or purging of the soul (Meagher, 2006) to return to a state of "normalcy." This understanding of the need to cleanse the soul from the sufferings of war is a prolonged practice utilized by chaplains, medical providers, therapists, and spiritual healers alike (Meagher, 2006) to help treat individual morally challenging experiences. In Christian traditions, Christian churches impose a penance by which the sins committed after baptism are forgiven. Slick (2014) found that while Christian penances served a primary purpose for the forgiveness of sin, it is also likely that warriors returning from war sought relief from a sense of guilt and shame

(McCarthy, 2016). Verkamp (1988) suggested that returning warriors were trying to prove they belonged to the church and were devoted to the word of God.

During the American Revolutionary War (1775-1783), the first ever-recorded description of psychological trauma was identified as nostalgia and nervous disease (Brock & Lettini, 2012). The term *soldier's heart* was then coined during the American Civil War to describe the "heavy" and increased prosperity for cardiovascular disease (McCarthy, 2016). By the end of World War I, any functional impairment following a warzone traumatic stressor could only occur in a person with hysteria, a pre-existing personal weakness (Lerner, 2003; Nash et al., 2009). The term hysteria was a technique used in military formations to deter soldiers from coming forward with psychological distress. As intentionally stigmatizing, it was stereotyped as a "feminine disorder" (Nash et al., 2009). It was not until the beginning of the Korean War in 1953 and during the Vietnam War in 1973 that service members struggling with trauma were said to have battle exhaustion. Today, the term is now known as PTSD (Dumbo et al., 2013). The heavy emotional burden that service members and veterans experienced post-war exposed the harmful effects of battle, including flashbacks, hyper-vigilance, nightmares, anger, fear, depression, and suicidal feelings (Dumbo et al., 2013). However, up until the last 10 years (Litz, 2009), the phrase moral injury began to expose the layers of psychological trauma beyond the notion of PTSD.

Kuhn (1974), a philosopher of science, described the significance of trauma by stating that the emergence of moral injury is rooted in the exposure, appraisal, and outcomes of individual crises. He believed that the history of trauma is focused solely on

psychological aspects, and the utility of understanding the bio-psychosocial spiritual model catalyzes the mechanisms involved within an individual's multidimensional construct. Nevertheless, he believed that psychotherapy development must include a moral injury measurement to help address trauma with individuals from culturally diverse backgrounds. His philosophical work set parameters for understanding how different types of trauma violate emotional boundaries within one's psyche, stating that exposure to life-threatening events can lead to relational, spiritual, and psychological issues. His evidence that trauma correlates to moral injury helps researchers understand the importance of trauma and the layers involved in one's interpersonal context. While the theories of moral injury remain in their infancy stages of development (Litz et al., 2009), the rise of industrial warfare and contemporary applications of nuclear combat have allowed for a stronger, more 'lethal' Army (Allsopp, 2013). However, the labels deployed to explain the effects of war on service members alike remain dissolved. More problematically, the broad language of trauma, violence, and distress that individuals experience can impact beliefs, behaviors, and principles into deeply felt moral threats (MacLeish, 2015).

The Science of Trauma as it Relates to Moral Injury and Spirituality

For most of the twentieth century, it has been believed that one's spiritual life provides coherence and meaning to the impenetrable, unknowledgeable dimension of the soul (Miller, 2015). According to Miller (2015), spirituality is experienced through a biologically based faculty; either individuals are born into a religion/spiritual nature cultivated by inherent strong beliefs, or there is a genetic expression of spirituality where

transcendence is created through building relationships, with a higher power, or within ourselves. Research on trauma and its aftermath has primarily focused on the challenges many individuals face, including PTSD and other trauma-related symptoms, particularly in the context of war (Miller, 2015). While the context of trauma is closely intertwined with the human experience, Smith (2004), states that trauma forces individuals to face the uncertainty and instability underlying human existence and empowers many to reconsider their sense of identity, trust, suffering, and forgiveness.

The American Psychiatric Association's (2018) definition of trauma is described as an "exposure to an actual or perceived threat, serious injury, sexual violence, or other act that directly or indirectly involves exposure to an event or situation (p.2)." Briere (2013), suggests that trauma can also include threats to psychological integrity, including loss, neglect, or another upsetting event. While varying definitions exist, trauma can lead to various adverse sequelae such as anxiety, depression, interpersonal difficulties, and PTSD (Bonnano et al., 2010). From the existential terror that follows exposure to trauma, Miller (2015) suggests that many individuals look to spiritual traditions and spirituality as a coping mechanism for dealing with trauma. Slattery and Park (2015) suggest that positive correlations with spirituality related to trauma can decrease survivor stress and help resolve trauma symptoms. Fallot and Heckman (2005) found that people with a history of trauma engage in more religious coping during stressful times compared to the general population. However, concerning MI, traumatic events can conflict with spirituality and particularity through questioning and re-evaluating individual beliefs and otherworldly views. Religiousness is currently conceptualized as a system of beliefs and

meaning within communities, institutions, or traditions, whereas spirituality is the more subjective experience of a transcendent power (Zinnbauer & Pargament, 2005). These meaning systems inform how people understand themselves, their lives, and the larger world. Meaning systems comprise people's fundamental beliefs about themselves, the universe, their sense of meaning and purpose, and their unique hierarchies of goals and values (Emmons, 1999). From a psycho-spiritual developmental perspective, individual perspectives on spirituality and trauma determine personal worth forgiveness, define right versus good, and develop a greater purpose than oneself (Klinger, 2012). Nonetheless, confrontation with trauma may violate or even "shatter" individual meaning systems. As such, these violations provide the impetus for initiating cognitive and emotional processing to rebuild meaning systems that in some way account for the reality and consequences of the trauma (Park & Folkman, 1997). In this way, individuals who seek to find mean-making involve a valiant effort to understand and conceptualize trauma through processes of assimilation and accommodation (Park & Folkman, 1997). Trauma disrupts individual moral and ethical boundaries (Miller, 2015), leaving individuals feeling vulnerable, unsafe, and undeserving (Park, 2005). It is no wonder why trauma survivors often seek religion and spirituality to make meaning and sense of the trauma experienced (Walker et al., 2009). They may engage in prayer, congregational support, pastoral care, or spiritual reframing of events to instill hope amid traumatic stressors (Bryant-Davis et al., 2012). However, the threat of trauma may make it difficult to maintain individual beliefs because many believe that their God or a divine being is

punitive, unfair, distant, and less loving for allowing the trauma to occur (Walker et al., 2009).

Trauma can be devastating when it violates deeply held spiritual global meanings, such as beliefs that God is a loving and protective figure, good people will not suffer, or human nature is primarily benevolent and good. These spiritual violations have been well described in the context of MI by stating that individuals feel intense "inner conflicts and psycho-spiritual consequences of exposure to or participation in traumatic events that violate deeply held moral values" (Foy & Drescher, 2015, pp. 235–236). Moreover, the efforts to understand trauma from a spiritual perspective may generate distressing emotions, including feelings of abandonment or betrayal by God, which can instill feelings of anger, despair, guilt, and shame (Exline & Rose, 2013). In particular, recovering from trauma may lead to greater reliance on religious and spiritual teachings, positive changes in one's view of God and the universe, and alterations in one's sense of relationship with a deity (Exline & Rose, 2013). However, how individuals provide meaning in their lives provides a comprehensive framework for understanding how trauma and its relation to spirituality serve as a basis of human functioning.

The Examination of Moral Injury as a Concept in Literature

The review of literature on MI revealed that qualitative studies specifically examined moral injury from the military experience (Conway, 2013; McCormick & Drescher, 2015; Drescher et al., 2011; Ferrajao & Oliveira, 2015; 2016; Gibbons et al., 2013; Kraus, 2013; Molendijk, 2018; Scandlyn & Hautzinger, 2015). For example, a seminal qualitative study by Drescher et al. (2011) interviewed twenty-three Department

of Defense and Veterans Affairs health care and religious ministry professionals working with military personnel. The study found, through open-ended questions, themes of betrayal, disproportionate violence, social problems, trust issues, spiritual/existential issues, and self-depreciation. While the study found limitations in the sample of behavioral health providers, the authors suggested conducting additional analyses of similar qualitative investigations with combat veterans of both present and previous wars. Thus, Conway (2013) utilized similar open-ended questions and coding schemes from Dreacher et al. (2011) while examining 100 Vietnam female nurses. His results revealed that more than half of the female sample he interviewed endured psychological effects while serving in Vietnam, and the potential syndrome or indication of moral injury was present (Conway, 2013). Conway found that results suggest that nurses in Vietnam experienced symptoms of moral injury consistent with those previously identified in male combat veterans and at a higher rate. Overall, 82 responses were coded as signs or symptoms of moral injury, accounting for 55.03% of the responses obtained in the random sample of 100 Vietnam theater nurses. Furthermore, more than half of the participants (62%) gave a response that could potentially be considered a symptom of a moral injury. More importantly, the results of this study are significant in that they expand the applicability of moral injury and suggest that the current understanding of moral injury symptoms derived from combat veterans can be applied to both female veterans serving as healthcare providers and non-combat veterans who are present in a warzone.

The expansion of moral injury and the literature supporting it continued within the work of Currier, Holland, and Malott (2015). The researchers studied 131 Iraq and Afghanistan war veterans to determine if morally injurious experiences or MIE contributed to the psychological health problems of returning veterans. They found that the majority of veterans struggled to adjust to civilian life after traumatic warzone experiences, and a significant link emerged between the accumulation of MIEs and less meaning made of possible traumas among these Veterans. These results align with theoretical accounts (e.g., Shay, 1995) and qualitative findings (Drescher et al., 2011; Vargas et al., 2013) related to the sense of violation and loss of meaning that may characterize many morally injured Veterans. Given that these types of findings are subject to multiple interpretations, it is also possible that mental health problems disrupted the cohesiveness and stability of Veterans' global meaning systems. From a narrative standpoint (e.g., Neimeyer, 2009; White & Epston, 1990), the perpetuation of distress symptomatology might fuel a maladaptive dominant narrative about the self that undermines previously adaptive beliefs about one's self-worth and competence to negotiate the various moral/ethical, relational, and vocational/occupational demands of civilian life. In such cases, a Veteran might have overaccommodated life-affirming beliefs, leading to the view that he or she is somehow weak, defective, and no longer worthy of love and respect from others. Through Currier, Holland, and Malcotts's (2015) work, Park (2010) created the 'mean-making model' or a two-fold model to describe the global meaning of individual core beliefs. The first part of the model defines personal ethics, goals, and values that provide a sense of purpose to one's life. The second part of

the model, known as 'situational meaning,' refers to an individual's evaluation of events that imposed trauma. Following Park's model, the argument is that veterans have difficulty integrating the ascribed meanings of their war zone experiences into global implications and their efforts to situationally make sense of what transpired in combat (Currier et al., 2015).

Additionally, from the non-combat perspective, Gibbons, Shafer, Hickling, and Ramsey (2013) conducted a narrative analysis of the moral challenges faced by deployed nurses and physicians in a warzone environment. Researchers found that themes of "within ranks violence" described friendly fire incidences or dangerous ideologies within the military ranks. The study also found incidences of "disproportionate violence," which includes gruesome wounds and physical trauma treatment. The researchers also stated that incidents of violence involving civilians had human suffering, such as caring for the ill and sick of the elderly and children. Most importantly, the researchers found themes of betrayal, identified as failing to live up to one's moral code, moral standard, and leadership. The relation to MI and the non-combat perspective emphasized that healthcare providers in a deployed environment, outside of combat roles, raise awareness for psychological distress, particularly in the context of moral injury.

As the concept of MI grew, Maguen et al. (2009) investigated the impact of killing on Vietnam veterans and the relation to moral injury. The researchers studied 1200 male combat veterans who served in the Vietnam War. Participants were randomly selected in service between 1986 and 1988 (Kulka et al., 1990). The findings of the quantitative study found that Vietnam veterans who conveyed killing reported symptoms

of PTSD, violent behavior, and trauma symptoms related to MI (Maguen et al., 2009). However, limitations of the study suggest that the same type of trauma-related syndromes, such as MI, may not be found in veterans of the Iraq and Afghanistan wars. Wisco et al. (2017) addressed the gaps in the literature on moral injury, stating that the current literature fails to address how common potentially morally injurious events (PMIEs) or experiences might lead to lasting MI. The literature is further limited by a paucity of research on correlates of PMIEs, which is needed to elucidate which groups are most likely to experience MI related to military service. Finally, prior research has identified PMIEs as significant risk factors for mental disorders, but PMIEs have only been examined in active-duty military personnel (Bryan et al., 2014). Researchers also wanted to understand the frequency reported by veterans of MIEs and the correlation of MIEs. Results of the study exhibited that U.S. combat veterans often said MIEs symbolized an increased risk for suicidality. Notably, Wisco et al. (2017) stated that findings such as themes including 'acting in ways that violate one's moral code' were associated with suicidal ideation and an increased risk of suicide attempts. The results also emphasized that 'feelings of betrayal' resulted as an indicator of suicide, suggesting that moral injury and risk factors for trauma and suicide behavior are correlated.

McCarthy (2016) stated that the psychological sequala of moral injury causes inner conflict, including feelings of shame and guilt. McCarthy (2016) explores combat veterans' lived experiences of MI through phenomenological analysis to understand the rich, conceptual experiences of those who endure moral injury. Phenomenological research is focused on discovering and exploring a phenomenon and is not an effort to

validate a hypothesis about a phenomenon (Applebaum, 2012). The study interviewed 8 male combat veterans from various branches of service of all different ranks and military occupations about their experiences with moral injury. Questions such as, "Please tell me about your experiences of moral injury" (McCarthy, 2016, p.222) were collected holistically and organized into themes of psychological association such as guilt, shame, fear, remorse, and anxiety. The study revealed support for the definition of MI and concluded that veterans who experienced combat suffered morally injurious experiences. One benefit of the study is that veterans' MI reports have been confirmed and recognized. Thus, concluding that veterans experience MI when exposed to traumatic events. By better understanding the context of MI, healthcare providers can further identify those dealing with MI and create treatments geared towards those who experience MIEs. The study's limitations include its generalizability, as the small sample of 8participants only provides general opinions from male service members voicing their explanations of moral injury. Lastly, because of the concept of MI in its infancy stages (Litz et al., 2009), the psychological effects of MI need to be explored outside of veterans who served in combat-related occupations. Nevertheless, by using IPA within a qualitative study, the occurrence of MI provides evidence of morally injurious principles (McCarthy, 2016). Using phenomenological analysis also provides multiple descriptions of individual experiences that focus on discovering and exploring different meanings. The phenomenological analysis also provides illustrative inquiry since the researchers specifically examined the veterans' lived experiences. Concerning MI in chaplains,

phenomenological analysis allows for individual perspectives and realities from those who have faced trauma from non-combat backgrounds.

MI diagnoses have not been recognized by traditional practices. However, its symptoms have provided numerous descriptions marked by authors discovering moral transgressions/guilty feelings of shame, spiritual/existential crisis, demoralization, and psychic anguish. Because MI descriptions have begun to cohere around a known etiology and symptomatology, and these descriptions receive empirical support, MI can now be verifiably recognized as a syndrome, according to Drescher (2013). However, for providers, researchers, veterans, and other stakeholders to consistently identify this invisible injury, MI must be defined in symptomological terms. Therefore, a qualitative MI assessment strategy must include assessing exposure to PMIEs events and moral injury's core and secondary symptomatic features. A definitional update would allow for improved clinical assessment strategies, quantitative scientific study, and cohesive discussion among stakeholders (Jinkerson, 2016).

Throughout historical warfare literature, there are several reasons to believe that combat participation in the Vietnam and post-Vietnam Eras has increased the likelihood of moral injuries. First, Vietnam combatants have killed enemies in significantly higher proportions than in previous engagements (Grossman, 2009; Hoge et al., 2004; Marshall, 2000). Second, when the MI construct was initially proposed, several questioned whether it was a theoretically distinct construct from PTSD or another attempt to recast disordered combat stress responses (Litz et al., 2009). Third, though MI and PTSD likely often co-occur, MI does not develop through an experience of physiological distress (MacNair,

2002; Marx et al., 2010). Instead, it develops through a moral conflict in which one's actions, or the actions of one's peers or leaders, are demonstrably inconsistent with one's moral code. With the limitations and delimitations placed upon MI identification by the syndrome definition, it is possible to assess MI quantitatively. Much like PTSD, there are two essential components in MI assessment: moral injury history and moral injury symptoms. Then, an overall assessment strategy must evaluate PMIEs exposure and core symptomatic features, including guilt. Jinkerson's (2016) explanation of symptomology implementation helps bring MI awareness within and outside military settings. Social workers and practitioners alike should recognize when guilt, hindsight bias, and avoidant/shame factors persist beyond PTSD. The proposed syndrome classification honors existing treatment models by emphasizing guilt's theoretical and empirical centrality in MI identification and development. Therefore, addressing traumatic guilt and its sequelae is essential to responding to this wound of war and recognizing its unique challenges across clinical settings.

Chaplaincy Care and Moral Injury Practices

To understand chaplaincy care and MI practice, Grimell (2018) wanted to understand biblical theoretical practice on MI and PTSD by implementing 4 categorical types of combat veterans through the works of the Bible. The method was based solely on the Books of Samuel (1 and 2) through MI and PTSD conceptualizations. The researchers sought to investigate and psychologically reflect upon four essential characters in the books: Saul, David, Joab, and Uriah. The motives for selecting the Books are that each describes war and combat in detail, illustrating the development of PTSD, resilience, MI,

and tireless abidance to warrior ethics. The hermeneutical approach to the suggested PTSD and MI findings is based upon the principle that the characters' behaviors and actions are described in light of the symptoms of MI and PTSD. Clinical developments in combat-related PTSD and MI highlight the positive impact of forgiveness within spiritual/religious traditions as a path forward to help recover or heal from psychological wounds. However, limitations to the study indicate that MI, while not encompassed, could overlap with the diagnosis of PTSD. Therefore, researchers must understand how the Bible and its use in pastoral care assist those who have served and are experiencing a moral injury. This study brings new psychological perspectives to the forefront in understanding MI to assist veterans in the aftermath of military service. Understanding how the Bible correlates in the wake of trauma can help restore personal identity and forgiveness outside of war. Implementing biblical theology in other traumatic forms outside of military service can build multi-layered biblical exegesis and find new meanings for a specific psychological purpose (Grimell, 2018). Alternative interventions that focus on self-forgiveness and making amends to address MI in atheistic veterans can also be developed.

As MI remains an abstract concept in its empirical infancy, chaplains are vital to the MI process as they are acquainted with confession, forgiveness, and absolution. Worship activities such as reading religious scripts, helping individuals confess their sins, and responding to questions about religion are essential methods used to help military veterans impacted by moral injury. To specifically consider chaplaincy and MI, Carey et al. (2016) examined spiritual issues to explore resources relating to the professional

practice of chaplains concerning MI. The benefits that chaplains can provide through their spiritual care along the recovery process include assisting with anxiety reduction, dealing with grief, forgiveness, and reconnecting with the community. Chaplains can also assist in developing moral pathways to facilitate "soul repair" and find personal self-worth in those with moral injury. However, there is no research dedicated to chaplains and MI. Given the current extent of chaplaincy roles, other healthcare professionals would benefit from working closely alongside chaplains to help military personnel and veterans experiencing MI.

Additionally, there is a gap in how consistently mental health and primary care providers address issues of religion and spirituality. These providers often do not integrate religious and spiritual matters into the care of patients due to a lack of knowledge, awareness, and formal training in the importance of religious and spiritual issues for health. There is a need for education among mental health and primary care providers regarding collaboration with chaplaincy services to address concerns of MI. While chaplains can help address veteran concerns related to MI, there is a need to address spiritually disconnected chaplains who experience MI. Given the effects causing moral and spiritual injury, more information is needed to understand how MI impacts veteran chaplains (Carey et al., 2016). Therefore, future researchers can incorporate different religious considerations to reconstruct the meaning of moral repair to those in the healing profession.

Chaplains have been educated, commissioned, and professionally engaged in providing religious and pastoral care to military members and veterans who have

survived the traumatic effects of war. Carey & Hodgson (2018) argue that a universal 'bio-psycho-social-spiritual approach' to MI includes chaplaincy in the screening and treating MI among actively serving military members and retired veterans (Carey & Hodgson, 2018). In their study, a 100-item "Modified-Military-Moral-Injury-Questionnaire" (M3IQ) was initiated to implement a preliminary screening to assess whether any chaplain military personnel had experienced a PMIE. The researchers found a need to develop and utilize a systematic method of providing spiritual counseling and education and incorporate ritual activities to address moral injury in chaplains. Carey and Hodgson (2018) state that the benefit of understanding MI in chaplains is that it helps educate and develop a spiritual assessment within one's moral code. Of additional value, chaplains becoming involved in, or even initiating, the development of the bio-psycho-social-spiritual approach may assist with the screening and treatment of moral injury in their soldiers. The chaplain's role may be critical given the limitations on the religious, spiritual, and ethical issues associated with moral injury. Thus, there is a need to reconsider traditional practices and utilize new methods that embrace the spirituality of all personnel, whether they be of religious faith or none. One of the consequences of a MI is that it causes a rupture in relationships between family members, community, or religious/spiritual affiliations, potentially leading to alienation (Carey & Hodgson, 2018). As such, the study's limitations do not address how morally injured chaplains cope with or adapt to utilizing a bio-psycho-social-spiritual approach to manage their MI. Carey and Hodgson (2018) explain that implementing the bio-psycho-social-spiritual approach can assist in the healing process and encourage a renewal of faith for those suffering from MI.

This study can be helpful for other professionals, including medical, nursing, or allied health, to assist with moral injury rehabilitation. Applying the bio-psycho-social-spiritual approach in a multi-disciplinary setting can ensure that practitioners do not minimize spirituality. Instead, they adapt to a holistic care approach that can facilitate collaborative teamwork and educate their patients to address MI. However, more information is needed to determine if the bio-psycho-social-spiritual process would be suitable in a healthcare setting outside of chaplain support.

While religious support and spirituality can provide a concrete foundation in a combat environment, personal meaning, and purpose narrow differently with each chaplain (Smith-MacDonald & Brémault-Phillips, 2018). For instance, the quantitative study by Smith-MacDonald & Brémault-Phillips examines morally injurious experiences, addressing spiritual concerns, suicidality, and relationship to faith in the Canadian Armed Forces active-duty chaplain perspective. The survey captured over 100 different mental health exams for chaplains experiencing the consequences of MI while deployed to a combat environment to help foster proper treatment identification and delivery methods during recovery. The study found that 32% of chaplains felt responsible for killing when using non-lethal tactics, and 40% witnessed being unable to provide chaplaincy support to the ill/wounded. In comparison, 28% faced ambiguous ethical distress such as anxiety and anger towards God (Smith-MacDonald & Brémault-Phillips, 2018). While times of high stress can help reformulate one's definition with faith, the forgiveness of self, and re-establish one's meaning in life, the increased risk of MI among chaplains was higher when religiosity was unable to mediate, moderate, or impact decisions of suicidal

thoughts in Canadian service members (Smith-MacDonald & Brémault-Phillips, 2018) impacting how chaplains restore meaning in their spiritual beliefs and healing practices. For example, the study notes that chaplains asked themselves if God exists, why did he let this accident happen? The study's limitations include not specifying the religious preference of the chaplain, impacting what denomination struggles with morally injurious experiences over another. The study does not discuss how chaplains explore their closure once moral repair begins. Moral repair is helpful to understand if attitudes regarding religion changed and if spiritually integrated interventions foster reconciliation in service members. Understanding how chaplains are impacted by MI and their ability to address all service members' needs is essential when examining how MI is not specific to those in combat-specific occupations. The study found that chaplains not under direct enemy fire suffered the consequences of MI, affecting their personal, spiritual, and supportive healing nature. In other contexts, researchers should examine the religious language of service members in combat-specific occupations to see if feelings of betrayal impact their spirituality and if those emotions destroy, strengthen, or transition during a morally injurious experience.

Moral Injury and Spirituality

Because MI is defined as having a "deeper" infliction and affliction than just physiological or psychological harm, wounds affecting the 'soul' are genuinely more difficult to heal when trauma impacts the core of one's being (Carey et al., 2018). This vague term has primarily impacted defining individual, personal, and otherworldliness factors concerning spirituality. According to Puchalski et al. (2009), spirituality is the

aspect of humanity that refers to how individuals seek, and express meaning, purpose, and experiences connected to God, self, others, nature, or other sacred or higher power beings. Before the onset of MI, the term spiritual injury was first used by Berg (1992), who stated that spiritual injury is harmful to one's spiritual identity. Spiritual identity is where the individual suffers or has difficulty understanding his or her view of faith, relationship with God, God's involvement in one's life, and spirituality are involved or lack thereof in one's life (Berg, 1992). Fuson (2013) expanded on the definition, stating that a spiritual injury involves a person who suffers from not having answers to questions related to the trauma they experience, is unsure of how to resolve this tension to seek or find answers, and doubting their personal and trustworthy connection with God. Berg (2016) noted that spiritual injury, like MI, is similar to a physical wound that destroys and tears bodily tissue; so, too, spiritual injury weakens spiritual tissue. While spirituality and MI coincide, each causes significant damage to individual personal and moral wounds that affect the sacred dimensions of the human soul (Berg, 2016). The link between spirituality and moral injury has sometimes been ignored or undervalued, while several other researchers have identified its relevance (Carey et al., 2018). For example, Kopacz et al. (2016) summarized that while MI is not inherently a spiritual construct, nevertheless:

> "Several empirical findings suggest that spirituality can factor prominently in service members' experiences of MI. Most notably, research has documented that problems with forgiveness—of self and others—as well as the apprehension of being forgiven by God or the divine—is frequently associated with worse mental health symptoms" (Kopacz et al., 2016, p. 30).

While researchers have identified that religious and spiritual consequences of MI are complex and need to be further explored (Maguen & Litz, 2012), Maguen & Litz (2012) have stated that spirituality and religion are critical components of the concept of MI. Brock and Lettini (2012) noted that MI is affected by individuals who feel their moral, spiritual, or religious 'codes' are violated. As such, their core or spiritual beliefs are injured, thus leading to self-condemning behaviors as those impacted feel their place in the world is no longer stable, meaningful, or morally upstanding. Drescher et al.'s (2011) research on spirituality and MI in veterans found that MIEs arose from direct or indirect combat experiences, leading to MI. Feelings of betrayal, disproportioned violence, and incidents with rank violence lead to inner struggles and challenges with spirituality, religion, personal interpretation of what is right and what is wrong, despair, shame, guilt, difficulty forgiving, lack of trust in self and others, self-harm, aggression, internal conflict, and overall lack of meaning in life (Kopacz et al., 2016).

Ethical Theological Perspectives and Chaplaincy

According to Fritts (2013), chaplains who treat service members suffering from MI utilize an ethical theological perspective. From this perspective, MI is a psychologically descriptive label for a sin, an offense against the religion or moral law. Fritts sought to understand how military members suffer the bioethical dilemmas of military service from the traumas that ensue in war. He believed that an individual's core beliefs could not be readjusted in the aftermath of experiencing a traumatic event simply because individuals cannot contextualize their morally injurious experience within their pre-existing understandings of morality. Kruger (2014) argues that this type of

incongruence between internal and external feelings creates significant psychological distress.

Kinghorn (2012) argued that MI is viewed from a psychological and theological paradigm. Therefore, MI can be observed through specific collaborative practices rather than only examining MI from a clinical/medical model. This concept allows for an honest and authentic narration of a morally injurious experience from an individual perspective. Fundamentally, Kinghorn indicates that many healthcare professionals 'medical model' is restricted as it does not provide both a psychological and cognitive standpoint, as morality is more profound than these constructs. In contrast, chaplains utilizing a bio-psycho-social-spiritual model can understand and implement a more holistic approach. Considering the ideas of sin, evil, and redemption, these terms extend beyond a limited medical construct and provide a universal dimension that can draw upon the richness of theological and pastoral traditions (Antal & Wining, 2015, p.30). For example, Fritts (2013) states that "moral injury results from the transgression of core moral beliefs; it is also the result of sin. A morally injured soldier is a patient who is also apologetic. For the sake of healing morally injured soldiers, science and faith need each other."

Regarding MI, "chaplains are vital because they are acquainted with confession and contrition, forgiveness, and absolution, both at a corporate and an individual level" (Coleman, 2015, p. 212). Antal and Winnings (2015) argue that healthcare professionals alone cannot adequately address the issues and concerns of MI. They must recognize that connecting with clergy and chaplaincy support in times of moral injury is essential, particularly in religious patients. While current literature supports the notion that

chaplains can relate to patients with both mental and healthcare-related issues (Carey et al., 2013), there is an acute need to continue pastoral care counseling in response to moral injury. Kopacz (2014) recognizes that military chaplains, who regularly engage with service personnel, can help explore the existential beliefs of personnel and their sense of purpose and meaning in life, particularly those who incur moral injury. Previous literature has indicated that chaplains can be undertaken at multiple levels, namely in spiritual/pastoral assessments, religious support, chaplain counseling, and educational, ritual, or worship activities (Fritts, 2013). Koenig et al. (2017) state that spiritual concepts such as mercy, repentance, forgiveness, prayer, divine affirmations, and hope are discussed to engage moral injury feelings, including shame, guilt, anger, humiliation, spiritual struggles, and loss of faith. These techniques provide powerful penance, faith involvement, and spiritual tradition. However, the acute need to address these concepts in chaplains becomes essential in understanding the impact of suffering on caregivers themselves.

Chaplains and the Military

The Department of Defense (2018) estimates that roughly 2,900 chaplains serve in the U.S. Army in Active, National Guard, and Reserve components. Military chaplains can engage in religious practices to assist those experiencing MI. For example, drawing on symbolic rituals such as fire, water (Antal et al., 2019), and the rule of prayer, chaplains offer the awareness of painful experiences and participate in symbolic cleansing. In addition, chaplains affiliated with particular denominations, such as Catholic or Orthodox, administer the sacrament of confession and provide the response of

absolution, which, for devotees of these denominations, further sacralizes the experience and contributes to the healing of moral injury (Antal et., 2019).

For veterans, in particular, being together with fellow veterans can revive a lost sense of camaraderie and provide the comfort of everyday experience and a safe place to share painful memories and receive understanding. In a military setting, chaplains may participate in and foster a community on a base, a ship, or a chapel, and their detectable presence among service members can be profound in supporting morale, providing comfort, and a sense of familial connection (Antal et al., 2019). In addition, some chaplains create opportunities to facilitate community ceremonies that transform the meaning and impact of MI in veterans and civilians (Antal et al., 2019) by welcoming and fostering a friendly, hospitable environment (Meador et al., 2016).

Ministry professionals such as chaplains can take steps to create a place of belonging for veterans as they can begin by seeking opportunities to increase knowledge of and sensitivity to MI. Many chaplains reach out to individuals in their communities to make connections, taking the initiative to get to know and enjoy the whole person without prying or making assumptions. Traditional mental health providers and chaplains who routinely work with veterans seek to partner with faith-based communities to collaboratively educate one another (Antal et al., 2019). It is important to note that chaplains can suffer MI and need similar support. As indicated by Schreiber (2015, p.23) states that, "all chaplains are non-combatants. They do not carry a weapon. They do not kick indoors. They do not search and destroy the enemy, and they do not shoot the 'bad

guys. Chaplains do not inflict violence, but they may suffer violence due to their proximity to the war zone and field of fire."

Swinbourn (2015), an Australian Army Chaplain, provided an honest account of his costly compassion fatigue after multiple deployments, which led to an “erosion of moral conviction...sense of hopelessness...inability to fix things and a loss of trust in leadership” (p. 93). Other literature indicates that some chaplains are most likely to suffer compassion fatigue or burnout from assisting clients suffering post-traumatic issues, including MI, through the sheer exhaustion of providing intensely demanding services (Yan & Beder, 2013). Gladwin (2013) notes that chaplains have historically been involved in the education and training of military personnel during peace and wartime campaigns by teaching topics such as culture, ideology, religion, health, ethics, life skills, and morality. Since the beginning of time, "chaplains were utilized to help calibrate the moral compass of soldiers, who have been authorized to use lethal force in increasingly complex situations" (Gladwin, 2013, p. 32). Through their educative role, chaplains have provided and continue to deliver spiritual and moral leadership for the benefit of military personnel, the improvement of military force organizations, and the assistance of the wider community (Reynaud, 2014). Bennett (2014) argues that deployed chaplains not only question their meaning and purpose behind the enormous scale of pain, suffering, and loss of life, but many also bring their personal beliefs into question. More so, Bennett believed that all visible and invisible wounds have an underlying spiritual connection that requires a spiritual solution. He stated that "the root cause of trauma injury, like compassion fatigue and PTSD, affects the entire person, but is primarily spiritual in

nature" (pp. 302-303). Litz et al. (2009) and Drescher et al. (2007) affirmed the importance for those recovering from MI, stating that it is not just veterans who experience combat who are prone to the horrors of MI. More so, anyone who was exposed to a particular trauma type is susceptible. More so, Litz et al. (2009) stated that healing from MI might involve spiritual communities to help people reconstruct their meaning and purpose in life.

Treatment for Moral Injury in Chaplains

Litz et al. (2009) discussed MI and preliminary treatment strategies for moral repair. The authors argued that the criteria for PTSD do not address the impact of morally conflicting psychological trauma among veterans. Additionally, the authors suggested that current evidence-based treatments for military personnel and veterans with PTSD dictate a focus on life-threatening trauma while not offering enough attention to the impact of events with moral and ethical implications (Bautista-Bayes, 2016). Nonetheless, as prescribed by Litz et al. (2009), the clinical care model discusses the importance of fostering connection, education, and forgiveness to create a strong foundation for addressing moral repair. Moral repair is defined as explaining the emotional bonds and normative expectations of wrongdoing and working towards repairing forgiveness to oneself (Litz et al., 2009). Steenkamp et al. (2011) created a six-session intervention to implement exposure and cognitive restructuring techniques by incorporating methods to address moral injury. He believed that adaptive disclosure practices must be utilized to address complications related to moral injury and traumatic loss in active-duty service members (Gray et al., 2012). His findings concluded that

participants reported satisfaction and symptom reduction upon completing treatment (Gray et al., 2012). Held, Klassen, Brennan, and Zalta (2017) theorized that prolonged exposure (PE) and cognitive processing therapy (CPT) are two modalities used to treat MI in veterans but have limited success without continuous treatment. Both proposed two case studies presenting PE and CPT to successfully treat individuals experiencing MI. In the seminal works by Foa and Cahill (2001) and Foa and Kozak (1986), both researchers developed the concept of emotional processing theory (EPT), where the goal was to teach participants to gradually face the traumatic memories, feelings, and fear responses that encode into a dysfunctional memory structure. While PE seeks to reduce or extinguish fear responses, EPT can dismantle erroneous associations (Foa & Cahill, 2001). Held et al. (2017) maintained that this treatment promoted avoidance and feelings of guilt and shame when trauma memories activated.

Additionally, in targeting faith-based treatment, Pearce, Haynes, Rivera, and Koenig (2018) created the spiritually integrated cognitive processing therapy (SICPT) adapted from CPT to incorporate clients' spiritual practices, values, and motivations to address moral injury. From the CPT model, SICPT is spiritually integrated, targeting individual interpretations of the trauma using the clients' spiritual/religious resources to confront any thinking distortions. SICPT seeks to facilitate moral repair by using "the spiritual concepts and rituals of compassion, grace, spiritually guided imagery, repentance, confession, forgiveness, atonement, blessing, restitution, and making amends" (Pearce et al. (2018), pp. 2-3). Nonetheless, SICPT normalizes spiritual struggles to include anger towards God, loss of faith, and feeling abandoned by God by

addressing the issues in treatment. Given the psychological and spiritual aspects of MI, an intervention that addresses MI using spiritual resources in addition to psychological resources may be particularly effective in treating PTSD and moral injury alike. The use of SICPT was designed to target inaccurate or maladaptive beliefs called stuck points that result in guilt, shame, and self-blame, rendering individuals stuck in their trauma recovery. Researchers found that MI comprises psychological and spiritual symptoms within the qualitative study. It follows that the most effective treatments for MI in the context of PTSD will be those that address both types of symptoms. As such, a spiritually integrated treatment that targets moral injury may reduce one of the barriers to full recovery and provide much-needed relief for those suffering, particularly those who serve our country and protect our freedom.

Chaplains and Moral Injury

Chaplains are considered non-medical professionals who do not rely upon medical paradigms and terminology when approaching distress or disorientation among veterans. However, they play a significant role in helping primary care providers and behavioral health workers construct a broader, more complete connection to understanding persons identified as having experienced moral injury (Alexander, 2020). Antal and Wining (2015) state that military MI is an invisible wound best understood as the inevitable outcome of moral engagement with the harsh reality of war and killing. However, early quantitative research indicates that exposure to morally injurious events is associated with circumstances beyond war (Currier et al., 2015; Nash et al., 2013; Maguen et al., 2010).

The unique sequela of MI is relevant to the work of chaplains as many chaplains who suffer MI state feelings of changes in moral/ethical attitudes and behavior, difference or loss of spirituality, reduced trust in others, and difficulties with making (Drescher & Foy, 2008; Drescher et al., 2011; Currier et al., 2015). Chaplains in the military are typically embedded within units and serve on the front line with the person who might seek their care, especially during times of high stress. Military chaplains also adhere to more stringent confidentiality standards than other disciplines, granting them greater protection against reporting sensitive information that may affect service members' career advancement (Bulling et al., 2014). Historically, when contemplating the ramifications of moral injury, veterans may perceive safety in confiding in chaplains, even after they separate from the military (Antal et al., 2019). A recent review of the role of chaplaincy care practices concerning MI found support for varied roles that chaplains may play in the healing process for veterans, including ritual support and worship, counseling, and education (Carey et al., 2016). While treating and understanding MI may not be inherently religious or spiritual in construct, morally injured veterans struggle with their faith and spirituality (Harris et al., 2015). Research has found that veterans struggle with doubting religious constructs, feeling marginalized by coreligionists and with God, and feeling abandoned or punished for perceived transgressions (Currier et al., 2014; Witvliet et al., 2004). In addition, Fontana and Rosenheck (2004, 2005, pg. 2) found "higher rates of VA mental health service utilization in veterans who experienced a weakening of religious faith and a loss of meaning in faith since Vietnam." This suggests that pastoral care and chaplaincy practices share a unique bond and are recognized as

reliable, approachable, trustworthy, and knowledgeable in their respective practice (Payne et al., 2019).

Secondary Trauma and Moral Injury

As the issue of trauma and its relation to MI continues to make advances in the behavioral healthcare field, it is essential to understand how secondary trauma differs from that of MI. According to Figley (1995, p.1), secondary trauma refers to the "observation that caregivers of persons who have directly experienced psychological trauma may themselves become indirect victims of the trauma." More specifically, Figley coined the term secondary trauma as it relates to the "natural and consequent behaviors and emotions resulting from knowing about a traumatic event experienced by another" (p.7). Also known as the concept of vicarious trauma, secondary trauma can impact individuals' cognitive schemas and belief systems because of empathetic engagement with other's traumatic experiences. Individuals who have experienced secondary trauma report disruptions in their sense of meaning, connection to identity, worldview, as well as beliefs about self and others (Pearlman & Saakvitne, 1995). The term' burnout' also parallels that of secondary trauma as it relates to the negative impact of caregiving on traumatized individuals (Figley, 1995). Unlike MI, which occurs from trauma that objects to one's thoughts surrounding individual morals and what an individual believes is 'right versus wrong' through their actions alone, by definition, to experience secondary trauma, an individual must be vicariously exposed to the traumatic experiences of others. Through this process, the caregiver is repeatedly exposed to disturbing trauma imagery and thereby secondarily exposed to the traumas experienced by their clients.

Additionally, MI is a direct result of trauma witnessed, exposed to, directly involved in, or pertaining to an event that the individual believes to be a violation of their morals. To this end, MI, for instance, may be experienced with intense feelings of guilt, shame, and frustration. While symptoms of MI and secondary trauma can be similar, the phenomenon of moral suffering and exposure to traumatic incidents continues to need development throughout behavioral research.

In a study by Tuttle, Stancel, Russo, Koskelainen, and Papazoglou (2019), the researchers found that secondary trauma is fear-based, whereas MI is based on moral judgment and consciousness. While they share symptoms, protocols differ in their presentation. Secondary trauma comes from direct involvement with a caregiver, whereas MI comes from an individual who is already experiencing trauma.

Papazoglou Chopko (2017) argues that the transgressions of personal core values and beliefs resemble trauma-related symptoms. The DSM-V, for instance, argues that MI is a precursor for PTSD symptoms (Litz, 2009). Additionally, secondary trauma and compassion fatigue are closely related to personal beliefs of moral injury. In their study, Papazoglou Chopko found that police officers who heard stories from victims of sexual assault or were exposed to images of child exploitation led many officers to experience compassion fatigue and moral injury. It was found that these experiences altered beliefs about the safety and benevolence of the world and individual beliefs regarding the trustworthiness of human beings (Litz, 2009). It is important to note, however, that the study found compassion fatigue as it relates to secondary trauma significantly associated with one's compassion satisfaction with self and with job performance. The study

explored the influence of secondary trauma and MI among police officers, finding that officers do not feel more or less satisfied over their years of service; alternatively, officers who feel less compassion satisfaction over their years of service may resign, retire, or move to a position that does not entail exposure to traumatic incidents. Results showed that compassion fatigue and MI were significantly and negatively associated with compassion satisfaction. Therefore, different types of traumatization, such as MI and secondary trauma, may negatively influence how individuals view the importance of their professional role.

Over time, researchers alike must understand the influence of how secondary trauma and moral injury interplay, and as manifestations of trauma emerge, the influence of one's experience shapes one's worldview and meaning of self.

Conclusion

Spiritual care providers, such as chaplains, provide essential and complementary care for veterans experiencing MI. Chaplains deliver instruction in interpreting sacred texts while conveying compassionate responses that widen the veteran's perspective on their morally injurious experiences. In addition, chaplains can facilitate healing by providing veterans opportunities to participate in activities that engage with others seeking support. They also offer spiritually sound guidance to help patients connect on a deeper level and provide reflection, support, inherent worth, and meaning. Given the concept of MI as being accepted as a contributor to mental health issues (Litz et al., 2009), the expertise of chaplains provides veterans with a purpose in life. However, the emerging literature on MI has predominantly focused on the views of psychologists and

other traditional mental health professions, such that little is known regarding chaplains who incur MI and understanding MI from their individual, non-combat perspective. Nevertheless, MI is interconnected with psychological and spiritual health. Therefore, orienting MI objectives and enhancing integrated efforts for all veterans is essential in recognizing the impact of MI and normalizing its presence to meet veteran needs.

While there is a need for further investigation of MI related to chaplain veterans, the themes of MI with veterans and former military service members continue to emerge (Litz et al., 2009). Nevertheless, further research is needed to develop tools that assess moral injury exposure and its relationship to symptomology (Vargas et al., 2015). Although MI is gaining notoriety within the veteran community, social workers and other healthcare practitioners must attain scholarly literature by raising MI awareness in all practice areas. Additionally, since chaplains can provide an awakened awareness for individuals to see their true selves, there must be more dialogue about the chaplain's authentic relationship with themselves when a moral injury is present. The current study provides knowledge on the MI concept related to Army veteran chaplains who endure MI from the non-combat perspective, which will, in turn, further treatment interventions and illuminate the idea of trauma in veterans beyond the front lines. The current study, being phenomenological, addresses these features of moral injury to varying degrees. In this way, future research will enable the social work community to generalize research practices in understanding moral injury and ultimately better serve those who so fearlessly have helped us and our country.

The next chapter will discuss the methodology the study will utilize to determine the lived experience of Army Veteran Chaplains. Chapter three will also discuss how the research was carried out and why. The methodology will also explore the selection of an approach that would best fit the needs of the research, participants, and audience of the research study.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to understand the lived experiences of moral injury in Army veteran chaplains from the non-combat perspective. While the face of moral injury has predominantly been studied in military populations and post-deployment experiences (Litz, 2009), this study explored the individual's interpretation of moral injury within a non-combat setting. Conceptualizations of war-related distress and the reintegration for combat veterans have changed how the medical model approaches mental health and the diagnostic interpretations of PTSD (Fay, 2014). Moral injury occurs when individuals are exposed to potentially morally injurious events, defined as "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations which may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially" (Litz et al., 2009, p. 695). Therefore, an interpretative study was chosen to understand the phenomenon of moral injury with Army veteran chaplains from the non-combat perspective. This exploration was undertaken using qualitative exploration with an emphasis on IPA (Giorgi, 2009). Such phenomenological inquiries can provide deeper insight into the subjective interpretative world of the individual (Osborn & Smith, 2006; Reynolds & Lim, 2007). A qualitative research approach using a phenomenological analysis is utilized to provide rich contextual examples of the lived experience by Army veteran chaplains. According to Applebaum (2012), phenomenological research is focused on discovering and exploring a phenomenon and is not an effort to validate a hypothesis

about a phenomenon. Because the concept of moral injury is still in its infancy stages of research (Litz, 2009), a phenomenological approach was best.

In further sections, I will present the role of the researcher and research design methodology to formulate the lived experiences of moral injury in Army veteran chaplains. Additionally, I will include descriptions of data analysis, interview procedures, and other applicability to this study.

Research Design and Rationale

The research question, "what are the lived experiences of Army veteran chaplains who incur moral injury from the non-combat setting?" was developed to examine the phenomenon of moral injury using IPA. IPA is recommended for investigating areas where subjective meanings, values, and beliefs are necessary but not well understood (Smith, 1996). IPA is founded on the assumption that participants' words are linked to their thoughts and emotional state, and thus, words convey much more about lived experiences than is readily apparent (Smith & Osborn, 2007). This qualitative study aims to understand the lived experiences of moral injury in Army veteran chaplains.

IPA seeks to understand the lived experience by integrating descriptive philosophy from that of Husserl. Husserl (1931) sought to capture participant experience of a phenomenon by identifying core structures of the human experience. Husserl believed that this phenomenon could be achieved by detaching oneself from personal bias and ingrained prejudices from our personal experience to understand another's (Finley, 2011). To secure the most accurate data from descriptive research, Husserl proposes the use of attitudinal modifications through interpretation. These modifications are meant to

help combat our preconceived notions as well as known and unknown biases. Therefore, given that the basis of IPA is the examination of the thing itself, sharp focus and the careful examination of an experience in the way it occurs to the participants is essential to understand the phenomenon being investigated (Finley, 2011).

A phenomenological theoretical orientation, along with Husserl's philosophical approach to interpretation, guided this study. Both approaches, grounded in everyday world experiences, place the researcher at the center of the effort to develop knowledge, recognizing that the real world is where research happens (Ladkin, 2014). According to Pietkiewicz and Smith (2014), IPA incorporates phenomenology, hermeneutics, and idiography, meaning that an interpretation is intertwined in human experience. IPA is also said to be fundamentally idiographic, implying that it is committed to the detailed analysis of a phenomenon under investigation. In this sense, language is used for descriptive purposes and as an expressive force of experience (Finley, 2011). Experience reveals itself only when it is expressed in figurative and rhythmic language. Thus, through interactive and textual interpretation, hermeneutic theorists use their subjective expressions to reconstruct original meanings during textual interpretation (Finley, 2011). IPA, therefore, contains the aesthetic application of language that emanates from the process and product of research (Finley, 2011). Therefore, the interpretative aspect of this study was designed to understand what morally injurious events meant to the participants in the context of their non-combat-related lived experience.

The research design is qualitative, using IPA to understand the individual lived experience and make sense of the participant's morally injurious event. The primary

method of inquiry was the use of semi-structured interviews employing open-ended questions. The use of interview transcripts was the primary source of data, and the use of journaling and field notes were the secondary sources of data to help triangulate the interview. An epiphanic analysis captured the levels of expressed verbal and nonverbal emotions, including excitement, frustration, anger, and tone of voice (Stringer & Dwyer, 2005). Pietkiewicz and Smith (2014) further stated that IPA follows a "path" for data analysis that begins with the researchers engaging in the data transcripts with field notes to discover themes and identify connections between emerging themes and group conceptual similarities and differences, labeling each group of data with descriptive labels to analyze further.

Role of the Researcher

Creswell (2017) stated that the importance of data collection is theoretically based on the studies ethnography, where researchers collect, analyze, and code data from interviews, journals, and questionnaires to uncover the emerging themes, concepts, and patterns. While qualitative research solely focuses on the importance of data saturation, values and moral conflicts can systemically arise, affecting the relationship between the researcher and the participants. Popkewitz (1991, pp.15) proposed that epistemology "provides a context in which to consider the rules and standards by which knowledge about the world is formed organize perceptions, ways of responding to the world, and the conception of the 'self.'" Therefore, my role in this study was that of an observer-participant, as I was the primary instrument in collecting data, coding, and analyzing from participant interviews, questionnaires, and individual journal entries. It is important

to note that within the process of describing and interpreting the data, I inevitably present a challenge to the conventional views of objectivity and bias when it comes to developing narratives and themes from each participant's life story. While a challenging act, balancing individual objectives from an unprejudiced lens allows me to grasp the material and analyze it from multiple perspectives. Although cultural and ethical conflicts between the researcher and the participants are possible, I must remain objective and methodological and acknowledge ethical diversity.

Additionally, maintaining personal bias would include implementing self-queries to include what questions the research is asking. Are they leading, concise, and open-ended (Sullivan & Starnino, 2019)? A critical barrier for the study of moral injury includes the safety and protection of the participants. Because the topic of moral injury suggests feelings related to intense states of suffering (Litz et al., 2009), the protection of participants is essential to remain ethical and lessen the chance of psychological crisis. Although a preliminary prescreening process, informed consent, and establishing rapport can help safeguard participant well-being, generalizability, small sample size, and the clinical construct of moral injury can challenge the correlation between spiritual/existential problems and the loss of religion/spirituality in chaplains. In addition, by providing an inductive analysis of moral injury within the context of veteran chaplains and understanding the phenomena being studied, I used a personal journal to help document my thoughts and feelings through the data collection process. Furthermore, I remained open and vulnerable to member checking to help aid and control researcher bias to lessen the salient identity of participants belonging to a racial, ethnic, or religious

group. Applying this technique-oriented strategy across participants from various cultural contexts and disregarding the differences among their multiple identities leads to cultural encapsulation (Jankie, 2004). Having an open mind and being self-aware of individual biases allows studying the lives of veteran chaplains to remain indigenous. Therefore, I lessened harm to participant communities by assigning negative labels and failing to respect individual viewpoints. By owning my role as a researcher, I am imposing a two-dimensional approach that involves understanding participants' point-of-views and maintaining my ethical context toward the participants' individuality, which extensively affects the depth and quality of the interview material and the research data holistically.

From a researcher perspective, it is important to understand my worldviews biases, experiences and relation to the military can impact the studied methodology. I must be mindful that in the position as a researcher, I was not wearing a "social work" hat with the primary purpose of treatment. Rather, as a scholarly practitioner, I needed to ensure that I was keeping personal biases in check and reminding myself that I was not in the position to "help" during the interview, so data collection cannot be completed and treated like a triage or individual therapy session.

Methodology

Participant Selection Logic

The target population for the study was from a purposeful sample of individuals recruited from the Army veteran chaplain community located in the Southern region of the United States who believed they had suffered MI from a non-combat setting. A non-combat setting is defined as an environment where service members do not directly

engage in enemy contact or direct fire. Chaplains are defined as official clergymen attached to a branch of the military who conduct and provide religious affairs support to service members. Due to the notion that less than 17% of previously served active-duty veterans are female (Department of Veteran Affairs, 2018), the pool of candidates consisted of predominantly male chaplain veterans. Because moral injury can affect individuals at any age while previously serving in the Army (Litz, 2009), no limitation on the participant's age was required. Additionally, chaplaincy practice in the armed forces covers various religious and spiritual views since Soldiers of all denominations can be placed in the same unit. There was no 'specific' chaplaincy denomination that was needed for this study, limiting interviewing to only Christian, Jewish, Baptist, Lutheran, Muslim, or other religious devout. Semi-structured face-to-face interviews were conducted with five Army veteran chaplains who met the study criteria, including:

- experienced moral injury from a non-combat setting
- identified as an Army veteran and verified with honorable DD214
- held the job position of a Chaplain (56A) while serving in the United States Army anytime
- being willing and able to participate in a qualitative research study for approximately 90 to 120 minutes
- voluntarily offer to provide follow-up on the transcript of the interview for accuracy, corrections, additions, and clarity. (This is not a disqualifier should participant not want their transcript).

- voluntarily agrees to participate in the study, willingly signs the informed consent statement, and allows the interview to be audiotaped during the individual interview process.

Based on the definition of moral injury as being the perpetration of, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs (Litz et al., 2009), the participants were asked to identify their personal experience(s) openly.

Participant Sampling

The sampling procedure was purposive, one that focuses on specific characteristics of the targeted population (Cramer & Bork, 2017), who are willing and able to participate regarding the phenomenon of moral injury from a non-combat setting. Purposive sampling was used as it provides a homogenous sample of individuals who believed they had suffered the consequences of moral injury in a non-combat environment. The sample size of five participants remained small because it aligns with IPA's emphasis on uncovering rich experiences and detailed content from participants (Eatough & Smith, 2017). The participants were chosen from a veteran community located in the Southern region of the United States. Discharged veterans who received an honorable discharge from their time in the military were invited to participate as community resources remain limited and non-existent to veterans who received other than honorable or dishonorable discharges from the Army. Currently, honorably discharged veterans have access to local Veteran Affairs services, treatment facilities, and associated networks for routine and emergency services. Participants were not all chosen from the same Veteran Affairs Department, and the region selected for the study

population included a wide generalized area of Army veterans to protect the confidentiality and privacy of the participants. Before selection, all Army veteran chaplains were required to show proof of veteran status using a form entitled, "DD214," or a finalized document that verifies a service member's proof of military service issued through the Department of Defense. Participants selected for the study were sampled and sourced from online and community resources such as newspaper listings, Facebook, and flyers submitted throughout different veteran churches. Exclusion criteria applied if the veteran had a dishonorable discharge, was not an Army veteran chaplain, was having current re-experiencing symptoms, nightmares, or dissociative episodes that may hinder or interfere with discussing distressing events related to moral injury; and had been psychiatrically hospitalized within the last 90 days. Other exclusionary elements included if the veteran was currently suicidal or homicidal and appeared symptomatic, requiring a higher level of care. Finally, any individual who had a personal or professional relationship with me was excluded from the study.

Interested participants who have seen the Facebook ads, Newspaper Ads, and flyers were contacted by phone for screening for eligibility and then mailed or emailed the study documents based on preference. Once selected, each veteran was sent an invitation with a copy of the consent form and explanation of the study. Additional documents to include the purpose of the study, privacy protections, risks, benefits, time requirements, and compensation was also provided. Semi-structured interviews were scheduled and conducted based on participant and researcher availability in a location that allowed for privacy, space, and comfort. All interviews were conducted face to face

and followed all COVID-19 guidelines as recommended by the World Health Organization. To ensure purposive sampling and confidentiality assurances, the researcher provided space and time for each participant to answer freely without fear of time running short to allow for rich and detailed answers (Ravitch & Carl, 2018). Due to my positionality as an active-duty Army social worker and working closely with veterans and active-duty service members alike, I discussed my role as a researcher in the study and not as an Army social worker. Therefore, it was essential to identify as a scholarly researcher in this setting and not as a counselor. A licensed clinical social worker (LCSW) was available during the interview to ensure that participants could de-stress and work through potential conflict issues with their experiences of moral injury. Participants were also informed of the consent of nonparticipation as an option. According to Johnson et al. (2020), the decision for participants to abstain from the study is acceptable and warranted as an individual choice. Therefore, this decision would not affect any future relationships, boundaries, or future recruitment. Lastly, after participants were found eligible for the study, each participant was offered $50.00 for direct participation in the study. Participants were encouraged during the study to make contact and discuss any questions or concerns with me.

Instrumentation

Before beginning the study, a demographic questionnaire was created to collect identifiable information such as age, ethnicity, gender, years of service, highest rank achieved, and chaplaincy denomination. Both the use of a reflective journal and field notes were utilized as sources of data to compile both researcher thoughts, themes,

reflections, biases, and views. According to Miles et al. (2014), a reflective journal is an essential tool to utilize in qualitative analysis research because it helps researchers examine insights, identify predispositions, and personally reflect on the data. Throughout the interview process, journaling allowed for additional reflection, data analysis, emerging and re-emerging themes, techniques, and improvements for future research. Moreover, journal entries produce an audit trail, recording and reflectively examining the learning process, revealing interpretation and bracketing, thus showing transparency (Vicary et al., 2017).

In addition to reflective journaling, field notes were utilized as an element of rigorous qualitative research (Phillippi & Lauderdale, 2017). Field notes serve as a function for researchers to write down personal observations during the interview process that may impact the data to include environment, interactions, insights, sounds, and smells. According to Tsai et al. (2016), field notes increase rigor and trustworthiness throughout the qualitative analysis process because non-verbal behavior, impressions, and feelings are essential in the quality of the data.

In preparation for the interview, a strong effort was made to become familiar with some of the acts that chaplains may have to commit or bear witness. The effort was to become familiar with these events and examine any feelings of judgment or condemnation surrounding them (Litz et al., 2009). The purpose of this preparation was to make every effort that the participants felt accepted no matter what they report. Feelings and preconceived notions were documented in the reflective journal.

Through semi-structured interviews, qualitative analysis allows researchers to understand the importance of personal experience that is unique to their reality (Ravitch & Carl, 2016). By utilizing open-ended questions, I achieved data saturation by examining participant opinions and the reflective meaning of their morally injurious experience. Interview and transcripts were analyzed using conventional inductive content analysis to identify themes and subthemes and describe thematic characteristics, patterns, and relationships (Hsieh & Shannon, 2005). Questions included in the interview began with attempting to make the participant feel as comfortable as possible. Brayda & Boyce (2014) state that the importance of the researcher to communicate verbally and nonverbally projects that the participant's perspective is meaningful.

Since the questions were open-ended, prompts such as "tell me more about..." or "can you describe..." were encouraged to further description, data saturation, experience, and feedback from each participant. According to Burkholder, Cox, and Crawford (2016), researchers achieve saturation when the study yields no novel ideas, information, or themes deduced from the data. Nevertheless, when participants began to elicit similar responses, it is safe to assume, no new data is being collected or 'saturated' (Cyr, 2015).

Procedures for Recruitment, Participation, and Data Collection

The current study included five participants who identified as Army veteran chaplains and their involvement in non-combat chaplaincy practice during their time in the Army. Semi-structured interviews were conducted utilizing a quiet space in a non-clinical setting. Using a semi-structured interview is essential for qualitative analysis because it allows for a purposeful pre-determined discussion between the researcher and

the participant to help facilitate an in-depth understanding of the participant's reality (Kallio et al., 2016). The interview guides included ten open-ended questions about veteran chaplain experience and ten open-ended questions about clergy involvement relating to spiritual issues. Additionally, the open-ended questions utilized 'probing questions' to help facilitate trust and address more specific issues about mental health in chaplaincy practice, clergy collaboration, frequency, and context of moral injury (Bernard, 1994; Spradley, 1979). To gain a better understanding of this phenomenon, semi-structured interviews were chosen to understand the lived experiences of Army veteran chaplains who incur moral injury from a non-combat setting. To gather as much raw data as possible, interviewing each participant individually allowed me to examine their lived experience of moral injury and reflect on the undiscovered information to be presented.

The datasets used in the research study were transcripts of verbatim audio recordings of individual interviews, field notes, and a reflective journal. Data analysis procedures included initial coding of raw data, category development, coding to refine themes/linkages, summarizing emergent themes of perceptions and experiences from audiotapes and transcribed field notes, and creating computer-generated reflective memos gleaned from the reflective journal. The interviews were audiotaped using a digital audio recorder to ensure all information presented was gathered from the participant. In addition, field notes were taken immediately after each interview to capture initial observations, verbal and non-verbal expressions, participant comfort level during the interview, and interpretations that were made from the data.

Reflective journaling was a data collection method utilized to help reflect on personal biases and other topics that may have been presented as the interview progressed. Data was coded and categorized using qualitative data analysis software so that connections between events or ideas and commonalities, patterns, and regularities were identified (Stringer & Dwyer, 2005). A professional, trustworthy agency transcribed each digital recording with legal measures to ensure participant privacy. The term trustworthy suggests being more appropriate than 'reliability' and 'validity' (Rodham, 2014). The timeframe for the individual interviews lasted around 90-120 minutes, allowing time to reflect, de-conflict, or manage any potential crises that arise during the interview process. The time allotted also allowed participants to explore their emotions, feelings and discuss their answers without "strict" time constraints. Before completing the analysis, NVivo, a computer data analysis program, was utilized to help organize all inputted data to include themes and ideas to help manage the data in a unified way. Finally, each participant was provided the opportunity to review their transcript after transcription to check for accuracy, omissions, clarifications, or make any supplementary deletions or additions to their content via in-person or certified mail. According to Birt (2016), the process of exploring respondent validation through techniques of credibility is known as "member checking" and can help individuals feel their input is valued. According to Lincoln and Guba (1985), member checking allows participants to correct, address, or add further clarifications in preliminary findings when utilizing IPA in qualitative analysis. Additionally, three data sources triangulated the data: by engaging in

reflexivity through field notes, journaling, and transcribing, providing the analysis with greater validity and reliability.

The individual interviews began by describing the purpose of the qualitative study, ensuring each participant understood the informed consent of the research procedures and the voluntary nature of the interview. Follow-up procedures were also discussed to include participants receiving individual transcripts, whether in person, encrypted email, or by certified mail. The inclusion criteria for the study included Army veteran chaplains in the Southern region of the United States, who had incurred moral injury from a non-combat setting. Army veteran chaplains who experienced moral injury specific to combat-related missions were excluded from the study, as it did not directly correlate to the primary purpose of the current study.

The interview questions were partially utilized from the Military Moral Injury Questionnaire, or MIQ-M (Currier, Drescher, Holland, & Foy, 2013), developed as an assessment tool for military populations to gather psychological, ethical, and spiritual/existential challenges among trauma-exposed individuals. The MIQ-M, according to Boisvert, McCreary, Wright, & Asmundson (2003), demonstrates excellent psychometric properties in members of the military as it provides clear distinctions of PTSD and other psychological disorders such as moral injury, to trauma-exposed individuals. More so, the MIQ-M assesses direct and indirect exposure to extreme trauma-related experiences from the participant's perspective (Braitman, 2018). MIQ-M is a unidimensional model that expands on individual psychological functioning and can be implemented in clinical settings to define characteristics of moral injury (Braitman,

2018). As a screening measure, the MIQ-M may be helpful to recognize how chaplains who have experienced non-combat trauma better understand their actual experiences and psychological consequences of moral injury.

Data Analysis Plan

According to Smith (2017), qualitative research focuses on naturalistic inquiry, where understanding the social world is through the researcher's lens, allowing for scholarly observation of experiences. Beuving, Joost, and Vries (2014) described the naturalistic inquiry as the study of people in their "everyday circumstances by ordinary means" (p.15). This approach allows the participants to tell their stories through their individual experiences and perspectives on moral injury from the non-combat setting.

Data analysis for semi-structured interviews was achieved through a qualitative approach using IPA. According to Stringer and Dwyer (2005), data analysis that encompasses IPA captures expressed verbal and non-verbal emotions such as excitement, anger, and frustration. As such, this provides an epiphanic analytic response that is imperatives to qualitative studies. Each participant's data were audio-recorded and transcribed verbatim. The themes of the recorded data were inputted into an Excel spreadsheet and sorted through content analysis. According to Patton (2015), content analysis is a primary method of data analysis as it synthesizes and displays patterns of repetition through derived meaning. More so, the research question sought to find, identify, and categorize the lived experiences of moral injury from the non-combat perspective. The researcher deconstructed epiphanies to answer specific questions to help the audience understand the individual lived experience. For example, questions such as,

'what activities are associated with your lived experience that is non-combat related?' 'When did the incident(s) occur?' 'where did the event(s) take place?' 'What feelings or emotions did you experience?' (Stringer & Dwyer, 2005).

From the IPA perspective, each perception comes from a holistic viewpoint to define the meaning of one's unique experience (Giorgi, 2009). Therefore, IPA researchers investigate how individuals make sense of their experiences. Thus, the analysis of 'holistic meaning' was identified and accomplished through reading the transcript with a scholarly partitioner and scientific mindset and deconstructing the descriptions through an analytical lens. Holistic meanings are identified when a shift in one's experience is mentioned (Litz, 2009). Once the transcript had been re-read and the meaning units identified, the researcher is responsible for transforming the participants' description into a phenomenologically psychological language (McCarthy, 2018). Utilizing open-ended questions can also help the participant see their experiences through an individual's environmental, cultural, ethical, traditional, or social lens. IPA begins with the researcher immersing in the transcripts, field notes, reflective journals, and themes to find conceptual similarities and labeling the descriptive data (Pietkiewicz & Smith, 2014). Coding the data involves synthesizing the data's meaning based on patterns and relationships to answer the research question (Giorgi, 2009). NVivo, a computer software program to summarize the data into a manageable code process (Rubin & Rubin, 2012), was used until data saturation was achieved. According to Giorgi (2009), saturation occurs when no new themes or data have emerged from the interviews. The sample of non-combat veterans was homogeneous, with commonalities defined by the

inclusion criteria. Sampling was open to any race, gender, cultural, or ethnic background. Additionally, as themes were identified and inputted into Microsoft Excel, patterns, coding processes, and reflective insights progressed throughout the coding process were documented.

Issues of Trustworthiness

The term trustworthiness suggests as being more appropriate than 'reliability' and 'validity' (Rodham, 2014). Connelly (2016) states that trustworthiness ensures transparency and credibility to prove that the study is worthy of consideration. Researchers must demonstrate how data was collected, conducted, gathered, analyzed, and contextualized (Shenton, 2004). Additionally, the process of trust is about establishing the research's findings through credibility, transferability, confirmability, and dependability. As a research method, trustworthiness represents a systematic and objective means of describing and quantifying a phenomenon (Schreier, 2012). Trustworthiness in a qualitative inquiry aims to support the argument that the inquiry's findings are 'worth paying attention to' (Lincoln & Guba, 1985) and can gravitate to theory-based categorization through content analysis.

Credibility

One method of trustworthiness is understanding the importance of credibility. Researchers must ensure that individuals participating in research are identified and described accurately from the perspective of establishing credibility (Lincoln & Guba, 1985). More so, credibility is also concerned with truth value and whether the research findings present plausible information drawn from the participant's perspective (Lincoln

& Guba, 1985). Finally, it is up to the researcher to correctly interpret the data (Lincoln & Guba, 1985). Throughout the current study, triangulation was utilized for the data collection and analysis interpretation to craft credibility through reflective journaling and fieldwork throughout the research process (Patton, 2015). For example, I documented my own internal biases throughout the interview process and data collection by examining how my biases can impede the data. Concerning coding and processing thematic elements of the interview, it is vital that as a researcher, I remain neutral in the data collection process and maintain a high level of integrity as the study's findings circulate.

Transferability

According to Lincoln and Guba (1975), transferability refers to the applicability to enable the audiences to assess the findings as transferable to their setting (Giorgi, 2009). The importance of transferability related to trustworthiness is that the study itself can be applied or "transferred" so that the behavior and experiences become meaningful to an outsider. Concerning my research, I used a thick description in detail of the contents, procedures, role of the researcher, and participants so that other researchers can determine the applicability to their specific practice (Meyer & Willis, 2018).

Dependability

Another method of trustworthiness includes understanding consistency when it relies on dependability (Lincoln & Guba, 1985). To address dependability in a study, researchers must report their procedural and methodological analyses in detail, thereby enabling future researchers to repeat the same design to gain similar results (Lincoln & Guba, 1985). Thus, the research design can be viewed as a prototype model to allow

readers to follow and develop proper research practices to gain a thorough understanding of the study and its effectiveness on society. More so, dependability strategies include documentation of the occurring phenomena within the study's contextual boundaries (Lincoln & Guba, 1985). My study involved personal notes, excel spreadsheet, analytic memo, and reflective journaling as documentation methods used throughout the research process. The study also used individual interviews from previously validated data derived from evidence and theory-based protocol (Ravitch & Carl, 2016) to answer the research question.

Confirmability

Confirmability, similar to dependability, concerns neutrality related to a study (Lincoln & Guba, 1985). The concept of confirmability is objectivity rather than the characteristics and preferences of the researcher (Miles & Huberman, 2014). Miles and Huberman (2014) consider that a critical principle for confirmability is the extent to which the researcher admits his or her predispositions. Confirmability ensures that researchers can demonstrate findings, observations, and how gathered data are represented. In the current study, data were transcribed verbatim using a third-party transcription service that collected the information using the audio-recorded interview from each participant. Throughout the research process, authenticity, demonstration of rigor, and triangulation were utilized to reduce researcher bias. In addition, an in-depth audit trail was used to ensure trustworthiness throughout the qualitative research process. From a confirmability perspective, trustworthiness is increased if the results are presented

in a way that allows the reader to look for alternative interpretations (Graneheim & Lundman, 2004).

Ethical Procedures

One of the most important ethical considerations for this study was to ensure the safety and protection of the participants. Since this study explored the lived experiences of moral injury from a non-combat setting, data collection did not begin until IRB approval. By seeking IRB approval at Walden University, the process allowed for movement and development into the data collection process. Therefore, it was essential to ensure that each of the veteran chaplains had the opportunity to freely discuss their individual experiences without fear of their privacy being compromised. During the interview process, safeguards remained in place to ensure the utmost confidentiality to include a safety plan at the interview. The safety plan process included few protective factors to include: the opportunity to speak with a therapist, call the participant's emergency contact, and go to the nearest emergency room located precisely 2.3 miles away from the interview site. Informed consent was documented ahead of time during the pre-screening process. If participants were accepted into the study, they will be given five business days to ask questions and consider if they would like to participate in the study. The informed consent paperwork will also outlined the nature of the study and the voluntary participation of each participant. For privacy in relation to data collection, each participant was provided a "quiet room" in a local library where the ability to talk openly and freely was encouraged without fear of others present. A LCSW was available for potential crisis management and coordination of care should any participant show signs

of psychological distress. Additionally, the safety plan included a list of resources that contained the veteran's crisis line, local military treatment facilities, and the Department of Veteran Affairs Hotline. Furthermore, boundaries between the researcher and the participants and any additional ethical limitations were discussed with the dissertation chair and methodologist as need be.

From an ethical viewpoint, the veteran chaplain community can be considered a vulnerable population due to the nature of their experiences within a military community (Litz, 2009). Furthermore, since chaplains define their character through the processes of religion, spirituality, and faith (Cyr, 2015), it was imperative to safeguard each participant to ensure the accuracy of their reflections and lived experiences through moral injury. Lastly, the importance of anonymity confirmed that participant identity would remain private. Because the data was recorded, each participant received a verbatim transcript of their interview to ensure accuracy and clarity. From an ethical perspective, all documented data remained protected by the researcher and stored in a password-protected location to ensure confidentiality.

Summary

The purpose of this qualitative study was to explore the lived experiences of Army veteran chaplains who incur moral injury from a non-combat setting. The research question for this study was, "What are the lived experiences of Army veteran chaplains who incur moral injury from a non-combat setting?" The specified problem that prompted this research is that while the concept of moral injury is still in its infancy stages (Litz, 2009), prior research has determined that moral injury from a veteran

perspective had been identified during a combat and deployment-related experience. Nonetheless, the current research shows an absence in the presence of moral injury from an experience that is non-combat in nature. Therefore, it is expected that the findings would reveal moral injuries presence from a non-combat setting, proving that moral injury does not need to involve combat or deployment-related to exist. It was also expected that the findings of this study would be an asset to the military, Veterans Affairs, and mental health community to target moral injury and its presence beyond the battlefield. Chapter 4 will discuss the findings as well as emerged themes from the participant's interviews and its relation to moral injury.

Chapter 4: Results

Introduction

The purpose of this study was to understand the concept of moral injury as experienced by Army veteran chaplains from the non-combat perspective. Previous literature has supported the concept that moral injury was present in combat settings (Litz, 2009), thus arguing if moral injury would be extant in non-combat perspectives. Chapter 4 presents the results of the five semi-structured interviews using data analysis procedures of phenomenological methodology related to the non-combat perspective of Army veteran chaplains. The data address the research question, "What are the lived experiences of Army veteran chaplains who incur moral injury?" Discussed are the results organized into two sections. The first section presents a summary of the demographic data of the participants. In contrast, the second section presents the results of the five semi-structured interviews and the findings as they relate to Army veteran chaplain's non-combat morally injurious experiences. Chapter 4 concludes with an in-depth examination of the results related to the study's trustworthiness.

Setting

I recruited participants for this study by creating a posted announcement submitted throughout the community and advertised via public Facebook pages, local newspapers, and local businesses frequented by veterans. I used the Internet to identify churches, coffee shops, and other veteran "friendly hang-out spots" to locate veteran chaplains within the community. I posted the recruitment poster in these locations to generate information about the study (Appendix C) and obtain participants. Because of

the location's proximity to an Army base, much of the community is affiliated with veterans/active-duty personnel within the community. Interested individuals contacted the researcher via telephone or email as advertised. Participants who made contact via telephone could be screened during the call. No participants needed to be screened in person, as each participant was screened via telephone with verbal permission. Once I received oral verification from the participant confirming their interest in the study, I immediately verified their qualifications and reviewed the risks and limitations (See Appendix B/C/D). Each participant was also emailed with the informed consent, eligibility screener, and demographic information sheet. No participants asked for the study's materials to be mailed to their homes.

On two occasions, I received interest from veteran chaplains; however, they were affiliated with the Navy, not the Army. Because of this, they were unable to participate. However, both participants were valuable in referring alternate Army veteran chaplain participant information for other veterans that may qualify for the study. I identified a sample pool of roughly eight Army veteran chaplains through Facebook groups, community outreach, and churches in the area that support chaplaincy practice. I identified five of the eight meeting the criteria needed for the study. I verbally verified their location within the geographical boundary identified within the study and verified their honorable veteran status via DD214.

Demographics

Participants in the research study consisted of five Army veteran chaplains who believed they had suffered moral injury from the non-combat perspective. All participants

resided in the Southern region of the continental United States and were commissioned officers who served in the U.S. Army under the Military Occupational Code (MOS) 56A (Chaplain). All participants were Caucasian and reported at least one deployment as a Chaplain. All participants identified as having a 'Christian-based' faith of either Lutheran, Catholic, Baptist, Methodist, or Non-Denominational views and served their time in the military between 13-28 years of service. Confirmation of eligibility was completed using the Screening Tool (Appendix E).

Commissioned officer ranks in the U.S. Army range from O-1 to O-10, with O-1 to O-3 formally named "Company Grade" and O-4 to O-7 named "Field Grade" with the remaining ranks of O-8 to O-10 "General Grade." The participants of this study ranged in rank from O-3 to O-5. In reference to IPA, sample size can range from one to thirty (Creswell, 2013); nonetheless, the content of the interview remains more critical than the quantity (Creswell, 2013), thus authenticating the total number of five participants in the study with an average interview time of roughly 60 minutes in length. All five of the participants were Caucasian males with an average age of 63 years old—the majority of the participants identified with a form of Christianity (n=Religious Affiliation). The average years in ministry for all five participants equates to 26.6 years. Currently, the average time in service for all five participants within the Army is 19.6 years. See Table 1 for a summary.

Table 1

Demographics of Participants

Participant	Age (Yrs.)	Time in Service	Ethnicity	Denomination	Gender	Years in ministry	Highest rank
Participant 1	62	20	Caucasian	Non-denominational	Male	27	Major
Participant 2	67	24	Caucasian	Catholic	Male	30	Lieutenant colonel
Participant 3	57	13	Caucasian	Lutheran	Male	19	Captain
Participant 4	63	20	Caucasian	Baptist	Male	26	Major
Participant 5	66	21	Caucasian	Methodist	Male	31	Lieutenant colonel

Data Collection

Sampling for this study was purposive and homogenous. The research study was approved by Walden University's IRB Committee and conducted accordingly. There were challenges with data collection as the recruitment of participants was more difficult than anticipated. Due to the nation's heightened threat of COVID-19, all recruitment participants were unwilling to meet in person and struggled to verify computer access for face-to-face interviewing. Their limited knowledge of software platforms such as Facetime, Zoom, or Skype made pursuing contact with participants challenging. Additionally, many participants canceled and rescheduled their interview times due to unforeseen circumstances, including illness, appointment, work-related event, or other personal reasons. This barrier further delayed the study's ability to effectively collect data promptly. Ultimately, however, data saturation was achieved with the small sample size

of five interviewees. Four of the five participants did not want a transcription of their interview and chose not to move forward with collecting their transcript. In contrast, one participant requested their interview transcription. All participants declined to utilize the LCSW on call during the interview to discuss any emotional challenges that may have arisen during the interview process. Before the computerized face-to-face interview, several minutes were spent with each participant reviewing the consent form's risks, benefits, and limitations. Each participant was required to sign the consent form verifying their understanding of the study and was provided a copy via email to keep for their record. Before following the informed consent process, the interview began with "testing" the participant's audio and video on their computer to eliminate potential delays. Once audio and video use were confirmed, the interview began using semi-structured, open-ended questions (Appendix A). After the interview, each participant was thanked for their time, candor, and efforts in contributing to the study. They were provided with their compensation choice as outlined in the informed consent. If requested, the transaction receipt was submitted to the participant for proof of payment. Every interview was digitally audio-recorded for transcription and analysis. The only variation from the initially prescribed protocol was holding the interviews face-to-face by computer due to COVID-19 protocols rather than in-person. IRB approval for the variation was confirmed before conducting face-to-face interviews via computer.

Data Analysis

This study used a qualitative research design, with IPA as the research methodology. As interviews were the primary data source, datasets consisted of interview

transcripts and field notes/memos in a reflective journal. NVivo was utilized to translate thematic analysis and organize, analyze, and visualize information from the interview by sorting and arranging data to identify patterns, repetitions, and themes. The one interviewee requesting transcription was sent electronically to www.Temi.com for transcription. The transcription process took roughly ten minutes to receive the written transcription to my Walden email account post-payment. After receiving the transcription, I reviewed the written transcription for noticeable errors and then listened to the recording while reviewing the written version to identify any errors. Overall, the transcription had limited errors and was corrected as needed.

Triangulation of the data involved examining the research question from alternate perspectives. Additionally, each participant's response to the questions from Appendix A was analyzed and interpreted independently. Once a theme was labeled and coded into a principle, the completion of individual themes was compiled into five categorical patterns. An inductive process then organized the data to set interpreted themes.

Coding

Analysis of the transcription began by reading and re-reading the transcripts, field notes, and reflective journals. Next, data were coded, which involved creating concept labels and defining and developing groundings based on raw data (Kozinets et al., 2014). According to Bayes-Bautista (2019), open coding is helpful once the researcher labels and categorizes data from the participant's perspective to understand the specific phenomena being studied. The transcripts were uploaded to Nvivo software to help organize and analyze each participant's viewpoint. Each transcript was highlighted,

coded into distinctive units, and placed in a ‘node,’ or a “term used by Nvivo for segments of data” (Bayes, 2019). Units were then created for each participant’s own words and phrases. Demographic attributes assigned to each case included age, gender, ethnicity, rank, denomination, time in service, and years in ministry to gather connections between developing themes from each participant's interview. During the transcription process of coding, I also documented personal accounts if the participant's body language changed, vocal tone differentiated, or expression altered, thus creating a new theme.

Additionally, data queries were examined to look for participants' patterns, similarities, differences, and repetitions. Participants who verbalized feelings used words such as “ashamed,” “angry,” “helpless,” “bad,” “guilty,” “overwhelmed,” “troubled,” “mourned,” and “regret.” Interpretively, these words represented feelings of betrayal, bitterness, despair, disillusionment, disdain, frustration, guilt, helplessness, shame, shock, sorrow, remorse, and uncertainty. Once meaning units were developed, they were expanded to develop broader themes. Table 2 identifies Moral Injury Themes and Unit Descriptors.

Table 2

Moral Injury Themes and Unit Descriptors

Themes	Unit descriptors
Anger at God "like" Figure or Self	*"Why is this happening?""Am I a bad person" "If God exists, why did he let them die?" "Does God hate me?" "Is taking an innocent life part of God's plan?"*
Mistrust of Command Engage in behaviors against beliefs	*"Had to follow orders," "Toxic leadership," "Bad decisions," "Did not feel supported," "Wrong decisions being made," "Altruistic authority" "Failure to speak up"*
What is 'Right vs. Wrong'	*"Could have done more," "Had to let them suffer," "Was not allowed enough time," "Addressing divergent worldviews," "Seeking forgiveness,"*
Combined feelings of shame, guilt, feeling unforgiveable, anger, dysphoria	*"Feeling unforgiveable," "Should have prayed harder," "Thinking about what other Soldiers did and if they can be saved" "Witnessing suicide," "Conscientious objector status" "Overcome with emotion"*
Change in Religious/Spiritual Beliefs, Damage to humanity	"*No longer spiritual/hold the same beliefs," Did I enter the wrong religion?" "Am I forgiveable?" "Could have been saved if I did more,""Seeing a different belief system," "Lost faith and meaningless to life" "What is after this life?"*
Difficulty reconnecting with others	*"How will others see me?" "Fear of building meaningful relationships," "Disconnect from others," "Losing faith" "future relationships will be insignificant" "How will my congregation see me?"*

Evidence of Trustworthiness

Credibility

To ensure credibility throughout the study, I addressed the "fit" between the participants responses and my representation of their responses, accordingly. Credibility

was synthesized through use of clarity, rephrasing, member checking as well as decontextualizing and recontextualizing the data. Lincoln and Guba (1985) suggested credibility through prolonged engagement, persistent observation, peer debriefing, and interpretations of the data. Loh (2013) identified the member checking process as form of triangulation of the data, where the participant is able to validate accurate response, clarify vague responses, and add new information. I utilized member checking throughout the interview process to help clarify, reflect, explore and expand on responses. Prior to the transcription, I analyzed the reflective journal and field notes to elicit in-depth information. One participant was provided with their individual transcription of the interview, to ensure credibility. The participant was encouraged to change, modify, clarify, and adjust if the transcription did not represent their individual perspective. In addition to seeking clarification, one participant was sent their transcribed recording and summary of data analysis via encrypted email and asked to review for accuracy, omissions, add clarification, or to make a request to delete any content.

Transferability

Transferability refers to the generalization of inquiry in qualitative research (Loh, 2013). Researchers such as Padgett (2017) suggested a rich, 'thick description' of the data provided by the participants. Nevertheless, transferability occurs when the "reader can relate to the study's findings and can examine parallels to their individual experience" (Padgett, 2017, pp. 212-213). To ensure transferability, I used exact quotes and descriptive details about the participants morally injurious experiences to illustrate definition that can be transferred to other settings from the readers perspective. I also

utilized used rich and descriptive protocol questions and probes to elicit the depth and breadth of participant responses in attempt to incite a sense of vicariousness therefore, increasing transferability.

Dependability

To achieve dependability, researchers can ensure the research process is logical, traceable, and documented (Tobin & Begley, 2004). Dependability also ensures consistency when readers are able to examine the research process. Within my phenomenological study, I confirmed dependability through use of an audit trail, which provides readers with evidence of the decisions and choices made by the researcher regarding theoretical and methodological issues (Tobin & Begley, 2004). For instance, I described how decisions were made during data collection and data analysis processes to create accountability for both accuracy and replicability (Padgett, 2017). Additionally, the use of triangulation between multiple interviews with each participant was used as a way to verify the meaning of the participants' responses (Loh, 2013). Participants received initial interviews to examine if they were appropriate for the study, an in-depth interview lasting 60-90 minutes with de-briefing from an LCSW if necessary, as well as a follow-up to clarify participant responses as well as individual transcription.

Confirmability

Confirmability is concerned with establishing that the researcher's interpretations and findings are derived from the data, requiring the researcher to demonstrate how conclusions and interpretations have been reached (Tobin & Begley, 2004). I used a reflexive approach to create transparency and minimize researcher bias. A reflexive

approach helps create a deeper self-awareness to develop a greater understanding of what participants experienced, thought, behaved, or felt (Bayes, 2019). I used my field notes and reflective journal to document my own feelings as well as interpretations of the participants accounts. According to Guba and Lincoln (1989), confirmability is established when credibility, transferability, and dependability are all achieved. Koch (1994), recommends researchers include markers such as the reasons for theoretical, methodological, and analytical choices throughout the entire study, so that others can understand how and why decisions were made.

Results

The aim of the study was to examine moral injury in Army Veteran Chaplains from the non-combat perspective. The five participants shared their individual experience and perceptions about moral injury as it relates to their non-combat experience.

Moral Injury Themes

There was a total of six themes that emerged from the data: Anger at God-like Figure; Mistrust of Command; What is Right versus Wrong; Combined Feelings of Guilt, Shame, and Feeling Unforgiveable; Change in Religious/Spiritual Beliefs; and Difficulty Reconnecting with Others. See Table 3.

Table 3

Themes/Subthemes Emerged From the Data

Themes	Subthemes
Anger at 'God-like' Figure	Confusion
Mistrust of Command	Resentment
What is Right versus Wrong	Perpetrating or Bystanding Unethical Action
Combined Feelings of Guilt, Shame and Feeling Unforgivable	Uncertainty about Future Chaplaincy
Change in Religious/Spiritual Beliefs	Negative Apprasial of Self
Difficulty Reconnecting with Others	Powerless/Disconnect from Reality
Suicidal Ideations	Thoughts about Death

Theme 1. Anger at God-Like Figure

All chaplains that were interviewed reported having a strong moral integrity or 'moral compass' prior to joining the Army. Many started their chaplaincy career prior to joining the military and were 'new' to the military lifestyle. An emergent theme of "Anger at God-like Figure" was present throughout the interview process and is defined as intense feelings of anger or resentment towards their religious/spiritual "God." This theme was apparent during the interview process when the discussion of participant careers in the Army. While each chaplain identified as part of a Christian religion, each participant described differing feelings of psychological morbidity during their military careers as a chaplain, which involved being upset at "God." Sub-theme of confusion and

antipathy were present, particularly with Participant 1 who expressed intense feelings of anger and guilt, stating:

> Soldiers did what they could, but I saw a lot of mental and physical injuries. I never once came in contact with an enemy or was even provided a semi-automatic weapon. There was not a time where I was not holding a bloody hand, praying over someone, or reciting last testimonies. It was eye-opening, and after a while and I angerly wondered, 'Why God? Why take this young soul? I felt guilty…

Participant 2 also felt angry towards God, but also reported feeling shameful making statements such as:

> There were many times where I questioned whether my time as a Chaplain was worth it. A lot of 'under the table' conversations were had with the Chain of Command, many discussions and decision beyond my control. I was ashamed since I did not agree with most of the decisions because it led to more chaos, toxicity, and death. I questioned my holiness towards the Lord and wondered if I was doing 'his works' as promised when I graduated both seminary and chaplaincy school. I found myself angry at God, wondering to myself, did he push me in this direction to question him?

Field notes captured observations of the participants' non-verbal behaviors, to include body language. It appeared that both participants describing their resentment towards God appeared sad, confused, and angry. The reflective journal allowed for examination of emerging patterns and documented evidence of cognitive dissonance. This was emergent when participant 2 was questioning his time as a Chaplain and

wondering if his time was “worth it.” Sub-themes were examined in the quotations taken from the participants above, which mirror the symptomology of moral injury according to Litz (2009). When describing chaplaincy practice, overall care is about seeing and respecting human beings’ theological perspectives and overall experiences. According to Steere (2019, pp. 323),

> *The most helpful expression of a chaplains theology lay, not in the facile use of religious terms or even in clarity of belief, but in quality of thought and action through which one opens himself up to patient suffering, understanding it and responding to others’ needs. To not understand the importance of God is to become a substance of human suffering. Chaplains must practice and be open to what God has done or acted out in the process of Pastoral care, much like the medical knowledge of the physicians is employed to inform procedures of treatment.*

A chaplain, particularly in the military, remains the sole resource a traumatized person has that can remain present with them as they process pain, their emotional reactions, and their thoughts related to their traumatic experiences. Patton (2005) states that chaplains represent the presence of God through a relationship in which a person is cared for. In doing so, Patton’s idea requires chaplains to be fully present, provide a non-judgmental presence, and to be conscious of his or her own countertransference, by actively listening to the patient. To be a helpful presence, it remains a necessity to have a connection with God that is positive, rather than a connection that represents anger. Thus, in relation to moral injury, Litz (2009) reports that many personnel would associate their morality

based on one or more narratives of a traditional faith structure (e.g., Buddhist, Christian, Hindu, Islam, Judaism, etc) or an idiosyncratic combination of religious beliefs. If those religious beliefs are challenged, ie: Anger at God like Figure, individuals may struggle to forgive themselves, increasing guilt, shame, confusion and antipathy. Some may even lack the capacity to forgive God, a higher power (or other divine entity).

Theme 2. Mistrust of Command

A common trend throughout all participant interviews included feeling mistrusted or misguided by their individual leadership, also known as the 'chain of command.' The definition of this theme involves intense feelings of irritation, resentment, distrust, and skepticism towards leadership in the military, such as quotes stating, "The chain of command was toxic to those who went against their demands." Surprisingly however, no participant reported regretting joining the Army, despite feeling mistrustful of the command. Sub-themes that emerged resentment and cynicism. Participant 4 spoke of feelings of cynicism against his leadership, particularly in relation to their actions and judgement of their soldiers. There was evidence of "distain" by congruent facial expressions and even feelings of "annoyance." However, Participant 4 noted, "this is just how it is; we do not have a choice." At one point, Participant 4 mentioned that there was evidence of unit discrepancies such as falsification of documents, inaccurate numbers, and lack of training. There were obvious discrepancies in how each chaplain viewed their subordinate leaders, with some feeling "very supported" and others feeling "unsupported." Participant 3 stated that some commanders made decisions "for the wrong reasons" to "make themselves look better, without caring what happened to everyone

else." The same participant described the command as "pencil whippers" where they "did whatever they could to make themselves look good on paper and get the mission done." This participant recounted how the commanders would make decisions that did have significant impact on Soldierly livelihood; most of the time, not in benefit of the Soldier. As it relates to moral injury, Participant 3, while having internal conflict against his leadership, did nothing to "stand-up" for what he knew was right, despite having internal conflict that went against his moral transgressions as a Chaplain.

Participant 3 recalled:

> Some of the leadership was only out for themselves and I think, that is what contributed to the Soldiers feeling that the leadership was toxic. I saw on a few occasions Commanders fudging the numbers to make themselves look good or not supporting their Soldiers career progressions because it was an inconvenience for them due to training. I also saw the way they treated victims of sexual harassment and assault. They retaliated to protect their own, but at a cost. But I never did anything about it, and I was their right-hand man, their subject matter expert. Looking back, I should have done something, but in the moment, I didn't do anything for fear of retaliation and not being taken seriously.

As it relates to moral injury, Participant 3 engaged in behaviors that were "against" his individual beliefs. Litz (2009) states that moral injury can occur when failing to act to or witness behaviors that go against individual values and moral beliefs. In relation to Participants 3, he was not "saying what is on my mind" or "not speaking up," for fear of retaliation or fear of not being "taken seriously." These responses however, varied to the

degree and culpability by veteran experience. In most cases, participants internalized self-blame and described feeling "turmoil" to the events that contradicted their beliefs or values. Additionally, the moral injury that was felt by Participant 3 may include a sense of futility in the leadership and perceived betrayals of trust by those in authority (Shay, 2014). A Soldier's role for example is to listen, understand, and execute orders (MacLeish, 2018), regardless of their positions. Actions required of a trusted individual, or Chaplain, can demand a "split-second" decision making, which can have existential moral frameworks, resulting in moral injury (Currier, et al., 2015). Moral injury can occur through self-directed (one's own action or inaction) or other-directed (witnessing, or as a victim of another's action or inaction) transgressions (Drescher et al., 2011). As a result, the sub-themes co-exist within the theme of Mistrust of Command, describing the difficulty to develop dependence and even moral reliance on an individual(s) who are supposed to make the 'right' decisions for the livelihood of the unit.

Theme 3. What is Right Versus Wrong

As a chaplain, intrinsic growth is crucial to help cultivate an environment of support, meaning, and purpose. Nonetheless, one theme that emerged during the interview process included doing the "right" thing versus the "wrong." To define this theme as it relates to moral injury, participants discussed their challenges with making decisions that may or may not have had a negative impact on their chaplaincy experience, both internally and externally. It is difficult whether in wartime or post-war time to observe human suffering. One sub-theme that emerged included Perpetrating or Bystanding Unethical Action. Participant 5 shared that he was unable to provide a

Soldier with his last rights and was morally conflicted about being unable to render aid. He reported, “was this wrong of me to not provide him with his last rights?” Participant 5 recalled:

> I was working at the hospital during this time, and it was difficult to be available 24/7 to a trauma three center, without feeling burnt out. There were times when I was unable to get to the patients in time before they passed, which made me question the abundance of human suffering. What if this individual did not have a relationship with God? Did my inability to intervene cause them to die without knowing their true path?

This response highlighted how decisions/actions may transgress into deeply held moral values and beliefs, resulting in moral injury (Currier et al., 2015). The same participant noted,

> The Bible teaches us: ‘Thou shall not kill.’ In those moments of suffering, it bothered me that I may have played a role into their suffrage during their final moments.

Addressing the needs of service members from a holistic perspective remains difficult because the role of the chaplain is to spiritually develop and strengthen the human spirit, providing comfort and facilitating transition through closure. Field notes during the interview helped capture the verbal and nonverbal responses of participants when describing their right versus wrong experiences. Examples included arched body, tearful eyes, and feeling uneasy by squirming in their seat. Subthemes that emerged included quotes such as, “I thought about my time as a Chaplain in the service, and wondered, if I

did enough?" When examining individual narratives, another common subtheme that emerged was the sense of "loss." For all participants, these loses were wide ranging and devastating, including deaths, loss of relationships, career, and identity. Participant 5 also reported,

> I felt loss after witnessing the deaths in the hospital. It was not a 'normal' loss feeling, but rather a part of me that felt I lost my identity, my ability to heal, and it was difficult to reconcile making sense of my losses.

Participant 4 described his internal struggle with guilt and shame following the difficulties of being unable to help those in need. He reported saying, "I should have said more, I should have done more, I should have fought harder. I knew at that moment I did something wrong." When such events occurred, the negative experience was prominent, highlighting the potential for a morally injurious experience.

Theme 4. Combined Feelings of Shame, Guilt, Feeling Unforgiveable, Anger, Dysphoria

As a Chaplain in the Army, the military teaches their Soldiers that regardless of rank, job, or position, all personnel employ and embody the Army values which include: Honor, Integrity, Selfless Service, Personal Courage, Loyalty, Duty, and Respect. One of the most prominent themes in the study, included Combined Feelings of Shame, Guilt, Feeling Unforgiveable, Anger, and Dysphoria, which in relation to moral injury is defined as the distressing psychological, behavioral, social and spiritual aftermath in exposure to events that go against one's moral and intrinsic values. One subtheme that emerged from the theme included: Uncertainty about Future Chaplaincy. In relation to

the subthemes, Particpant 4 described feeling doubt when he witnessed an intential death of a child, who was killed by a Soldier in his unit. The participant responded:

> The young boy was shot by a Solider in my unit; in my opinion, for no reason. He was around nine or ten years old. The team was setting up our quarters when the young boy attempted to steal from the site and he was shot, ultimaetly dying in front of me. While I had no participation in the death of his boy, I felt as equally guilty for his death. The worst part of this experience was that everyone around the field kept on going as if nothing happened. I had a moral confliction at this point. The Bible teaches us that the ultimate sin according to Jesus, is to to inflict death upon a child and those that remain defenseless. At this time, I felt I had no choice but to 'move on.'

Beyond the clinical construct of chaplains providing a holistic paradigm in the contexts of war, consideration of what is 'sinful, evil, and unforgiveable,' was based on the theological and pastoral traditions of the individual. Particpant 1 stated, "I had a custodial resonsibility to protect our troops from the mental and physical evils of war, that was my job." He recounted, "I feel bad for watching them suffer, it seemed no matter what I did, I was unable to take the pain away." Participant 4 stated, "I had to be strong for them, but it was 'fake strength.' There were times I did not know what to say, especially when I was asked by my fellow Soldiers, 'Did I do the right thing?'" All the participants responses were documented in the relfective journal to bracket and interpret their meanings. Some of the non-verbal observations captured included excessive head lowering, restlessness, tearfulness and dejected facial expressions. It appeared that as the

participants were telling their stories, feelings of sorrow and remorse emerged quickly from their physical and emotionally responses to their stories to include tears and head holding. Specifically, the responses given by participants about both their conceptualizations and the experiences they believe could cause moral injury are similar. Combined feelings of guilt, shame, and feeling unforgiveable suggest that trauma from moral injury may lead to their mental distress and suffering. Additionally, Participant 4 reported having a strong sense of "responsibility" for his Soldiers. He explained, "I felt like I had to be strong and look after them." Participant 2 expressed intense feelings of disbelieve, bitterness, and sorrow about having to send Soldier's back to war after pastoral care counseling, knowing he was putting them back in dangerous situation. The participant recalled,

> I would sit down with the Soldiers and give them pastoral counseling to help them during tough times both in training and out of training. A lot of the times, I would send them back in harms way because I had to, it was the mission and that always came first, eventhough I felt guilty about it.

While warriors a like understand that facing death, witnessing killing and destruction remain "part of the job," the military does not account for the impact it can have on ones individual psyche, like Participant 2. It is within these trauamatic experiences that exposure to trauma would have an impact on individual purpose and meaning, thus increasing the possibility of a morally injurious experience.

Theme 5. Change in Religious/Spiritual Beliefs, Damage to Humanity

The loss of a belief in a religion or spirituality during a non-combat experience affected two of the five participants in the study. Change in Religious/Spiritual Beliefs, involves the distress associated when a Chaplain experienes and/or committes transgressive acts and/or experiences perceived betrayal. One subthemes that emerged included Negative Apprasial of Self. Acording to most of the participants, feelings of worthlessness contributed to poor self-care and maladpative coping strategies such as issues with sleeping and eating. Of the two Army Veteran Chaplains, three maintained their religious beliefs, while the remainder questioned their religious/spiritual value. Participant 2 described himself as Christian, yet reported that he questions the validity of his spiritual transactions with God, due to his loss of connection with his religion because of moral injury. He reported:

> I was baptized and spent many years studying theology and the Word of God. I believed that the body of Christ and my love for humanity could repair individual sin. After I spent time in the Army, I began to shut out religion and question the impurities of others. I thought to myself, if I pray for a suicidal Soldier, are they going to pull the trigger? More than one time the answer to that was, yes. After awhile the dullness and the exhaustion of prayer just did not seem effective. This made me question my affectivness on others.

Participant 3 whose religious values did not become affected, reported feeling closer to God, because he felt he was doing something good for both himself, the Soldiers and the

Army, thus not experiencing a moral injury. He reported a strong moral development, stating:

> I was raised Catholic and continue to spend time in the church. After I retired, a part of me felt closer to God. I believed that I did the best I could with the conditions I was given. I believe it is necessary to spread the word of God and to believe in God. Even before I became a Chaplain, I wanted to be a part of something greater, and the Army provided me with this opportunity to instill religious and spiritual comfort to our troopers.

Participant 1 described how those involved in the military inevitably have both good and bad intentions, due to being placed in extraordinary circumstances that "normal civilians" do not encounter, such as the atrophies of war, socialism of the military culture, and shock value of Soldierly life. He came to believe that true evil lurks within the ranks of our military:

> After a while, I began to feel that everyone in the military committed evil knowingly and willingly. It has been difficult to find comfort within my spirituality even after retiring. I struggle to establish a sort of 'normalcy and explanation' within my religious beliefs and I do not know how to put together what I have seen others do.

This participant continued to describe being unable to come to terms with the notion that God's plan for Soldiers likely includes death and suffering. He would state, "Was this God's plan all along?" To die? For what? Peace on earth? Freedom?" He goes on to report that he continues to struggle within the church's teachings and his general moral

development. Overall, each participant described having a childhood upbringing that was close with God with strong familial religious ties to the church. Yet, two of the five endorsed having religious conflict and spiritual distress as a result of their morally injurious experiences. In cases where veterans had perpetrated or witnessed a transgressive act, they attempted to compensate or atone for the morally injurious experience by being heavily involved in caring roles, or setting very rigid rules of right and wrong which, when broken by the veteran, produced very harsh self-judgement and prolonged distress. While it has been generally accepted that spiritual/religious beliefs could reduce anxiety and bring meaning to traumatic experiences (Shiah, Chang, Chiang, Lin, & Tam, 2015), others find these beliefs hurtful and could abandon their religion after experiencing trauma (Fontana & Rosenheck, 1998).

Theme 6. Difficulty Reconnecting With Others

Three of the five participants reported changes in connecting with others after experiencing a moral injury. To define the theme of reconnecting with others, participants described difficulties reconnecting with close family members, friends, and even peers from work or social relationships both in and out of the church. A prominent subtheme included powerlessness/disconnect from reality. Participant 3 noted that he did not feel like he was a "good person" anymore because of his time in the Army as a chaplain and he suffered significant damage to all facets of life. He thought of himself as a "disgrace" and continues to feel troubled about the things he witnessed. Participant 3 recounted, "I was left having difficulty connecting with myself again, and with my family." On this point, he noted an injury to his "whole person-mind, body and spirit." He stated:

> I did not have the confidence I once had, and I spent a lot of time second guessing myself, my beliefs, and my values. My decisions were in a way, tainted because of my experiences in the Army. At times, I feel like a failure and it remains prominent after all these years. I wonder at times, if my voice even matters.

Participant 5 stated that he, "second guesses everything" and feels anxious, on guard, and not trusting of others. "I am more cautious and hypervigilant. I am more careful about my decisions and how they impact me." Participant 2 also expressed difficulty in their familial relationships due to moral injury, and tended to view themselves as flawed, broken, or damaged. Participant 1 described having difficulty connecting with his grandchildren due to his moral injury:

> I think about what I experienced and how I do not wish that upon my grandkids. I cannot seem to find the forgiveness in myself, and I feel like a bad person. As a chaplain, I try to do the 'right thing' but there are times when I think the damage has already been done and I am no longer repairable.

Overall, the veterans that experienced interpersonal distress connected to their moral injuries, continued to feel a disconnect from loved ones and from themselves; it appears that they came to believe that their moral injuries tarnished or scarred their understandings of themselves and their understanding of humanity and their spirituality as it relates to their religious beliefs. Participant 4 described his injury as a wound of the soul that broke down his individual self-esteem and self-worth. In doing so, he believed the result of moral injury involved questioning what is right from wrong. Similarly, polarization had to be constantly considered and addressed when describing the theme of

reconnecting with others. It became clear within the interview process that under the pressures of the military and the religious pressures of Biblical teachings, participants were not able to visualize the complexity of their existential positions and the gravities of their work environment. The paradigm shifted for some, once participants exited the service as they were no longer engaged in their regular military-like activities and balancing the complexities of their Soldierly duties and connecting others to the components of the spiritual life. Nash (2019) applies this concept to morally injured warriors, noting features related to "disruption of the complex world" including an adoption of the belief there is no "God, goodness, life has no purpose, etc.; to features related to disruption of one's sense of self, including the belief that "I am not good," and "I do not deserve others.""

Theme 7. Suicidal Ideation

Each participant was asked about having suicidal ideations both during the interview and within their lifetime. Suicidal ideation is a broad term defined as, "a wide range of complex contemplations, wishes, thinking about or planning death associated with taking one's own life or suicide" (Harmer et. al, 2022). It should be noted that that none of the participants acknowledged having suicidal ideations during the interview, during their lifetime, or had a history of suicide attempts. Thoughts about death was identified as a subtheme which included contemplations of killing oneself and wishing to be dead. All participants noted that "family" was their primary reason for living and thoughts against suicide conflicted with their "religion and/or spirituality." For example, Participant 1 would state, "Suicide is considered a sin." Participant 2 would state, "The

Bible teaches us that suicide is evil." All participants would make comments along the lines of, "I never considered suicide as an option, and I never thought about taking my life;" or "I was always tied closely with my religion, which prevented me from ever wanting to take my own life." Additional participant reasons for not considering suicide included having "children/grandchildren," "enjoyment of being 'alive,'" and "not wanting to hurt their loved ones."

Summary

This research study aimed to seek understanding of the morally injurious experiences of Army Veteran Chaplains from the non-combat perspective. To address this research study, I collected data from five participants utilizing IPA methodology. I interviewed participants face-to-face via zoom platform due to COVID-19 and digitally recorded for professional transcription and analysis. During the data analysis process, categorical themes were produced, and subthemes were collected to interpret individual experiences. The comparative data from the participants revealed that all five participants experienced a moral injury, but each participant was affected and impacted differently.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this study, I explored the lived experiences of moral injury on Army veteran chaplains from non-combat experience. The results produced data that provided practical, IPA, illuminating each chaplain's lived experience, and highlighting their perceived moral injury. The data captured participants' thoughts, feelings, behaviors, and themes, revealing specific emotional and behavioral responses. This qualitative study aimed to understand better the impacts of moral injury on Army veteran chaplains from the non-combat perspective.

The results revealed that each chaplain experienced a moral injury from their perspective as a chaplain in the Army during a non-combat occurrence. The six themes from the study provide context to understanding how one's morally injurious experience impacts one's perception. The study used the definition of moral injury proposed by Litz et al. (2009): "the perpetration of, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs." This research highlights what factors prevent morally injurious experiences from occurring in the wake of traumatic events. Current literature reports that individuals who experience a morally injurious event have emotional and behavioral responses such as anger, alienation, and social withdrawal (Litz, 2009). In the following section, this chapter explores the limitations, followed by the implications of the findings and future research areas. The conclusion summarizes the essential findings and proposed direction for addressing moral injury among U.S. service members and veterans.

Interpretation of the Findings

The findings in this study contribute to the larger body of knowledge related to moral injury on veterans, military personnel, and even those affected by the symptoms of moral injury in their everyday lives, and individuals in high-stress work environments such as police officers, doctors, and firefighters. This research study prompted the need to increase awareness of the construct of moral injury outside the combat experience by offering insight into the complexities of moral injury in the helping population separate from those who had traumatic war experiences. The results of this study may empower behavioral health providers and other mental health advocates to expand their knowledge on moral injury to better serve the community and former military personnel. The research question I used to guide the study was, what are the lived experiences of Army veteran chaplains from the non-combat perspective? Participants in this study validated the differing viewpoints of moral injury, how one interprets their morally injurious experience, and its impact on their livelihood as a chaplain.

Six themes and subthemes in this study provided organizational context to the individual perspective of moral injury from one's non-combat experience. The first theme to emerge in the study was "anger at God-like figure and self." According to the participants, many reported feeling "mad" and "frustrated" with God. Several participant responses found reflections in the literature, such as feeling "at fault" for bearing witness or contributing to the injury. "Conceptualization" themes were coded as both "perpetrating unethical action" and "perpetrating or by standing unethical action" made

up of many responses, and those views are consistent with other literature (Drescher et al., 2011; Litz et al., 2009).

The second theme to emerge from this study included mistrust of command, which involved engaging in behaviors against personal and spiritual beliefs. There is limited research regarding failure to act or to prevent acts that conflict with a veteran's moral beliefs; however, Fontana et al. (1992) found that having been a perpetrator or failing to prevent injury was significantly related to suicidal ideations than witnessing or being a target. Nevertheless, this study was significant as the findings culminated in the awareness that the participants' shared experiences aligned with the literature on moral injury and confirmed that moral injury was present in study participants. The themes of disillusionment and mistrust of command were similar to the categories of betrayal by trusted others and betrayal by systems in the study by Schorr et al. (2018) and the writings of Shay (2009). Both of these researchers also found that each participant experienced morally injurious events after exposure to combat in a deployed environment. This study also postulates how certain events that veterans experience can lead to the development of moral injury.

The third theme of what is right versus wrong was similar to Drescher et al.'s (2011) category of "failure to live up to one's moral standard" (p. 11). The themes of disillusionment and mistrust of command were like the categories betrayal by trusted others and betrayal by systems in the study by Schorr et al. (2018) and the writings of Shay (2009). Additionally, the subtheme of resentment emerged from the notion that a chain of command is available to all troopers for support related to the U.S. Army's

mission as well as the personal interest of its soldiers. While chaplains serve with distinction in their roles in the unit, evidence of feeling as if there was no choice to have a "say" as well as feeling the unit did not support the personal interest of its troopers (i.e., mental health, physical health) increased internal conflict and lessened the overall confidence in the leaders in prominent decision-making positions. Additionally, Stolt et al. (2021) reported that internal conflict was present with symptoms of moral injury. For instance, in their study of healthcare workers who worked in the healthcare system, researchers found that stress of conscience, regrets for ethical situations, moral distress and ethical suffering, guilt without fault, and existential suffering were a few of the symptoms experienced during difficult situations each healthcare worker faced in one-on-one patient encounters. The study stressed how healthcare workers felt when they were unable to reduce the pain and suffering of their patients and felt they were unable to do enough when they bore witness to intense human suffering and cruelty. Like chaplains, the association between these concepts relates to intense feelings of moral distress. Those in a helping profession experience internal conflict on what is ethically sound versus what is morally conscious.

Elements of all seven themes are supported in the literature, including the research of Borah et al. (2012), Bryan et al. (2015), Frankfurt and Frazier (2016), Litz et al. (2009), and Shay (2009). Specifically, changes in religious/spiritual beliefs resulted in feelings of shame, guilt, anger, and dysphoria. Each of these studies examined the importance of moral injury on war-related psychological trauma in military members and found that morally injured persons may tend to assign themselves or others as culpable

for the events that violated deeply held moral beliefs, leading to anger, blame, and difficulty making or seeking amends/forgiveness from reparations committed. Most importantly, each of the authors mentioned that depending on the nature of the moral injury and the event that caused it, seeking amends is individualized and can take years to a lifetime of healing. Researchers note that deliberate compassion toward oneself or others may gradually promote acceptance and forgiveness.

Kilner (2010) and Barrett (2011) reported that the military has let down its members by not providing them with a moral justification for their actions in war (Bayes-Bautista, 2016), such as killing and its effect on their mental well-being. Of the veterans in this study who endorsed feelings of moral injury, one chaplain commented on the lack of emotional preparation that goes into helping soldiers understand the impacts of war on the individual psyche. This statement suggests Barrett's comment that the military believes that if service members are "just trained hard enough," somehow, they will also be either prepared or "immune" to the possible emotional punishment of sustained military action. This concern validates the significant need for ongoing training/education of trauma services for all service members assigned to a unit, not those deployed explicitly in combat-ridden environments.

While the role of a chaplain is to be attentive, empathetic, and available to help process significant emotional and spiritual issues, there needs to be more understanding and awareness concerning moral injury and the aspects of loss of spirituality. Schreiber (2015) argued that the chaplain, "as an extension of the church in the community, offers words of healing, comfort, and absolution from all the bloodletting slaughter of war, to

penetrate, cleanse and restore the conscience of the warrior from the battlefield." The loss of a belief in a religion or spirituality during a non-combat experience affected two of the five participants in the study. The possibility for forgiveness may allow veteran chaplains to find the good within themselves and their search for meaning. Constructivists believe that humans are compelled to understand the world to go about in it (Peck & Mummery, 2018), which aligns with Park's (2010) seminal meaning-making model. In this model, Park reported that all participants' individual core beliefs, ethics, values, goals, and a sense of purpose; in other words, their 'global meaning' had changed as had their 'situational meaning,' that is, the individuals' evaluation of events was altered. Like Currier et al. (2015), the study participants struggled to integrate the ascribed meanings of their war zone and non-combat experiences into global meanings. The findings also reflected the importance of cognitive and behavioral theories to grasp the perceptions and assessment of one's lived experience in each population. The desire to know more about the veteran chaplain's lived experience influenced the chosen methodology of IPA, which led to the development of the open-ended questions—the semi-structured interview allowed for clarifications, further description of the experiences, and rich detail. Less than half of the study chaplains reported difficulty reconnecting emotionally with loved ones after their morally injurious experiences. Many reported feeling unforgivable and not feeling like a "good person." Drescher et al. (2011) identified the theme of self-deprecation as the result of experiencing moral injury, including feelings of being damaged, self-loathing, and a loss of self-worth. Litz et al. (2009) described the impact of moral injury to potentially cause feelings of guilt and shame, leading to withdrawal and

concealment from significant others over time. Litz et al. stated that if the withdrawal was persistent, the veterans might come to see themselves as "morally corrupt." Schreiber (2015, p. 23) noted, "All chaplains are non-combatants. They do not carry a weapon. They do not kick in doors. They do not search and destroy, and they do not shoot the 'bad' guys. Chaplains do not inflict violence, but they may suffer violence due to their proximity to the war zone and field of fire" (p. 23). Other literature indicates that some chaplains were most likely to suffer compassion fatigue or burnout from assisting clients suffering post-traumatic issues (Yan & Beder, 2013). More importantly, Bennett (2014) argued that "chaplains, in particular, can not only question the meaning and purpose behind the enormous scale of pain, suffering, and loss of life but also bring their personal beliefs into question" (Bennett, 2014, p. 338). Since the establishment of moral injury, the Veteran's Administration has been active in moral injury research and its impact on the veteran community. While still widely novice in research, several new studies and journal articles on moral injury have been published related, including work by Bryan et al. (2017), Gray et al. (2017), Held et al. (2017), Jordan et al. (2017); MacLeish (2018); Molendijk (2018); Purcell (2017); and Wisco et al. (2017). Additionally, the social work profession has continued to analyze moral injury, leading to an increased understanding of moral injury and its implications on the social work profession. Most recently, The Center for Excellence at the Waco, Texas Veteran's Administration is conducting a study on the significance of moral injury on veterans who served in Vietnam. Additionally, STRONG STAR, a Department of Defense research organization network on trauma and resilience, is running a moral injury study, hopefully leading to discussions about moral

injury through military pre- and post-deployment debriefings, reintegration, and resocialization training.

The theoretical foundation for this study was constructivism, a theory of learning and knowing, wherein human beings actively construct knowledge within their own subjective experiences, culture, and context, and with varied and multiple meanings. The social work practice theory drawn from was a cognitive theory, which "focuses on internal mental processes that affect how one feels and behaves" (Early & Grady, 2017, p. 39). The use of IPA allowed participants to share their lived experiences. Nevertheless, this study's results indicated that IPA expanded upon moral injury and spirituality within chaplaincy practice. Moral injury originates at an "individual level when a person perpetuates, fails to prevent, or bears witness to a serious act that transgresses deeply held moral beliefs, which leads to inner conflict because the experience is at odds with their personal core ethical and moral beliefs" (Litz et al., 2009, p.13). While the results indicate that moral injury was apparent for chaplains from the non-combat experience, there is potential that a morally injured individual realizes they were not the individual they had previously believed themselves to be, such as a "Man of God." This realization, "I am not the person I thought I was, has a hypothetical implication for discomfort and despair" (Frame 2016, p. 4). Frame (2016, p. 60) argued,

> A morally injured person can be debilitated by their injuries. He or she could abandon notions of right and wrong, good and bad, as they inhabit a world where only legality defines morality. The morally injured could be paralyzed by

unremitting guilt and unrelieved shame with no creative or constructive forms of confession, absolution, forgiveness, and reconciliation.

Concerning spirituality, Chan (2014, p. 3) noted that "ritual and worship activities such as reading religious scripts, helping people to confess their sins, and responding to questions about religion, are all important methods that can be used to help military veterans (both active and retired) resolve spiritual issues." Nonetheless, the same principles can be applied to chaplains who experience moral injury, as additional uses of prayer, confessions, contrition, penance, reconciliation, cleansing, forgiveness, grace, and blessings can adopt differing pastoral/spiritual care paradigms to assist inner healing. Furthermore, Bennett (2014, pp. 302-303) reported that "all wounds, both visible and invisible, have an underlying spiritual connection that requires a spiritual solution.

Limitations of the Study

According to Litz et al. (2009), while moral injury remains in its infancy stages of development, one limitation of studying veteran chaplains who experience moral injury is that the evidence encompassing the phenomenon of a 'lived experience' relates only to personal involvement. For example, Sullivan and Starnino (2019) stated that many veterans are unaware of their mental struggles related to trauma or morally injurious experiences. Additionally, keeping personal bias in check would include implementing queries such as: What questions is the research asking? Are they leading, concise, and open-ended (Sullivan & Starnino, 2019)? A critical barrier for the study of moral injury includes the safety and protection of the participants. Because the topic of moral injury suggests feelings related to intense states of suffering (Litz et al., 2009), protecting

participants is vital to remain ethical and lessen the chance of psychological crisis. While this study remained aware of the barriers in discussing the context of moral injury, preliminary prescreening processes helped initiate informed consent and understanding of the study to establish rapport, safeguard participant well-being and understanding of the moral injury construct in the correlation between religious complications and the loss of spirituality/faith in chaplains.

Additionally, participation in the study was limited to Army veterans only and not veterans who had served in alternate branches such as the Marines, Air Force, Coast Guard, or Navy. The findings may have changed or had an alternative impact on the lived experience of moral injury. Moreover, each branch has a different mission with differing goals, which could indicate that chaplains in other branches may or may not have similar lived experiences as those in the Army. The study also limited Army veterans to hold the MOS 56M (chaplain), who were local to the Southern region of the United States. At a minimum, those individuals who held the MOS 56M (chaplain) held a doctorate in theology. While this research study is a small step towards addressing the gap in the literature surrounding the notion and conceptualization of moral injury, the small sample size limited the study, thus questioning the creditability of one's "lived experience" with only five participants. However, according to Creswell (1998), "five to eight interviewees are suggested for a phenomenological study." While a qualitative approach requires thematic analysis to achieve saturation, the benefit of using IPA is that a small sample size remains sufficient. Of importance with phenomenological studies, and what separates them from other qualitative approaches is that one can have no "true" minimum

or maximum number of participants. Some studies have involved as few as one participant, applying phenomenological theory to case study research, and other phenomenological studies have involved as many as 33 participants (Morse, 2000). Despite sample size for phenomenological studies, attention is drawn to Morse's (2000, p. 4) view: "The quality of the data and the number of interviews per participant determine the amount of useable data obtained. There is an inverse relationship between the amount of usable data obtained from each participant and the number of participants. The greater the amount of useable data obtained from each person, the fewer the number of participants." As such, a sample size that is considered "too small" cannot be generalized (O'Neal, 2018, p. 86). What remains essential in IPA is that the phenomenon under the study involves a depth of understanding rather than a breadth involving participant size. However, as a limitation, all participant ranks were commissioned officers, so lower enlisted ranks were not represented. The IRB also restricted the interview length, settling on only one 90-minute session due to the risk of psychological distress. Nonetheless, multiple interviews, even with a small sample size, may have led to further elaboration and possibly offered greater insight and richer data on moral injury.

Another limitation focuses on each chaplain's religious/spiritual identification and affiliation. Only chaplains who identified with Christianity were studied, leaving out the importance and plausibility of other religious affiliations experiences with moral injury, such as those who identify with Buddhism, Judaism, Islam, and other non-Christian religions. Only honorably discharged veterans were considered for the study, as those

discharged dishonorably may have provided internal biases against the Army, hindering their overall lived experience of moral injury.

The sample of participants utilized for this study was limited to five participants, who all self-identified as "white" or "Caucasian" in ethnicity and identified as "male" in gender orientation. Other possible demographic data, such as female chaplains or chaplains of differing ethnicities, may have provided contrary data based on this study's findings. Additionally, overall time in ministry was calculated by the total number of years in ministry rather than the total number of years serving as a Chaplain in the military. These strict requirements narrowed the collection of potential participants for study eligibility. They may have provided alternate results on the impact of moral injury in their chaplaincy and would likely add to the quality of the data. Advertising for the study during the height of COVID-19 placed additional binds on the already small sample in finding participants willing to meet in person and meet study requirements. Increased attention to demographic diversity may have recruited a more comprehensive array of social identities and spiritual/religious affiliations.

Due to the nature of the semi-structured interview process, the possibility of memory recall of one's past event or dishonesty was considered an overall limitation. Error recall, for example, could be due to possible trauma, false memories, or incomplete information. While these limitations, according to Giorgi and Giorgi (2007, p. 56), are "not crucial to phenomenological analysis, the objective facts surrounding a phenomenon is subjective" based on one's lived experience. Therefore, Giorgi and Giorgi (2007) argue that these "distortions" in memory can ultimately provide further saturation since a

phenomenon is defined as how one experiences/recalls an event with the issue of dishonesty. Giorgi and Giorgi (2007) state that phenomenological interviews are not structured to advance a fastidious theory or postulate a hypothesis. Therefore, the interview seeks personal details about one's lived experience, which remains unpredictable and spontaneous. While a participant could fabricate a sumptuous description of their phenomenon, the motivation is questionable. Regarding this study, the only compatible theory of dishonesty may involve compensation, yet compensation was disclosed during the screening process, so the incentive for dishonesty was low.

Recommendations for Future Studies

Most of the literature on moral injury within the last ten years encompasses combat, military, and the psychological impact on troops engaging in the atrocities of war. Due to the asymmetrical nature of moral injury, the findings suggest that moral injury can occur outside the notion of war. Future research on moral injury should be examined in those with a helping profession involved in occupations with high-stress environments, such as doctors, firefighters, police officers, and even mental health workers. Additionally, research related to other non-combat occupations outside of the military may increase our understanding of trauma, PTSD, and its impact on the human psyche. Other research questions involving moral injury may be, "Is moral injury developmental?" and "What treatment modalities are best to treat and help heal a moral injury?" Increasing the literature on moral injury it can become more prevalent in the mental health field.

Continuing education on moral injury can help mental health practitioners and other communities understand and recognize the comparisons and variances between PTSD and moral injury and what treatment interventions are best. Since moral injury is still in its infancy with recognition, many trajectories can be explored using a qualitative approach with a constructivist worldview. Gray et al. (2018) suggest future research to examine the impact of moral reassurance, that is, the well-meaning but short-sighted effort to help professionals dispel guilt and shame. As moral injury crosses cultural, social, economic, and religious boundaries, further studies of the phenomena are warranted, especially as the prevalence of moral injury is not fully known. Further medical research may be needed to establish how moral injury affects co-morbidity in other psychiatric illnesses.

Due to the high prevalence of moral injury among veterans and military personnel with PTSD (Litz, 2009), it may be essential to start identifying those with significant moral injury symptoms through screening. While current interventions suggested for moral injury include Cognitive Behavioral Therapy, Prolonged Exposure, and Cognitive Processing Therapy, to name a few (Litz, 2009), growing research would be needed to test treatment efficiency directed at specific aspects of moral injury, such as intense feelings of guilt and shame, given the prevalence of spiritual distress with moral injury, spiritual models such as prayer or invocation may be beneficial to address additional spiritual struggles.

The study results also appear to support that moral injury can occur even if one does not have direct involvement with combat, thus supporting the notion that anyone can

experience the overwhelming psychological distress of moral injury, even if their sole purpose is to help, assist, or aide in high-stress environments. Nevertheless, future research should examine the differences between occupational burnout and moral injury for those directly involved in a helping profession, where the possibility of guilt and shame, witnessing death, or transgressive acts are prevalent. Additionally, a larger sample size of non-combat veterans may provide additional insight into moral injury and its impact on military service.

While dishonorably discharged Army veteran chaplains were excluded from the study, it is still important to investigate the lived experiences of dishonorably discharged veterans. This population of veterans would provide further insight into moral injury and how it may have contributed to their behavior in and out of the military and the spiritual distress associated with departing unprofessionally. Given that only commissioned Army veteran chaplains responded to the study, other military branches and ranks may render different findings. In this case, a purposive study is recommended as having a higher representation of other services, components, or genders would be helpful.

Additionally, it would benefit military leaders currently serving to understand the moral injury construct since those in authority directly impact their troops. By understanding moral injury, military leaders must reflect on their behavior, integrity, trustworthiness, and commitment to the well-being of their personnel. Training may help leaders take a preventative stance at minimizing the potential for moral injury and recognize when a moral injury may be causing distress in themselves and those they are charged to lead. Partnerships with veteran-led groups and organizations may be helpful

for military leaders to gather data to understand the effectiveness of military leadership in lessening stress-related responses to trauma.

Interventions associated with life meaning, purpose, and faith could also help veteran chaplains reintegrate into society more successfully. One example involves strength-based perspectives and person-centered therapy to help postulate flexible environments associated with mindful-based interventions to facilitate a positive and healthy sense of well-being aimed at reducing harmful coping habits.

Implications for Positive Social Change

Findings from this study suggest that combat-related trauma is not "the only" experience that can lead to a moral injury. Instead, even those in a helping profession, such as Chaplains, can experience a morally injurious event in a non-combat setting. A connection between these relationships may enhance and improve treatment outcomes for others. The results of this study can impact social change by helping individuals, groups, and families heal and grow from moral injury wounds (Zappella, 2018). For example, professionals in a mental health occupation can develop interventions and treatments to help alleviate negative symptoms. Currier et al. (2015) state that this could lead to development of new and more effective psychotherapy approaches. Additionally, interventions associated with life meaning, purpose, values, and faith can lead to successful reintegration into society after a morally injurious event (Currier et al., 2015). Litz et al. (2009) report that differing treatment regimens can support a stronger sense of self, leading to more positive and healthy well-being and reducing the risk of harmful coping habits.

Understanding the treatment of moral injury, the role of trauma in the onset of moral injury, and the facilitation of professional education remain key points with growing opportunities. Professional education should contextualize the impact of moral injury as it relates to individuals who experience trauma. Social change organizations should connect clinicians and provide a forum to collaborate in developing treatment techniques that may benefit clinicians coordinating care.

Positive social change regarding military culture and training that promotes unethical battlefield conduct remains an area for improvement that can decrease the transmission of intra-combatant trauma and moral injury. The role of military culture stems from conditioning servicemembers toward violence, aggression, and revenge (Litz et al., 2009). Continued research on moral injury will benefit the social work fields as it will enhance the understanding of trauma-related experiences to include the connection between PTSD and moral injury and corresponding to how moral-emotional distress can be indicative of trauma, which would also help recognize how emotions such as guilt or shame, as apart from fear, are justified in future diagnostic criteria.

Implications for the Conceptual Framework

Theoretical models are implemented to explain differing phenomena by challenging existing knowledge through guiding research and determining differing statistical relationships between what is known and what is explored (Litz et al., 2009). Litz et al. (2009) shaped the cognitive model of moral injury by stating that, unlike PTSD, moral injury involves acts of transgression, creating internal conflict, guilt, and shame, violating the core of human beliefs of right and wrong. From a theoretical

perspective, moral injury is still in its infancy stages of development (Litz et a., 2009). Nevertheless, the conceptualizations of morality and the theoretical development of moral injury are captured by elements of distress through "kinds" of suffering that deviate from the clinical PTSD diagnosis (Molendijk et al., 2018). Litz's theoretical model of moral injury argues that morality is shaped by familial, cultural, and social environments that are fundamental in how individuals define their unique moral code. With a specific focus on deployment-related suffering (Molendijk et al., 2018), an individual's moral code is violated once acts of transgression create dissonance in one's values. However, while clashing feelings of guilt and wrongdoings create moral dilemmas, researchers must help service members maintain an unwavering "meaning system" (Molendijk et al., 2018) that is theoretically dynamic to help build and foster resilience, self-forgiveness, and spiritual fitness, to reduce psychospiritual distress. It was inferred from the findings that moral injury may not look the same in combat and non-combat environments but has significant positive potential and should be integrated into all mental health settings. Finally, there is potential for the concept of moral injury to be applied in other care or helping professions where prolonged engagement with traumatized clients occurs. Most importantly, the helping profession must be challenged to seek knowledge about military and veteran issues and find ways to help the best warriors heal. Providers should be prepared to be genuine and recognize the honor of receiving our veterans' stories.

Practice Recommendations

As the research of moral injury continues to expand, many trajectories can be explored using a qualitative approach with a constructivist worldview such as IPA, grounded theory, or ethnography. Gray et al. (2018) suggest that future research examines the impact of moral reassurance by helping professionals dispel self-blame and guilt. Statements like, "You did the best you could in a difficult situation," indicate moral reassurance and not moral repair. As moral injury crosses cultural, social, economic, and religious boundaries, further studies of the phenomena are warranted, especially as the prevalence of moral injury is not fully known. The first researchers to investigate moral injury was Litz et al. (2009), who examined how combat-deployed service members experienced moral injury and its impact on the individual psyche. Since little treatment has been conducted to develop a treatment for moral injury, it is up to behavioral health providers to continue implementing research efforts and seeking out interventions to relieve emotional pain. More research is needed on how other occupations, such as law enforcement, firefighters, doctors, and other first responders, may be at higher or similar risk levels for moral injury. Specified training, more specifically, health professionals who encounter veterans, should have a basic understanding of moral injury and be able to identify its symptoms. At this time, including a Moral Injury "Z-diagnosis" or "Z-Code" may benefit clinicians in coordinating care. Understanding military culture and language and knowing the risks for military personnel may provide clues to presenting symptoms and offer greater insight into one's psychological distress. By understanding how military personnel may be impacted by moral injury, service providers can help military leaders

recognize when a moral injury may be causing distress while also allowing leaders to take a preventative stance during high-stress situations.

While literature supports that spiritual/religious beliefs have the potential to reduce anxiety and bring meaning to traumatic experiences (Shiah et al., 2015), controversial research suggests these beliefs have the potential to be hurtful and could allow individuals to forsake their religion after experiencing trauma (Fontana & Rosenheck, 1998). Because of this, religion remains a variable that could help or divert meaning to traumatic experiences. Findings from this study indicate that moral injury can affect spiritual wellness and its impact on individuals and society. For example, as acknowledged in the literature review, forgiveness has been well-studied as a spiritual construct and has been shown to positively influence individual well-being (Currie et al., 2015). Currier et al. (2015) report that understanding how forgiveness relates to spiritual fitness can positively affect the treatment of moral injury symptoms. Further, these results support and add to the need to advocate for veterans as a specific culture. The data presented indicates that moral injury is a common consequence for those in a non-combat setting and that the effects of these wounds can persist for a lifetime. Moreover, as Wortmann et al. (2017) assert, helping veterans struggling with religious and spiritual concerns is a facet of multicultural competence. Although much more work remains to be done on this front, the preceding discussion will encourage researchers, clinicians, and community leaders alike to collaborate to understand and heal the moral wounds of non-combat veterans.

Relationship Between PTSD and Moral Injury

It is essential to understand the similarities and differences between PTSD and moral injury as the study describes a unique comparison in addressing their relationship. The DSM 5 states that PTSD symptoms involve "intense re-experiencing, avoidance of trauma-related stimuli, trauma-related arousal, and negative changes in mood and cognition." Each of these effects has potential adverse outcomes in those who experience military-related trauma involving moral injury (Drescher et al., 2011). Moral injury involves a strong feeling of transgression of "deeply held moral beliefs and expectations" (Litz et al., 2009, p. 695) that cause psycho-social experiences of guilt, shame, loss of trust, social disconnectedness and isolation, loss of meaning/purpose, difficulty forgiving, and self-condemnation (Koenig et al., 2017; Litz et al., 2009). According to Litz et al. (2009), "the inability to contextualize or justify personal actions or the actions of others and the unsuccessful accommodation of these experiences into pre-existing moral schemas" (p. 705) results in a person becoming "stuck." Much literature frames moral injury in the context of combat resulting in individual war experience, suggesting its connection to PTSD-like trauma (Drescher et al., 2011; Litz et al., 2009; MacNair, 2002; Nash et al., 2013; Shay, 2014; Vargas et al., 2013). While many symptomologies of PTSD and moral injury overlap, one main distinction between the two is that PTSD is "fear-based" and is caused after a person is exposed to actual or threatened death, serious injury, or sexual violation (Kitchener et al., 2017). Moral injury is a "bio-psycho-social-spiritual experience" (Litz et al., 2009) involving an individual's altered beliefs about meaning, purpose, faith, and spirituality. Future research must continue to reconcile and

interpret the role and definition of trauma as it relates to moral injury and PTSD. Additionally, the most crucial distinction lies in treating PTSD and moral injury. PTSD treatment, such as Cognitive Behavioral Therapy or Prolonged Exposure Therapy, helps alleviate physical symptoms of the disorder, such as nightmares, somatic responses, and intrusive thoughts (Kitchener et al., 2017). However, it does not effectively treat the shame and guilt symptoms of the morally injured. Moral injury treatment remains an area of development as the distinction between PTSD and oral injury remains therapeutically relevant. As a multi-facet wound, working with those inflicted with moral injury should focus on increasing self-esteem, self-evaluation, and unconditional positive self-regard (Litz et al., 2009).

Conclusion

This qualitative study aimed to understand moral injury experiences in Army Christian veteran chaplains within a non-combat setting. While this study sought to fill a gap within the current literature and extend knowledge in the discipline of the social work field, continued research on moral injury is needed as it relates to spirituality, PTSD, veterans, military branches, and even first responders. The lack of data concerning spirituality and moral injury prevents a practical understanding and assessment of the successful reintegration of veterans of all backgrounds back into society. The study's results suggest that continued education, training, treatment, and understanding of moral injury are needed to help bridge the gap between psychology, philosophy, ethics, and military studies. Despite the small sample size, each chaplain interviewed spoke unequivocally about their moral injury experiences and bravely shared their lived

experiences with the hope of bringing awareness to understand moral injury more in-depth and contribute to continued research beyond social work practice. Using IPA, this study sought to examine the phenomenon of moral injury related to non-combat military settings. Sherman (2015) captured the essence and efforts of this study, suggesting there is a "sacred moral obligation" to support those who served, regardless of opinion, and to provide the best possible treatment and resources available. As such, the helping profession must be challenged to seek knowledge about military and veteran issues and find ways to help warriors heal. Providers of all backgrounds should be prepared to be genuine and expect that trust will be hard-earned (Bayes-Bautista, 2016). Because change regarding trauma-informed care and moral injury with veterans remains a slow process due to lengthy waitlists and practice limitations within the Department of Veteran Affairs, implementing state and federal mandates will be crucial to creating change and awareness of moral injury and its concepts. What remains notable is that if spiritual concerns are present, they cannot be ignored (Park, 2005). Research supports that failure to address these concerns can result in patient dissatisfaction with the quality of care received (Currier et al., 2018). Thus, it remains crucial for mental health professionals to understand that even those who take the sacrament of penance are not immune to the possibility of moral injury. Chaplains, while uniquely placed to provide cross-cultural ministry, remain vulnerable to the spiritual impact of guilt, betrayal, and feelings of anger, even if their actions are within the military's rules of engagement or laws of conflict (Verkamp, 2009); they may still struggle to reconstruct their moral conscience.

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Appendix A: Interview Questions

Before we begin the interview, I would like to thank you again for your time and effort to help make this study a success. I also would like to thank you for agreeing to share your experiences with me. Today, we will be exploring the concept of Moral Injury and how it has affected or made an impact on your life as an Army Chaplain. During the interview process, I am going to be paying close attention to what you are saying, and even though we are audiotaping the interview I may occasionally write down notes for myself. Also, I may occasionally need to interrupt you and ask for clarifications because I want to make sure that I fully understand your descriptions. Lastly, I want you to know that if at any time you start to feel uncomfortable for any reason, please let me know and we can adjust as necessary.

1. Where were you born?
2. What denomination of ministry did you practice before the Army and while serving in the Army?
3. What led you to join the Army as a Chaplain?
4. Tell me something(s) you experienced from a non-combat perspective that you felt was morally wrong.
5. Tell me something(s) you experienced that left you feeling betrayed or let down by military leadership. ie: military training versus clergy message
6. Tell me about a time or time(s) in your Army chaplaincy practice that made you question your spirituality, faith, religion, or beliefs as it relates to the non-combat perspective.
7. Tell me about when you might have acted in way(s) that violated your own moral code or values.
8. Given what you have told me about your life as a Chaplain and your experiences, what meaning does moral injury hold for you?

9. As an Army veteran Chaplain, have you witnessed, experienced, or faced a troubling event(s) where you failed to intervene?
10. From the non-combat perspective, did you experience more morally injurious events while you were stationed in the U.S. or outside the U.S?
11. Can you describe a specific time as a Chaplain in the Army where you experienced thoughts/feelings of responsibility for occurrence of moral violations such as shame or viewing oneself as unforgivable?
12. Describe for me a time(s) where you struggled with internal guilt due to a moral injury experience.
13. As a veteran Army chaplain, describe an experience(s) where you felt angry at God due to feelings of moral injury?
14. Did joining the Army strengthen or weaken your faith?
15. Because Army Chaplains have strict confidently measures in place to protect service members from exploitation, did you experience a time(s) where fatalism, loss of meaning, loss of caring, or other spiritual/existential issues occurred because you were unable to maintain confidently for the service member?
16. Tell me about a time(s) where you witnessed or experiences death(s) of an innocent from a non-combat perspective.
17. Tell me about a time(s) in Chaplaincy practice when you did not know the what the right thing to do was.

18. Describe an experience(s) that was chaotic and beyond your control from the non-combat perspective.
19. Tell me how your faith has changed since becoming an Army veteran Chaplain.
20. Describe a time(s) when you felt betrayed by the Army due to your role as a Chaplain.

Appendix B: Transcriber Confidentiality Agreement

I, _____, the Transcriber, do hereby agree to maintain full confidentiality in regard to any and all audio recordings received from Sarah VanderZanden, LMSW (Researcher) related to her research study titled: Moral Injury from a Non-Combat Perspective: The Lived Experience of Army Veteran Chaplains. Furthermore I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of the audiotaped interview, or in any associated documents.
2. To not disclose any information received for profit, gain, or otherwise.
3. To keep all research information shared with me confidential by not discussing or sharing the research information in any form or format with anyone other than the Researcher.
4. To not make copies of any audiotapes or computerized files of the transcribed interview texts.
5. To store all research related audiotapes or computerized files in a secure manner and location if they are in my possession.
6. To return all audiotapes and or computerized files to Sarah VanderZanden, LMSW upon request; and
7. After consulting with Sarah VanderZanden, LMSW, erase or destroy all research information in any form or format regarding this research project that is not returnable to the Researcher(s) (e.g. Information stored on computer hard drive).

Contact information for transcriber and researcher:

Transcriber:	Researcher:
Address:_____	Address:_____
_____	_____
_____	_____
Telephone: _____	Telephone:_____
Email:_____	Email:_____

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotaped interviews and/or computerized files and/or paper files to which I have access. I am further aware that if any breach of confidentiality occurs, I will be fully subject to the laws of the State of Texas.

Transcriber Name:
_____

Transcriber Signature:_____

Date:_____

Appendix C: Prescreening/Preliminary Questionnaire

All responses will remain confidential.

1. Have you served honorably in the United States Army and willing to show eligibility of time in service via DD214? YES/NO
2. What is your interest in participating in this study?
3. Have you been hospitalized for any reason either mentally or physically within the last 90 days? YES/NO
4. Are you presently under the care of a licensed mental health provider? YES/NO
5. Are you currently experiencing any severe psychological symptoms? (such as severe nightmares, flashbacks, anxiety, suicidal or homicidal ideation) YES/NO
6. Did you serve in the United States Army as a Chaplain, or MOS Code 56A? YES/NO
7. Have you talked with others about your non-combat experience? YES/NO
8. Do you feel comfortable talking about your non-combat experience? YES/NO
9. Based on the definition provided of moral injury, do you feel that you have experienced moral injury during your time as a Chaplain, specifically related to involvements that are non-combat in nature? (Such as working in a hospital/medical setting, providing care to service members returning from deployment, or working with Soldiers experiencing issues within their unit?) YES/NO
10. Do you want to talk about your experience of moral injury? YES/NO
11. Do you have any objections to having your interview audiotaped? YES/NO
12. Have you been identified with or have been told you have previously experienced moral injury? YES/NO
13. Do you personally or professional know the data researcher? (Personally-close friend and/or family member? Professionally-worked alongside, past or present employee, have business and/or working relationship?) YES/NO

Appendix D: Safety Plan/Community Referrals for Veterans

National Resources:

National Veterans Crisis Line: 1-800-273-8255 Press 1

National Veterans Crisis Line: Text: 828255

National Suicide Hotline: 1-800-SUICIDE

NVF Lifeline for Vets: 1-888-777-4443

Substance Abuse and Mental Health Services Administration (SAMHSA): 1-800-662-4357

Local Resources:

Killeen/Heights Veterans Center: 254-953-7100

Olin E. Teague Veterans Center: 254-778-4811

Texas Veterans Commission: 512-463-6564

Military Veteran Peer Network: 254-813-5834

Veterans Comfort Zone: 830-305-1882

Heart of TX Veteran One Stop: 254-297-7171

Appendix E: Examples of Moral Injury as Listed in Text/References

Author	Moral Injury Definition
Shay (2002)	'…a betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation' (p. 240)
Litz et al. (2009)	'…the lasting psychological, biological, spiritual, behavioral and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations' (p. 695)
U.S. Department Veteran Affairs (2009)	'…perpetuating failing to prevent bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations. This may entail participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others as well as engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code' (p. 1)
Nash et al. (2010)	'…changes in biological, psychological, social, or spiritual functioning resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations' (p. 1677)
Brock and Lettini (2011)	'…moral injury is a wound in the soul, an inner conflict based on a moral evaluation of having inflicted or witnessed harm …moral injury can result not only from active behavior, such as torturing or killing, but also from passive behavior, such as failing to prevent harm or witnessing a close friend be slain …it can (also) involve feeling betrayed by persons in authority' (p. 1)
Kinghorn (2012)	'…the experience of having acted (or consented to others acting) incommensurably with one's most deeply held moral conceptions' (p. 57)

Jinkerson (2016)	'Phenomenologically, moral injury represents a particular trauma syndrome including psychological, existential, behavioral and interpersonal issues that emerge following perceived violations of deep moral beliefs by (i) oneself or (ii) trusted individuals (i.e. morally injurious experiences). These experiences cause significant moral dissonance, which if unresolved leads to the development of core and secondary symptoms' (p. 126)

[a] Table developed from Hodgson & Carey, (2017)

[b] This table was established from the ever-expanding definition and examples of moral injury from multiple peer-reviewed texts. As a comprehensive list, these authors are not the only formal definitions/examples available. Rather, this table was utilized to describe the holistic definition of moral injury in a 'fluid' sense as it relates to the personal experience(s) of the Veteran Chaplains.