

LIBERTY UNIVERSITY
JOHN W. RAWLINGS SCHOOL OF DIVINITY

MORAL INJURY: THE HIDDEN ADVERSARY OF WAR
A QUALITATIVE CASE STUDY

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

by

LaShell Yvonne Davis

Liberty University, Lynchburg, VA

2023

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ABSTRACT

The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as suffering from symptoms of moral injury. This study was designed to elucidate the impact of faith on resilience and coping mechanisms and broaden previous research on moral injury and whether Army leaders should identify and mitigate moral injury within the ranks. Phenomenology focuses on the interpretation and meaning of how individuals experience their world within a given context. Seven individuals who have experienced moral injury were purposively selected to participate. Audio and video interviews were conducted through the social media platform Zoom, allowing participants to tell their lived experiences of combat operations, moral injury, and the impact of faith. Five themes emerged: 1) faith, 2) lack of resources, 3) lack of anonymity and confidentiality, 4) lack of training, and 5) duty to God and country. Combat veterans described leadership involvement in helping soldiers cope with moral injury as lacking or non-existent. The data also indicated that faith directly impacted and enhanced the resilience and coping mechanisms of the participants.

Keywords: moral injury, soldier, veteran, hermeneutic phenomenology, faith, post-traumatic stress disorder, combat operations

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Dedication

This dissertation is dedicated to My Village, which includes my husband, Derrick Davis, my daughter Tiffany Hayes, my sons Timothy Peters and Derrick Davis JR and my grandchildren, Key~Asia, Kamryn, Kaliyah, Giovanni, and Jehlani. All of you have supported me throughout this journey, and I am blessed to have you in my life. Your support was infinite regardless of how small or big the task was, and I want you to know that you played an integral role in emotionally supporting the research, writing, and defense of this dissertation. When I needed a shoulder to cry on, a back to stand on, a smile, and a listening ear, you were always a call, facetime, or text away.

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List of Abbreviations

Diagnostic and Statistical Manual of Mental Disorders (5th edition) (DSM V)

Faith-based organizations (FBO)

Moral injury (MI)

Post-traumatic stress disorder (PTSD)

Veterans Administration (VA)

CHAPTER ONE: RESEARCH CONCERN

The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all.

—*New International Bible*, 1978/2021, Psalm 34:18-19¹

Introduction

The purpose of Chapter One was to provide an introduction, overview, and foundational framework for the research. When referring to U.S. Army soldiers, Colin Powell (2003) once stated, “We put their lives at risk only for worthy objectives. If the duty of a soldier is to risk their life, the responsibility of their leaders is not to spend their time in vain” (p. 450). Joining the military can be a milestone, and going to war can be even more significant. Service members face dilemmas that test their resiliency and coping mechanisms during combat. At a moment’s notice, service members may need to rely on their faith to get through challenging and, sometimes, life-threatening situations. During such times, those who have some understanding of God lean on their faith to overcome obstacles (Carson, 2008). 1 John 5:4 reminds us, “for everyone born of God overcomes the world. This is the victory that has overcome the world, even our faith.” Considering the verse, it is unreasonable to expect to please God without faith (Meyer, 2020). Combat veterans raised religiously may experience a heightened awareness of their faith’s impact on their resilience and coping mechanisms.

Every day, Christians encounter challenges and opportunities to pursue God’s call, and believers serving in the United States Army regularly face inevitable challenges and opportunities that test their commitment to pursue God’s call (Kelle, 2020). Romans 7:15-20 (*New International Version*, 1978/2011) refers to the ensuing conflict between what Christians know to be right versus

¹ Unless otherwise noted, all quotations from the Bible are from the *New International Version*, 1978/2011

the decisions they make and how others can create pressures that interfere with their walk with Christ. It is widely accepted that societal norms, values, laws, and other mandates influence the Godly passions of Christians, impacting how they understand, inculcate, and utilize the motif or doctrine of faith (Laniak, 2006). Combat veterans are no exception. When societal norms are coupled with Army doctrine, determining whether faith impacts resilience and coping mechanisms can be complicated. War is a recurrent theme, and throughout biblical times, those who favored or trusted God usually prevailed (Kelle, 2020).

According to Brock and Lettini (2017):

When soldiers violate their fundamental moral beliefs and start to evaluate their behavior negatively, this can lead the soldier to feel as though they no longer live in a reliable, meaningful world and can no longer be regarded as respectable human beings, which can ultimately lead to moral injury. (p. 27)

This chapter introduced the background of the problem, statement of the problem, purpose statement, research questions, assumptions and delimitations, the definition of terms, the significance of the study, and a summary of the design. The researcher proposed that faith impacts the resilience and coping mechanisms of Army combat veterans who supported combat operations in Iraq or Afghanistan and self-identified as suffering from moral injury (MI). The concern generated in this research was centered on United States Army combat veterans who self-identified as suffering from MI, the lack of resources for this population, and the leader's lack of understanding and training in the realm of MI.

Background to the Problem

To study the topic of MI in United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan and self-identified as suffering from symptoms of MI, this researcher looked at faith as an outcome for these veterans' resilience and coping mechanism. After fourteen years of fighting two

simultaneous wars, the United States military was in a quandary dealing with the unseen injuries of war (Brock & Lettini, 2013). One of the hidden wounds that the United States military was confronted with is Moral Injury (Yandell, 2022).

Moral Injury

The visible aftermaths of war are easily recognized, but not the issues that have sociological and psychological impacts on soldiers. From 2003 to 2015, the United States was involved in simultaneous combat operations spanning several locations (Litz, et al., 2016). These enduring combat operations resulted in veterans returning home without the confidence and coping mechanisms required to function in society (Litz, et al., 2016). According to Brock & Lettini (2013, p. xv), “Moral injury can lead veterans to feelings of worthlessness, remorse, and despair; they may feel as if they have lost their souls in combat and are no longer who they were.” Nash and Litz (2013) identify military moral injury as being “the enduring consequences of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 368). Highlighting these terms are an essential aspect for understanding veterans' resilience and coping mechanisms and the impact faith in Christ can play at the onset and throughout their battle with MI.

It is important to recognize that Soldiers' sociological and psychological issues also affect family members (Brock & Lettini, 2013). The problems can attack soldiers and family members from a physical, emotional, spiritual, social, and relational standpoint (Army Regulation 350-53, 2014). Analysis conducted in 2010 revealed that wives of deployed husbands were substantially diagnosed with depression, anxiety, acute stress reactions, adjustment disorders, and sleep disorders more than wives of husbands who were not deployed (Runge, et al., 2014). Other studies

showed that spouses who faced deployment extensions showed heightened stages of mental health challenges compared to those who did not face deployment extensions (Runge, et al., 2014).

The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as suffering from symptoms of MI. In doing so, this study sought to examine faith's impact on the resilience and coping mechanisms of Army combat veterans who have supported combat operations in Iraq or Afghanistan. A secondary purpose was to understand if Army leaders should identify and mitigate MI within the ranks.

Findings may assist military leaders with developing frameworks built on leadership styles that promote faith to enhance the resilience and coping mechanisms of combat veterans and subsequently uncover activities that help in identifying and mitigating MI within the ranks.

According to Military Outreach USA (2021):

The emotional symptoms of moral injury are shame, guilt, depression, anxiety, anger, emotional numbing, feeling conflicted, and questioning the meaning of life. Behavioral signs of moral injury are engaging in alcohol or drug misuse, suicide, social instability, isolation, difficulty trusting others, re-experiencing the event, avoidance, and sleep disturbance. (p. 2)

Moral Injury symptoms are remarkably like post-traumatic stress disorder (PTSD) and can often be confused. Bryan et al. (2018) suggested that PTSD symptoms may include but are not limited to four characteristics. The PTSD characteristics pinpointed by Bryan et al. (2018) are “Startle reflex, fear, memory loss, and flashbacks” (p. 37). Additionally, Bryan et al. (2018) proposed that MI highlights seven characteristics, which are “Anhedonia, grief, guilt, shame, social alienation, lack of trust, and difficulty with forgiveness” (p. 37). The characteristics that are similar and shared between PTSD and MI can easily overlap or intertwine, thus causing confusion between the two.

Bryan et al. (2018) research conducted on members of the Utah Army National Guard resulted in the identification of six characteristics that can be exhibited in personnel who suffer from either PTSD or MI. The six characteristics identified were “Anger, depression, anxiety, substance abuse, insomnia, and nightmares” (Bryan et al., 2018, p. 37).

The Moral Injury Events Scale includes eleven factors to determine the severity of MI while excluding PTSD as a diagnosis (Litz et al., 2016). The Moral Injury Events Scale (MIES) is a self-report measure designed to assess experiences that could potentially lead to moral injury, a term used to describe the psychological distress that results from actions, or the lack of them, which violate one's moral or ethical code (Nash et al., 2013). The MIES is a self-report questionnaire designed to assess an individual's experiences and perceptions related to moral injury (Nash et al., 2013). The MIES identifies whether a person agrees or disagrees with the statements about experiences since joining the military (Litz et al., 2016). Participants can respond to each statement with varying degrees of agreement or disagreement, ranging from "Strongly Disagree" to "Strongly Agree" (Nash et al., 2013, p. 651). The responses to these items help quantify and understand the extent of moral injury an individual may have experienced (Nash et al., 2013). The scale is structured to capture a wide range of experiences and emotional reactions associated with moral and ethical challenges (Litz et al., 2016).

The eleven factors that service members are asked to answer when taking the Moral Injury Events Scale all start with “I,” which allows those experiencing MI the opportunity to acknowledge that their symptoms and feelings are internal to their lived experiences. The first six factors on the MIES allow service members to reflect on perceived transgressions (Nash et al., 2013). Factor one permits the individual to acknowledge “I saw things that were morally wrong” (Nash et al., 2013, p. 651). Factor two allows the individual the capacity to comprehend “I am

troubled by having witnessed others' immoral acts" (Nash et al., 2013, p. 651). Factor three on the MIES allows the individual to acknowledge that "I acted in ways that violated my own moral code" (Nash et al., 2013, p. 651). Factor four enables the individual to find meaning and understanding by validating, "I am troubled by having acted in ways that violated my own morals" (Nash et al., 2013, p. 651). Factor five lets the individual examine "I violated my own morals by failing to do something that I felt I should have done" (Nash et al., 2013, p. 651). The last factor linked to perceived transgressions allows the individual to accept "I am troubled because I violated my morals by failing to do something I felt I should have done" (Nash et al., 2013, p. 651).

Factors seven, eight, and nine address the perceived betrayal that an individual may be confronted with. Factor seven on the MIES allows service members to acknowledge, "I feel betrayed by leaders who I once trusted" (Nash et al., 2013, p. 651). Factor eight allows the individual to consider, "I feel betrayed by fellow service members who I once trusted" (Nash et al., 2013, p. 651). The last factor that addresses perceived betrayal on the MIES is where the individual can acknowledge, "I feel betrayed by others outside the U.S. military who I once trusted" (Nash et al., 2013, p. 651).

The last two factors of the MIES are centered on perceived trust (Nash et al., 2013). Factor ten suggests that the individual recognizes, "I trust my leaders and fellow service members to always live up to their core values" (Nash et al., 2013, p. 651). Factor eleven on the MIES allows the individual to ponder, "I trust myself to always live up to my own moral code" (Nash et al., 2013, p. 651). The MIES is very important when addressing moral injury because it can allow individuals space to assess their feelings of betrayal that may have been caused by individuals outside of their immediate community that they may have previously trusted (Nash et al., 2013).

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental disorder that requires a diagnosis (Thakur et al., 2022). The Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM V) defined PTSD as a “traumatic event that meets specific stipulations and symptoms from each of the four clusters: intrusion, avoidance, negative alterations in cognitions and moods and alterations in arousal and reactivity” (American Psychiatric Association, 2013, p. 271). The mundane schedule of combat soldiers makes it understandable to this researcher why so many return with the issue. “PTSD is a common mental disorder among military personnel who have served in combat theaters and is a known risk factor for suicide in Veterans and Active-Duty Military” (Ames et al., 2019, p. 271). Other research from Syracuse University (2015) research suggested that:

PTSD is an immediate trauma, whereas moral injury has a slow impact trauma that takes time to perforate the mind. Is the moral injury a mental illness, or better yet, should moral injury be classified as a mental illness? PTSD is listed in the DSM V as a trauma and stressor-related disorder. However, moral injury is not listed in the DSM V and thus is not considered a disorder. (p. 271)

Later editions of the *DSM* moved PTSD from anxiety disorders into a class of trauma and stressor-related disorders, whereas, for instance, depression and reoccurring panic attacks are experienced as part of PTSD (American Psychological Association, 2013).

Statement of the Problem

This study sought to examine what impact, if any, did growing up in a religious household had on enhancing the faith and overall resilience and coping mechanisms of United States combat veterans who have supported combat operations in Iraq or Afghanistan over the past fourteen years who self-identified as suffering from MI. According to Ames et al., (2019), “Moral injury (MI) is common among veterans and active-duty members with PTSD symptoms. Experiences such as

killing in combat may give rise to moral dilemmas that increase the risk of suicide” (p. 271). They (Ames et al., 2019) further articulated that “MI is characterized by feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs” (p. 271). MI is not a new concept but an emerging epidemic among war veterans (Barnes et al., 2019). MIs have been occurring since Operation Iraqi Freedom began and continues to linger. One important distinction is that it is not PTSD (Barnes et al., 2019). Although the symptoms are present along the same spectrum, they are distinct diagnoses that regularly overlap, are often confused, and are sometimes treated incorrectly (Barnes et al., 2019).

Nash and Litz (2013) described MI in war veterans as “the enduring consequences of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 273). When a person suffers from MI, they find it challenging to transition from the past to the present, confusing their old self and moral behavior with their new person and making immoral decisions (Gibbons-Neff, 2015). The definition proposed by Nash and Litz (2013) captures salient points that can be analyzed individually or from a holistic perspective to understand this hidden consequence of war better.

It has been argued that “it is natural and expected after a morally injurious event to experience moral pain, defined as the experience of dysphoric moral emotions and cognitions (e.g., self-condemnation) in response to a morally injurious event” (Fansworth et al., 2019, p. 632). However, Fansworth et al. (2019) suggested that MI, “expanded social, psychological, and spiritual suffering stemming from costly or unworkable attempts to manage, control, or cope with the experience of moral pain” (p. 633). It is essential to recognize that MI stretches across various aspects of an individual’s life and its associated pain.

Purpose Statement

The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as suffering from symptoms of moral injury. This study examined faith's impact on the resilience and coping mechanisms of Army combat veterans who have supported combat operations in Iraq or Afghanistan. Through examining the lived experiences of combat veterans from all branches of service, Brock & Lettini (2013) concluded that there is a distinct difference between MI and PTSD. Still, many times, combat veterans are misdiagnosed as suffering from PTSD when they are truthfully dealing with MI.

Research Questions

RQ1. What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of moral injury that may be experienced during combat operations?

RQ2. What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of Army leaders' role to identify, mitigate, and support moral injury experienced because of combat operations?

RQ3. What responsibility, if any, do combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing moral injury because of combat operations?

Questions asked to support qualitative hermeneutic phenomenology research were centered on research questions and sub-questions (Creswell & Creswell, 2018). The questions for this research sought to understand if growing up in a religious household enhanced the faith and impacted the overall resilience and coping mechanisms of combat veterans? The research questions helped determine the meaning and define the phenomenon of United States Army combat veterans who supported combat operations at least once in the past fourteen years in Iraq or Afghanistan who self-identified as suffering from MI and the role of faith in their understanding

and response to MI associated with these lived experiences. Furthermore, the research questions helped determine what role, if any, participants thought leaders played in understanding and mitigating MI. Each research question represented an open environment and allowed participants the opportunity to communicate their lived experiences freely.

Table 1

Questions to Support Demographics of Participants

Question 1: Why did you join the United States Army?
Question 2: How does it feel having served in the United States Army?
Question 3: How long did you serve in the United States Army?
Question 4: What is your ethnicity and age?
Question 5: How many times have you been exposed to combat operations, and what location?
Question 6: Will you please describe your transition from combat operations back to non-combat operations?
Question 7: What is it like being a combat veteran?
Question 8: How did you self-identify as suffering from moral injury?

Note. This table was created to display the demographic questions that the researcher asked each participant.

Research Question One

The first research question was, “What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of moral injury that may be experienced during combat operations?” Interview questions 9-13 were used to gather data to answer Research Question 1 (see Table 2). The data was gathered through open and closed-ended questions that were asked during the individual Zoom interview.

Table 2*Questions to Support RQ1*

Question 9: What impact does your faith play on your overall coping mechanisms in both combat and non-combat environments?
Question 10: How did your faith and coping mechanisms influence your ability to deal with incidents that occurred during and after combat operations?
Question 11: What factors have helped you to reintegrate back into normalcy and life roles since self-identifying as suffering from moral injury?
Question 12: Do you feel that you have fully reintegrated into the normalcy of not being in a combat zone? Why or why not? Will you please explain in detail?
Question 13: What is your perception of your overall experience in the United States Army?

Note. This table was created to display the primary interview questions that the researcher asked each participant to support data collection for RQ1.

Research Question Two

The second research question was, “What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of Army leaders’ role to identify, mitigate, and support MI experienced because of combat operations?” Interview questions 14-17 were used to gather data to answer Research Question 2 (see Table 3).

Table 3*Questions to Support RQ2*

Question 14: What challenges or problems have you faced since returning from combat operations? How did you manage and resolve them?
Question 15: What approaches did you implement to help cope and persevere the following: health issues, family obligations, military standards, and other tasks while also dealing with moral injury?
Question 16: What is your perception of the resources, services, and support offered to combat veterans suffering from moral injury?
Question 17: Do you think these resources, services, and support are easily accessible and suitable to meet your needs?

Note. This table was created to display the primary interview questions that the researcher asked each participant to support data collection for RQ2.

Research Question Three

The third research question was, “What responsibility, if any, do combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing MI because of combat operations?” Interview questions 18 and 19 were used to gather data to answer Research Question 3 (see Table 4).

Table 4*Questions to Support RQ3*

Question 18: What programs and support services do you feel need to be added or enhanced to meet the needs of combat veterans who self-identify as suffering from moral injury?
Question 19: What do you think can be done to help leaders in the United States Army to better identify and mitigate moral injury within the ranks?

Note. This table was created to display the primary interview questions that the researcher asked each participant to support data collection for RQ3.

Assumptions and Delimitations

Assumptions helped the researcher create the problem statement, and delimitations aided the researcher in determining the processes required to examine and understand the problem statement (Leedy & Ormrod, 2019). The researcher undertook this study with two assumptions: 1) faith played an integral role regarding resilience and coping mechanisms of combat veterans who self-identified as suffering from MI, and 2) Army leadership played an integral role in mitigating and understanding MI in combat veterans. The researcher leveraged delimitations to establish exclusion and inclusion criteria and ensure the research was manageable and relevant (Leedy & Ormrod, 2019).

Research Assumptions

The researcher assumed that faith played an integral role in the resilience and coping mechanisms of combat veterans who self-identified as suffering from MI. Scripture reminds us that “a person is considered righteous by what they do and not by faith alone” (James 2:24). This assumption was not all-encompassing to support this research and overall findings. However, this assumption made it plausible for the researcher to conduct research that explicitly addressed combat veterans and MI. Among notable researchers in the area of the role of religious participation in the United States Army, Koyn, (2015) wrote an article on the impact that participating in religious activities has on the overall health of individuals. Koyn’s (2015) article highlighted steps the Army has initiated over the years to leverage faith's impact on soldiers' performance and daily actions.

Additionally, this research assumed that Army leadership played an integral role and training may or may not be able to assist them with understanding and mitigating some of the issues that combat veterans who self-identified as suffering from MI endure during and after

combat operations. Colonel Pete Kilner, (2017) suggested that due to vast oversights coupled with treating MI like PTSD, the United States Army can take some ownership of the increase in MI. Bold to this assumption was that these combat veterans' issues and trials are broader than training Army leaders. Finally, this research assumed that the participants would willingly share their lived experiences and wholeheartedly participate in this study. The overall success of this study rested on the participant's commitment and honesty.

Delimitations of the Research Design

The scope of this study was limited to the lived experience of seven participants who are currently serving or have previously served in the United States Army and was focused on veterans who self-identified as suffering from MI. Earlier, PTSD and MI were shown to have different diagnoses; therefore, veterans with only PTSD were excluded. The participants were deemed eligible through a recruitment letter and flyer. This research also focused on the impact of faith on the resilience and coping mechanisms of Army combat veterans who supported combat operations in Iraq or Afghanistan and subsequently self-identified as suffering from symptoms of MI. Based on these delimitations, the seven participants needed to meet each criterion and possess knowledge of the symptoms associated with MI.

The research design selected for this study was phenomenological qualitative research. The research sample was small and consisted of only United States Army combat veterans. The inclusion criteria were United States Army combat veterans who had supported combat operations at least once over the past fourteen years in Iraq or Afghanistan, grew up in a religious household, and self-identified as suffering from symptoms of MI. Rather than relying on quantitative data, historical reviews from current scholarly and peer-reviewed studies and publications were used. This study was produced during a limited period, and the strategy allocated for completing it

created limitations and constrained the amount of pertinent data. This study was limited to resources within the public domain and subsequently relied heavily on resources that could best capture the salient points of MI, faith, and leadership traits. This study did not include Air Force, Navy, Marine Corps, or Space Force combat veterans. It also did not include reserve component combat veterans who have previously served or are currently serving in the military. Furthermore, research participants were required to identify as growing up in a religious household.

Definition of Terms

This section defines terms that were relevant for conducting this study.

The explanations explain how the researcher comprehended and utilized the terms to explore the

The topic of this study:

1. *Adaptive Disclosure*: “Helps patients accept the part of themselves that is or was subjected to bad acts, without attempting to modify constructions about culpability and the moral implications of the events” (Litz, Lebowitz, et al., 2016, p. 5).
2. *Army Leader*: A person who has served or is currently serving in the United States Army that has been placed or is placed in charge of personnel or equipment (Army Doctrine Publication 6-22, 2019).
3. *Army Veteran*: A person who has served or is currently serving in the United States Army (Veteran Administration, 2020).
4. *Conflict*: Disagreement between individuals, groups, or systems with opposing interests, opinions, or principles (Dyer, et al., 2019).
5. *Culture*: “The sum of all tangibles and intangible concepts, objects, and behaviors that make up a particular way of life” (Ramsay & Doehring, 2019, p. 29).
6. *Diffusion*: The deliberate movement of information, knowledge, norms, or behaviors from one person, group, or systems to another (LaMorte, 2019).
7. *Faith*: “Trust or confidence in someone or something” (Sheard, 1996, p. 9).
8. *Hermeneutic Circle*: “An integral modality for accumulating pertinent data and relevant information about the lived experiences of participants” (Harris, 2015, p. 1).
9. *Innovation*: Implementing a new idea or method that improves and introduces new ideas (LaMorte, 2019).

10. *Military Moral Injury*: “The emotional, spiritual, and psychological wounds that stem from the ethical and moral challenges that warriors face in combat, especially nontraditional forms of combat, such as guerilla war in urban environments” (Ramsay & Doehring, 2019, p. 21).
11. *Moral Injury*: “The enduring consequences of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Nash & Litz, 2013, p. 368).
12. *Post-Traumatic Stress Disorder*: “Traumatic event that meets specific stipulations and symptoms from each of the four clusters: intrusion, avoidance, negative alterations in cognitions and moods, and alterations in arousal and reactivity” (APA, 2013, p. 812).
13. *Spiritual Formation*: The process that individuals experience in their journey to know, learn, and understand their religious or spiritual beliefs (Sheard, 1996).

Significance of the Study

This study sought to discover the impact that faith had on combat veterans. Specifically, combat veterans who have supported combat operations and self-identified as suffering from MI. The study explored the degree to which faith can increase the resilience and coping mechanisms of the studied phenomenon. Phenomenology refers to an individual’s perception and understanding of a situation or events (Peoples, 2021). Previous studies have undertaken components of this study, such as repairing the soul, yet not the impact that faith has on the resilience and coping mechanisms of combat veterans who self-identified as suffering from MI (Brock & Lettini, 2013). Other studies have undertaken aspects of this study in the area of treatment modalities, yet not through the realm of faith and overall coping mechanisms (Litz, Lebowitz, & et al., 2016). This study sought to show the connection between faith and the overall resilience and coping mechanisms of combat veterans challenged with this phenomenon. For the most part, this study can not only assist those suffering from MI due to combat operations to realize how important their faith is, but also provide insight and understanding for family members and Army leaders. Additionally, churches, faith-based organizations, and service providers can use this research to support outreach and services provided to the studied population, their families, and Army leaders.

Summary of the Design

The qualitative research design selected for this study involved a hermeneutic phenomenological perspective. The population included seven United States Army combat veterans who supported combat operations at least once in Iraq or Afghanistan over the past fourteen years and self-identified as suffering from MI. Surveys were used to collect data to understand the impact of faith on the participants' resilience and coping mechanisms and broaden previous research on MI endured by combat veterans. This researcher also sought to determine if Army leaders should identify and mitigate MI within the ranks. Participants responded to twenty-one survey questions.

This study addressed questions centered on the participant's lived experiences using one-hour interviews of open and closed-ended and exploratory questions. The methodology allowed participants to describe their lived experiences and perceptions in their own words. Qualitative research is helpful in the early stages of knowledge development to obtain a complete picture of the researched phenomenon (Peoples, 2021). Through a constructivist lens, this study provided an understanding of the research and attempted to yield greater heightened awareness and knowledge of combat veterans' experiences while also generating knowledge of the lived experiences. Assumptions and principles were associated with constructivism. These assumptions and principles denote that knowledge, learning, and motivation are integral to constructivism (Peoples, 2021). According to Creswell and Creswell (2018), "humans engage with their world and make sense of it based on their historical and social perspectives" (Creswell & Creswell, p. 8). Qualitative methodology was used to explore and answer the research questions and make recommendations for future research.

Hermeneutic phenomenology research aims to elucidate the lived meaning of a fundamental experience (Lavery, 2003). It is interpretive, and the main goal is to understand the lived experiences of participants (Creswell & Creswell, 2018). Five themes are generally associated with hermeneutic phenomenology: interpretation, texted meaning, dialogue, pre-understanding, and tradition (Peoples, 2021). Typical questions researchers ask during phenomenological research are designed to understand and are generally rooted in participants' experiences of a phenomenon.

Hermeneutic phenomenology is the study of individuals' combined lived or real-world experiences (Peoples, 2021). Interpretation is the primary task of hermeneutic phenomenological research, but it is also its primary vulnerability. Hermeneutic phenomenology can produce more remarkable thoroughness and understanding of a paradigm's epistemological assumptions. Still, researchers must be disciplined to be self-reflective and reveal the pre-understandings and prejudice that can obscure and illuminate their understanding of the phenomenon (Peoples, 2021).

There are advantages of conducting hermeneutic phenomenology. It can bring new issues and ideas to the forefront, help gain an in-depth understanding of a specific phenomenon, provide rich data from the experience of the participants, and it can contribute to new theories (Lavery, 2003). There are also disadvantages. Establishing validity is sometimes subjective and challenging and may cause researcher-induced bias (Lavery, 2003). Additional disadvantages can be evident through difficulty with data interpretation, unusable data, and small sample sizes (Lavery, 2003).

According to Heidegger and Godamer (2003), hermeneutic phenomenological research allows researchers to engage in the process through self-reflection and use biases and assumptions in the interpretation process. How have other scholars described phenomenological research? According to Creswell and Creswell (2018), "Phenomenology studies are centered on interpretive

facets of human experience, the interpretation and engagement of the individual, and the environment where the human experience is encountered” (p. 13). Amalgamated in the hermeneutic phenomenology is a concept proclaiming that “a person’s history or background includes what culture gives a person from birth and is handed down, presenting ways of understanding the world” (Lavery, 2003, p. 24).

Chapter One captured the background of the problem by defining PTSD and MI. Chapter One also identified the statement of the problem, provided the purpose statement, and introduced three RQs that supported this study. The three research questions were answered, which further supported the phenomenon studied for this research. Faith's impact on the resilience and coping mechanisms of Army combat veterans who have supported combat operations in Iraq or Afghanistan and self-identified as suffering from MI was determined through the experiences of seven participants. Additionally, insight was gathered from the study participants as to whether Army leaders should identify and mitigate MI within the ranks. Chapter One concluded with definition of key terms, significance of the study, and summary of the research design. Chapter Two presented a lengthy review of the literature required and utilized to support this study.

CHAPTER TWO: LITERATURE REVIEW

Am I now trying to win the approval of human beings, or of God? Or am I trying to please people? If I were still trying to please people, I would not be a servant of Christ.

-*New International Bible*, 1978/2021, Galatians 1:10

Overview

As suggested by Creswell and Creswell (2018), the use of the literature review should frame the problem, be presented in a standalone portion of the research, and be recapped in the final portion to analyze and compare the overall findings of the research. The three criteria proposed for literature reviews that support qualitative research suggest that there should be literature already on the topic, the literature should be acceptable to individuals with a similar worldview perspective, and the topic should be suitable for qualitative research to support inductive reasoning and processes (Creswell & Creswell, 2018). The research divided Chapter Two into five parts that included: 1) Theological framework, 2) Theoretical framework, 3) Related literature, 4) Rationale for study and Gap in literature, and 5) Profile for study. This section highlighted the literature used to express the theological and theoretical framework directing this study's examination of the impact of faith on the resilience and coping mechanisms of combat veterans related to MI. The related literature examined solution-focused counseling, Maslow's Hierarchy of Needs Theory, and other pertinent literature that was not included in the theological or theoretical sections. This chapter concludes with the rationale for the study, the gap in the literature, and the profile of the study.

Theological Framework for the Study

This section examines the reasoning and theological foundation for this study. It includes the biblical basis for the literature review and emphasizes the overall importance of this study.

Theology is the study of God's Word. Theology encompasses motifs such as faith and spiritual formation (Meyer, 2020), which are significant and relevant to this study.

Faith Formation

Before examining the theological framework regarding faith's impact on combat veterans who self-identified as suffering from MI, it is essential to understand how faith is formed and that theology and faith are mutually exclusive concepts (Sheard, 1996). Theology causes one to pursue an understanding of faith, and faith allows one to take that understanding and believe in something they cannot see (Sheard, 1996). In the final instructions to the Thessalonians, Paul instructed the citizens to "rejoice always, pray continually, and give thanks in all circumstances, for this is God's will for you in Christ" (1 Thessalonians 5:16-18). This passage was important to highlight for this study because it is about the spirit-controlled life that accompanies justification by faith (Sheard, 1996). Faith formation is a continual process and will grow and prevail through constant prayer and rejoicing despite circumstances (Sheard, 1996). Reminiscing on passages such as 1 Thessalonians can provide hope to those dealing with MI. Fowler (1995) concluded that, "Faith is an orientation of the total person, giving purpose and goal to one's hopes and strivings, thoughts and actions" (p. 14).

The daily life of an Army soldier can sometimes seem repetitive, and during combat, finding time to pray and give thanks can be arduous (Ramsay & Doehring, 2019). For those who have a semblance of faith, actions performed during combat operations can test it (Ramsay & Doehring, 2019). Practical applications are life and liberty in the Holy Spirit, yielding the Spirit's fruit rather than the flesh's works (Doehring, 2019). According to Meyer (2020):

Each time we give in to the demands of the fleshly nature, we are feeding it and giving it strength to make more demands. But if we deny what it demands, then we are not feeding it, and it becomes weaker and weaker. (p. 166)

We should dedicate our abilities to serving God; negating this task can impact the formation and sustainment of faith (Meyer, 2020). Coupled with a lack of prayer and examined from a holistic perspective, personal emotions, attitudes, actions, and thought processes can become altered in conjunction with reduced faith (Meyer, 2020).

The essence of the gospel is to think according to the Spirit, to live according to the Spirit, and to have nothing of the flesh in one's mind and acts and life (Heykoop, 2015). People cannot be what God built them to be without his Spirit (Abernethy, 2015). When trying to capture the concept of living in the Spirit and fleshly desires, Abernethy, (2015) stated, "living with the spirit is utterly incompatible with carrying out the flesh's desire" (p.70). Rick Warren (2002) emphasized that Christians were created to be like Christ and in the image of God. This concept aligns with the concepts presented in the Beatitudes, also known as the Sermon on the Mount, as it pertains to becoming Christlike (Smith, 2009). Matthew 5:3 says, "Blessed are the poor in spirit, for theirs is the kingdom of heaven." When supporting combat operations, soldiers are subjected to harming and, in some cases, killing others (Litz, et al., 2016), which leads to another verse from the Sermon on the Mount that speaks of this concept (Picirilli, 1986). Matthew 5:44 states, "Love your enemies and pray for those who persecute you." Faith shapes the total person, including relationships (Sheard, 1996). Because faith shapes the whole person, it is logical to conclude that faith can shape an individual's resilience and coping mechanisms when dealing with adverse situations (Sheard, 1996).

Being a believer, serving in the Army, and supporting combat operations can create a multi-faceted dilemma that can weigh heavily on a believer's mind and soul during and after combat operations (Brock & Lettini, 2013). It is essential to understand that "spiritual formation consists of the Trinitarian work of God in the lives of genuine believers in Christ through the

presence and power of the Holy Spirit” (Pettit, 2006, p.10). Keeping the concept of free will in mind, Christians, or in this case, soldiers, face the dichotomy of choosing good over evil, which may result in fleshly desires overtaking the spirit and believers choosing not to serve or abide by God (Pettit, 2006). Trying to straddle fleshly desires and spiritual guidance can result in confusion and ultimately impact faith and weaken resilience and coping mechanisms (Brock & Lettini, 2013).

The conversion of Saul and his being renamed to Paul during his trip to Damascus is noteworthy when trying to understand the spiritual formation and the nature of faith (Acts 9:1-12). Paul also provides an account of his conversion (Galatians 1: 11-24), where he discussed how he once sought to persecute and destroy the church, but his journeys shifted to spreading the Gospel after being converted. Aligned within the epistles that Paul wrote in the form of personal letters is the motif of spiritual formation (Picirilli, 1986). Paul’s letters can be categorized into four groups. He wrote group one during his second missionary, group two during his third missionary, group three during his first imprisonment, and group four during his release from his first imprisonment at the onset of his second imprisonment (Picirilli, 1986). In Galatians, which is categorized in group two, “Paul lays before the Galatians two choices: 1) The spirit way of the gospel, and 2) the flesh way of circumcision. There is no middle way for them to take, or they will continually be pulled in either direction” (Misler, 2001, p. 148). During the fog of war, soldiers often lack the mental capacity to make the right decision, which can have lifelong implications (Ramsay & Doehring, 2019). Furthermore, recognizing the importance of walking in the spirit as a mode for believers to experience the fruit of the spirit is integral to the phenomenon being studied (Picirilli, 1986).

Defining Faith

Faith is not a learned trait but an experiential quality that can only be achieved through good and bad life journeys (Sheard, 1996). Faith allows one to serve their country with the confidence in knowing that the Lord will see them through perilous incidents, adversity, or any other obstacles that may arise during combat operations (Litz, et al., 2016). Hebrews 11:1 says, “now faith is confidence in what we hope for and assurance about what we do not see.”

Convincing an Army soldier in a combat zone that this Scripture is relevant can be challenging (Brock & Lettini, 2013). According to “Compelling Truth” (2021):

The Greek word used most often in the New Testament for faith is *pistis*, which means a belief or conviction with the complementary idea of trust. Faith is an active trust in God, a belief in what He says is true that results in action. (sec. 1)

Understanding Faith

Faith is heavily referenced in the Bible, and several scriptures capture the importance of faith. The Old Testament can be applied to faith and the misfortunes endured during combat operations. 2 Chronicles 20:20 states, “Have faith in the Lord your God and you will be upheld, have faith in his prophets and you will be successful.” Faith plays a crucial role in fortifying doxological motive; faith is not knowing that God can but believing that God will bring you through despite circumstances (Meyer, 2020). Romans 5:1 states, “Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ.” This powerful verse can go a long way for someone supporting combat operations (Brock & Lettini, 2013). Isaiah 43:2 and Hebrews 12:2 assert that faith can be bolstered by remembering what brought you through. Many believers do not realize that moving forward entails looking back to see where they came from and everything He bought them through (Meyer, 2019). This statement can be a reality

for soldiers trying to deal with events they executed or observed during combat operations that have caused them to question their faith and overall belief system (Kelle, 2020).

Understanding the Role of Prayer and the Image of God

Made in the image of God, believers are called to pray as God engages them during prayer (Kilner, 2015). The concept of prayer is nested within the image of God doctrine (Kilner, 2015).

Starting with the Book of Genesis and ending with the Book of Revelation, the Bible presents examples regarding the doctrine called the image of God (Kilner, 2015). In Genesis 1:26, God said:

Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and overall, the creatures that move along the ground. So, God created mankind in his image, in the image of God, he created them.

These words impact humanity and God's overall purpose for its existence (Wilhoit, 2000).

Through His Son, Jesus Christ, humanity can connect with God and reflect on Him (Kilner, 2015).

Hebrews 1:1-3 states "Long ago God spoke many times and in many ways to our ancestors through the prophets." This relationship is the basis for prayer's power (Laniak, 2006). Humans have a unique opportunity to pray and commune with the creator in meaningful ways (Meyer, 2020).

Trials and Obstacles and the Role of Prayer

Facing trials and obstacles at any time can be daunting, but for combat veterans in combat, trials and obstacles can be more enduring (Litz, et al., 2016). Trials and obstacles are visible throughout the lives of biblical leaders and characters and often draw them to prayer (Kelle, 2020). Job is one of the most recognized biblical leaders who tried to analyze and study trials and coping mechanisms (Meyer, 2020). Job 1:22 indicates, "Despite everything, Job did not sin or accuse God of doing wrong." Passages on trials and coping are entrenched within the doctrine of suffering,

which can be read throughout the Bible (Laan, 2009). Passages that attest to trials can serve as a foundation to sustain the faith and overcome the obstacles endured by combat veterans who self-identified as suffering from MI (Brock & Lettini, 2013).

Servanthood

Joining the Army may entail defending freedom and supporting operations in a combat zone (Kelle, 2020). The inherent duties and responsibilities accepted by raising a right hand and taking an oath include willingness to follow others (Duran-Stanton & Masson, 2021). A notable passage regarding sacrifice is John 15:13; “Greater love has no one than this, that he may lay down his life for his friend.” What makes this verse notable to those who serve? It is an impactful verse because those who choose and continue to serve are sometimes placed in situations that require them to put the lives of others before their own (Kelle, 2020). Another notable passage is Philippians 2:3-8, “Do nothing from selfish ambition or conceit, but in humility count others more significant than yourselves.” Understanding that someone would knowingly join an organization that could jeopardize their life is humbling (Battles et al., 2021). Coupled with the possibility of executing or observing acts that could compromise their resilience and coping mechanisms, makes it that more heroic (Litz, et al., 2016).

Application of the Theological Framework

Despite having a detailed manual and point of reference, Christians can struggle with developing and sustaining Christlike traits (Laniak, 2006). To help believers understand and follow Jesus Christ, the Bible illustrates traits and characteristics imperative for spiritual formation and faith development (Carson, 2008). Christians need Spiritual growth to secure and maintain a relationship with Him (Carson, 2008). Motifs are disbursed throughout the Scriptures and recorded

in the Old and New Testaments that offer guidelines for assisting believers with imitating Christlike characteristics (Carson, 2008). Paul alludes to this trait (Galatians 5:22-25):

However, the fruit of the spirit is love, joy, peace, forbearance, kindness, goodness, and self-control. Against such things there is no law. Those who belong to Christ Jesus have crucified the flesh with its passions and desires. Since we live by the Spirit, let us keep in step with the Spirit.

Summary of the Theological Framework

Combat veterans can take steps to ensure their faith is rooted and aligned with resilience and coping mechanisms (Brock & Lettini, 2013). They must create habits that foster the discipline and practices necessary to fulfill their walk with Christ (Brock & Lettin, 2013). These steps can be implemented through extensive and vigilant prayer and aggressive practices to ensure an ecological and holistic perspective is adapted to understand the interconnectedness of life from a secular and non-secular viewpoint (Litz et al., 2016).

According to Reverend Billy Graham (2012), three qualities are required of Christians: “integrity, personal security, and a sense of priority” (sec. 2). These qualities can be integral for combat veterans, especially during combat operations (Ramsay & Doehring, 2019). When inculcating the image of God doctrine, these three traits can be a fitting foundational base for combat veterans (Kelle, 2020). The lack of understanding among non-believers regarding the impact of faith on resilience and coping mechanisms can create tension and conflict (Graham, 2017). Combat veterans may lack understanding from their peers and leaders when presenting the Image of God doctrine (Brock & Lettini, 2013). The Bible provides examples of leaders who understood and analyzed the image of God doctrine (e.g., Judges 6:8; Luke 1:26-38; Isaiah 57:15; Hebrews 1:3, and 1 Timothy 1:16). In Ephesians 4:4-6 Paul stated:

Make every effort to keep yourselves united in the Spirit, binding yourselves together with peace. For there is one body and one Spirit, just as you have been called to one glorious hope for the future. There is one Lord, one faith, one baptism, one God and Father of all, who is over all, in all, and living through all.

Theoretical Framework for the Study

When analyzing the four worldviews, social constructivism or constructivism is the predominant theme for this research (Creswell & Creswell, 2018). “Social constructivism believes that individuals seek understanding of the world in which they live and work. Individuals develop subjective meanings of their experiences directed toward certain objects or things” (Creswell & Cresswell, 2017, p. 8). This section of the literature review supports the study’s reasoning and theoretical foundation. Chapter One and the understanding faith section of Chapter Two explained the impact of faith. The sections utilized to leverage the concepts of social constructivism were Fowler’s (1995) Stages of Faith, Resilience Factor, Coping Theory, Self-Determination Theory, and Self-Efficacy Theory.

Fowler’s Stages of Faith

In his work *Stages of Faith: The Psychology of human development and the quest for meaning*, psychologist James Fowler (1981) suggested seven stages of faith development. He said:

As infants, humans learn what he called ‘primal or undifferentiated faith’ from their upbringing and environment—warmth, safety, security, and love, and this will help them, in later life, to have a sense of trust and safety in the universe and the divine. On the other hand, if they have a negative upbringing with neglect and abuse, they may well, in future years, develop a distrust of the universe and the divine. (p. 4)

In creating the seven stages, Fowler referenced Richard Niebuhr’s three levels of faith framework:

Niebuhr saw faith taking form in our earliest relationships with those who provide care for us in infancy. He saw faith as growing through our experience of trust and fidelity-and with mistrust and betrayal—with those closest to us. Lastly, he saw faith in the shared visions and values that hold human groups together. (p. 5)

From a holistic perspective, Fowler analyzed the three levels along with Paul Tillich’s *Dynamic of Faith* framework, and in doing so, he coined the term *human faith* (1957). Thus, Fowler's seven stages of faith are shaped by his theological perspective and not simply his research. Fowler’s theory of faith development served as the framework for analyzing the lived experiences of those

studied for this phenomenon. Social constructivism's three overarching themes were also essential and supported the theological aspects of this research. Social constructivism's overarching themes outline that:

The production of knowledge is a creative interpretation process and cannot be adequately framed within a logistic theory of knowledge. Our beliefs about reality are created through social interactions, social institutions, and persons are created through social interactions, and our beliefs about reality, which are constructed through social interaction, play an essential role in the reconstruction of institutions and persons. (Liebrucks, 2001, p. 370)

Based on the ages of the participants who ranged between 29-41, stages 4, 5, and 6 proved to be the most practical for this study. Fowler (1995) explained the stages like this:

- Stage 4: Individuative-Reflective Faith, occurs between mid-twenties to late thirties and is often described by the “interpretation of reliance on external sources of authority. Essential features are the critical distancing from one’s previous assumptive value system, and the emergence of executive ego religious or spiritual beliefs can take on greater complexity and shades of nuance, and there is a greater sense of open-mindedness, which can at the same time open up the individual to potential conflicts as different beliefs or traditions collide. (p. 179)
- Stage 5: Conjunctive Faith occurs during mid-life and brings together pertinent concepts and behaviors that were suppressed, learned, and developed during stage 4. Symbols, stories, and rituals become important during this stage, and individuals become more structured and cognizant of boundaries.
- Stage 6: Universalizing Faith or Enlightenment occurs during later adulthood and is rarely achieved by individuals. A person at this stage is not bolstered by differences in religious or spiritual beliefs among people in the world but regards all beings as worthy of compassion and deep understanding. During this stage, individuals “walk the talk” of the great religious traditions (p. 201). This stage does not require the person to become perfect, instead, it suggests perfection is best understood when examined from the “moral, psychological or leadership viewpoint. (p. 202)

Fowler (1995) suggested that faith and religion interact with each other. He added that worldview development, not faith, distinguishes faith from religion and belief. Throughout the development of his framework, Fowler (1995) leveraged the works of Piaget (cognitive) and Kohlberg (knowing) to create the Stages of Faith. In addition to Piaget and Kohlberg, Fowler (1995) also

relied upon the studies of Niebuhr and Tillich, who wrote heavily about faith as a way of seeing the world.

War does not end when troops come home (Brock & Lettini, 2012). “In an attempt to mitigate the impact of war on soldiers, the Department of Defense developed the Comprehensive Soldier Fitness (CSF) program in 2009 with an investment of \$125 million” (Brock & Lettini, 2012, p. 98). CSF consisted of five tenets: “physical, social, emotional, familial, and spiritual” (Brock & Lettini, p. 99). The spiritual tenet was not well-defined, and this was not the military’s first attempt to identify the importance of spiritual fitness (Yandell, 2022). The Army published a pamphlet entitled *Spiritual Fitness* in 1987 that highlighted the connection between spirit and victory (Brock & Lettini, 2012). Current Army doctrine “defines spiritual readiness as the ability to endure and overcome times of stress, hardship, and tragedy by making meaning of life experiences” (FM 7-22, 2020, p. 43).

Resiliency Factor

Reivich and Shatte (2002) seven keys to finding inner strength and overcoming hurdles served as a pivotal concept in completing this study. The Army transitioned from an environment where soldiers were seen as weak if they sought help to a more understanding organization that promotes resilience. Prior to the Army transitioning to a more understanding organization that promoted resilience, it was a rigid environment where soldiers were considered weak for seeking help (Brock & Lettini, 2013). Resilience is not about being perfect or flawless. It is about being able to tap into your inner strengths during difficult times (Riopel, 2021). It is about maintaining the boldness and courage to move forward and not quitting because of circumstances (Riopel, 2021).

In March of 2013, the Army introduced the Ready and Resilient Campaign (Timmons, 2013). The main emphasis of the campaign was to address issues impacting the day-to-day lives and resources of soldiers and families from a holistic perspective (Timmons, 2013). Looking at issues impacting soldiers and families from a holistic perspective and collaborating allowed the Army to combine resources and offer better services to those requiring assistance (Timmons, 2013). As combat operations and deployments decreased, the Army relied upon resiliency skills to keep soldiers and families focused on future operations (Timmons, 2013).

An essential aspect associated with resiliency is maintaining adequate coping mechanisms, which are pivotal when setbacks occur (Reivich et al., 2011). After nine years of war, back-to-back deployments, and multiple separations of families, the Army realized that to maintain proficient combat operations, resiliency skills had to be incorporated into the daily lives of soldiers and, eventually, families (Department of Defense, 2021). How does the Army sustain resilience? The Army's Resilience Model consists of six competencies: 1) Self-Awareness, 2) Self-Regulation, 3) Optimism, 4) Mental Agility, 5) Strengths of Character, and 6) Connection (Riopel, 2021). These six skills teach army personnel how to cope and bounce back from adversity and life circumstances (Riopel, 2021). The Master Resilience Training curriculum was created from the positive psychology perspective, which focuses on the strengths and virtues that enable individuals and communities to thrive (Reivich et al., 2011). This drastic but necessary paradigm shift was vital to sustaining soldiers and families (Timmons, 2013). According to Riopel (2021):

Resilience is the process of being able to adapt well and bounce back quickly in times of stress. This stress may manifest as family or relationship problems, serious health problems, problems in the workplace, or even financial problems, to name a few. To further define this term, "resilience is a crucial ingredient to a happy, healthy life. More than anything else, it is what determines how high we rise above what threatens to wear us down, from battling an illness to bolstering a marriage, to carrying on after a national crisis. (p. 4)

Resilience is likely to exist on a continuum manifested in differing degrees in different situations. Conner and Davidson (2003) proposed that resilient people have attributes that may include:

Viewing change as a challenge or opportunity, Commitment, Recognition of limits to control, Engaging the support of others, Close, secure attachment to others, Personal or collective goals, Self-efficacy, strengthening effect of stress, Past successes, Realistic sense of control/having choices, Sense of humor, Action-oriented approach, Patience, Tolerance of negative affect, Adaptability to change, Optimism, and Faith. (p. 77)

In addition to the qualities, Conner and Davidson (2003) established the Conner-Davidson Resilience Scale (CD-RISC), which entails 25 items that are calculated on a 5-point scale from 0-4. The higher scores signify a more extensive impression of resilience. Based on work conducted by Davidson (2003), there are three basic types of resilience: natural, adaptive, and restored. Natural resilience is based on human nature and daily living. Adaptive resilience arises during situations that require adjustment and fight, or flight situations, and restored resilience allows an individual to learn skills that enhance their resilience in adverse conditions (Riopel, 2021). According to Joseph (2017), restored resilience “can help you deal with past, present, and future traumas more healthily (p. 223).” In “Resilience Factor,” Reivich and Shatte (2002) suggested that resilience plays a critical role in increasing work productivity, maintaining affectionate relationships, and raising successful and happy children. Resilience is vital when making hasty and hard choices in chaotic moments or environments (Reivich & Shatte, 2002). Resilience is crucial for soldiers to sustain during combat (Reivich & Shatte, 2002).

Coping Theory

Deploying to support combat operations for up to one year and the unexpected dangers require enormous coping skills (Litz et al., 2016). Lazarus and Folkman (1984) are two notable pioneers in coping theory. They defined coping as: “constantly changing cognitive and behavioral

efforts to manage specific external and internal demands that are appraised as taxing or exceeding the person's resources” (p.21). Roth and Cohen (1986) suggested that stress cycles and coping mechanisms are linked to perceptions of stressful situations and aid in dealing with them.

Lazarus and Folkman (1984) coined the concept of cognitive appraisal and reappraisal. Based on their proposed theory, stress coping implies an intricate process of thinking and assigning meaning (Lazarus & Folkman, 1984). The coping theory is a vast area of study that is classified into two independent parameters: focus-oriented theories (trait and state) and approach-oriented theories (microanalytical and macroanalytical) (Lazarus & Folkman, 1984). The focus-oriented state and trait theories acknowledge internal resources and mental capacities for evaluating how well a person can adapt to a situation (Chowdhury, 2021). Coping theory and mechanisms are essential in understanding the lived experiences of combat veterans because the concept, coupled with Lazarus and Folkman’s model, outlines how effective coping mechanisms are contingent upon the emotional roles related to the problem (Chowdhury, 2021). On the other hand, the approach-oriented coping theory is centered on how tangible or conceptual the coping mechanisms are (Chowdhury, 2021).

Lazarus and Folkman (1984) categorized eight strategies that are frequently utilized for coping:

Self-Control occurs when we try to control our emotions in response to stress; *Confrontation* arises when we face pressure and react to change the situation; *Social support* happens when we talk to others and look for social connections to help us survive a difficult time; *Emotional distancing* occurs when we stay indifferent to what is going on around us and prevent the distress from controlling our actions; *Escape and avoidance* happen when we deny the existence of stress as a coping response; *Radical acceptance* occurs when one resorts to unconditional self-acceptance for adapting to adversity; *Positive reappraisal* arises when we seek to find the answer in the struggle and grow from it; and *Strategic problem-solving* is when we implement specific solution-focused strategies to get through the tough time and redirect our actions accordingly. (p. 22)

Self-Determination Theory

Serving in the United States Military and living an unpredictable lifestyle can be detrimental to growth and planning (Kimmons, 2020). The unpredictable lifestyle involves standing by to support worldwide deployments through modalities such as combat, peacekeeping, or humanitarian operations (Kimmons, 2020). According to Cherry, (2022):

Why is this concept important in understanding the studied phenomenon? Self-determination theory suggests that “people are motivated to grow and change by three innate and universal psychological needs.” Furthermore, the theory suggests that “people can become self-determined when their needs for competence, connection, and autonomy are fulfilled.” Another vital role in self-determination theory is the concept of intrinsic motivation or engaging in activities for the inherent rewards of the behavior itself. (sec. 1)

Self-determination can be essential in capturing faith's impact on combat veterans' resilience and coping mechanisms (Dyson et al., 2022). Self-determination theory relies upon intrinsic and extrinsic benefits (Dyson et al., 2022). Intrinsic motivation is best described as motivation that occurs internally and due to purpose or enjoyment (Deci & Ryan, 2001). Extrinsic motivation is best described as motivation that occurs outside of an individual and is triggered by punishment or rewards (Deci & Ryan, 2001). “Self-determination theory grew out of the work of psychologists Deci and Ryan (2001). They suggested that people tend to be driven by a need to grow and gain fulfillment” (Cherry, 2022, sec. 1). They proposed two key assumptions for self-determination theory. First, growth drives behavior, and people are motivated toward development. In doing so, “Individuals gain mastery over challenges and taking in new experiences are essential for developing a cohesive sense of self” (Cherry, 2022, sec. 1). Secondly, they identified autonomous motivation as vital. According to Deci and Ryan (2001), whereas individuals are generally inspired by extrinsic motivation, self-determination theory focuses on internal motivation, including the desire to acquire expertise or individuality.

According to Cherry (2022), psychological progress requires:

- **Autonomy:** People need to feel in control of their behaviors and goals. The impact of autonomy allows people to take direct action, which results in physical transformation and thus plays a prominent part in helping people feel self-determined (components of self-determination section).
- **Competence:** People need to gain mastery of tasks and learn different skills. The result of competence is people feel they have the skills required for victory, and they are likely to take pertinent actions that will aid them in reaching their goals (components of self-determination section).
- **Connection or relatedness:** During this stage, it is imperative that people experience a sense of belonging and attachment to other people. (sec. 2)

Self-Efficacy Theory

Self-efficacy is an introspective concept strongly associated with self-esteem and can, directly and indirectly, bring to the forefront the impact that faith has on the resilience and coping mechanisms of combat veterans (Ramsay & Doehring, 2019). Self-efficacy is pivotal in understanding how faith can enhance resilience, and coping mechanisms that can sometimes become diminished, sometimes leading to MI (Ramsay & Doehring, 2019). The term *self-efficacy* was coined by psychologist Albert Bandura (1977), a Canadian-American psychologist and professor at Stanford University (Lopez-Garrido, 2020). Bandura initially defined self-efficacy as a “personal judgment of how well one can execute courses of action required to deal with prospective situations” (p. 214). According to Bandura (1977):

Individuals develop their self-efficacy beliefs by interpreting information from four primary sources of influence. Those with a high level of self-efficacy are not only more likely to succeed, but they are also more likely to bounce back and recover from failure. (p. 201)

Additionally, he proposed:

Perceived self-efficacy influences what coping behavior is initiated when an individual is met with stress and challenges, along with determining how much effort will be expended to reach one’s goals and for how long those goals will be pursued. (p. 203)

Bandura (1977) speculated that self-efficacy is a self-sustaining trait; when people are motivated to work through problems on their terms, they gain positive experiences that boost their self-efficacy even more.

Although not the main topic of this research, self-efficacy can also be considered relevant for analyzing faith's impact on combat veterans' coping mechanisms (Brock & Lettini, 2013). Self-efficacy appears to enhance internal locus of control (Armistead-Jehle et al., 2020). Locus of control can be described as the power to modify life events (Lopez-Garrido, 2020). Several scales and questionnaires measure general self-efficacy (Lopez-Garrido, 2020). However, the General Self-Efficacy Scale, which encompasses ten items that are rated from 1 (Not true at all) to 4 (Exactly true), is the most practical (Lopez-Garrido, 2020).

According to Bandura (1977), there are four significant components of self-efficacy: mastery experiences, vicarious experiences, verbal persuasion, and emotional and physiological states. Akhtar (2008) explained:

Mastery experiences refer to the experiences we gain when we take on a new challenge and succeed. The best way to learn a skill or improve our performance is by practice; part of the reason this works so well is that we are teaching ourselves that we can acquire new skills. Vicarious experience is—quite simply—having a role model to observe and emulate. When we have positive role models who display a healthy level of self-efficacy, we are likely to absorb some of those positive beliefs about the self. The verbal persuasion factor describes the positive impact that our words can have on someone's self-efficacy; telling a child that she is capable and facing any challenge ahead of her can encourage and motivate her, as well as add to her growing belief in her ability to succeed. Emotional and physiological states influence how you judge your self-efficacy and can dampen your confidence in your capabilities. (sec. 1)

Diffusion of Innovation Theory

Everett M. Rogers (1962) is one of the originators of the diffusion of innovation theory. He developed the theory in 1962, and it is considered one of the oldest theories rooted in social science (Lamorte, 2019). Diffusion is a process by which an innovation is communicated through specific channels over time among members of a social system (LaMorte, 2019).

Diffusion is a five-step process entailing knowledge, persuasion, decision, implementation, and confirmation (LaMorte, 2019). There are five established adopter categories used to appeal to

the different categories. While most people fall in the middle categories, it is still necessary to understand the characteristics of the target population (Lamorte, 2019). Other factors make up the diffusion of innovation theory, but one key aspect is the elements (Rogers, 2003). The elements of diffusion include innovators, early adopters, early majority, late majority, and laggards (Dyer et al., 2019). The result of diffusion is that people, as part of a social system, adopt a new idea, behavior, or product (Dyer et al., 2019).

When promoting an innovation, different strategies are used to appeal to the various adopter categories (Dyer et al., 2019). The stages by which a person adopts diffusion and innovation theory, and whereby diffusion is accomplished, include awareness of the need for innovation, the decision to adopt (or reject) the innovation, initial use of the innovation to test it, and continued use of the innovation (Lamorte, 2019). The five main factors or qualities that influence innovation are: relative advantage, compatibility, complexity, trialability, and observability (Beever, 2022).

The diffusion of innovations theory seeks to explain how innovations are taken up in a population. Instead of persuading individuals to change, it sees change as being primarily about the evolution or reinvention of products and behaviors, so they become better fits for the needs of individuals and groups (Dyer et al., 2019). The central premise is that innovation changes, not people (Robinson, 2009).

Clayton Christensen (2016) introduced the concept of disruptive technologies, which eventually went on to support the development of disruptive innovation. “Disruptive innovation is an innovation that transforms the complicated, expensive services and products into something simple that everyone can use” (Christensen et al., 2011, p. 32). A disruptive innovation allows a whole new population of consumers at the bottom of the market access to a product or service that

was historically only accessible to consumers with considerable money or skill (Christensen & Harvard Business Review, 2016). Can the United States Army benefit from disruptive innovation as it pertains to MI? Further analysis of this term can assist in answering this question because, “An innovation is an idea, behavior, or object that is perceived as new by its audience” (Robinson, 2009, p. 25).

Disruptive innovation explains how a product or service takes root in simple applications at the bottom of the market and then relentlessly moves up, eventually displacing established competitors (Christensen & Harvard Business Review, 2016). The development of disruptive innovation is the result of an enduring evolutionary process and can sometimes seem ambiguous and regularly referred to as non-transformational or unchanging (Sadiq & Hussain, 2018). Despite the usefulness of innovation, problems can occur due to organizations trying to “innovate faster than their employee’s needs; most organizations eventually end up producing products or services that are too sophisticated, too expensive, and too complicated for many customers in their market” (Christensen & Harvard Business Review, 2016, p. 174). Why is this important to the phenomenon being studied? Disruptive innovation may be preventing the Army from rethinking or restructuring Army traditions and cultures that thwart creative services and resources from being created and utilized by those who suffer from MI (Koenig et al., 2019).

Reverend T.D. Jakes (2023) further expands on the concept of disruptive innovation through the usage of what he calls disruptive thinking. “Disruptive thinking is not often something we are drawn to; it is usually part of our survival mechanism in response to circumstances thrust upon us” (Jakes, 2023, p. 14). Disruptive thinking is a relevant concept when trying to understand what Army personnel may endure during and after combat operations (Jakes, 2023).

Theories and frameworks have emerged that can assist Army leaders with understanding and mitigating the lingering effects of MI (Litz et al., 2016). The theories can serve to assist leaders with executing the scope required for leading, growing, and possibly transforming the Army and managing these effects (Litz et al., 2016). Some pathways can help leaders with managing diffusion and innovation, including options that will allow them to react quickly to conflict and deter situations (Dyer et al., 2019).

According to Van Yperen (2002), four systematic issues emerge and are sources of conflict in Christian leadership: 1) cultural, 2) structural, 3) spiritual, and 4) theological. Organizations that spend more time focusing on meeting the needs of individuals lose the integrity and meaning of the organization (Van Yperen, 2002). When trying to change an organization like the United States Army, the underlying structure, which may include traditions and mindsets, may benefit from being modified as well (Van Yperen, 2002). Using a Christian leadership framework to address the Army's systematic cultural and structural issues may well be a pivotal starting point (Kelle, 2020).

Elisabeth Kuebler-Ross (1972) introduced the five-stage grief model termed the Kuebler-Ross Grief Cycle. The grief cycle includes five stages: 1) denial, which leads to avoidance; 2) anger, which is associated with frustration; 3) bargaining, which is linked to issues that evolve around struggling to find meaning; 4) depression, which is centered on being overwhelmed; and 5) acceptance which includes moving on from the grief (Gregory, 2020). The cycle has crossed over all areas of social science and can be used to deal with change management and ensuing conflict during the change process (Gregory, 2020). Scott and Jaffe (1988) introduced a change grid that aligns with some of the concepts that Kuebler-Ross introduced. The change grid has four stages: 1) denial, 2) resistance, 3) exploration, and 4) commitment (Scott & Jaffe, 1988), which compares the

past against the future using the stages as a baseline. Considering the minimal research and services offered by the United States Army for sufferers of MI, the four stages of the change grid may be applicable to address the situation (Scott & Jaffe, 1988).

It would be challenging to examine the subject of MI in the United States Army combat veterans without considering the five dysfunctions of teams (Lencioni, 2002): 1) absence of trust, 2) fear of conflict, 3) lack of commitment, 4) avoidance of accountability, and 5) intention of results (p. 194). Absence of trust includes participants being able to trust members of the team through shared understanding and respecting attributes of team members; fear of conflict includes realizing that productive conflict and dialogue are necessary for teams to function cohesively; lack of commitment is centered on ensuring there is collective buy-in from all members that does not necessarily guarantee consensus or certainty; the avoidance of accountability realm encompasses holding team members accountable for their actions and behaviors; and intention of results includes not allowing team members to ignore the collective goals of the team (Lencioni, 2002).

Conflict can arise when examining diffusion and innovation (Stanley, 2009). When conflict surfaces, it can occur in five stages (Stanley, 2009). The five stages of conflict are: 1) latent, 2) perceived and felt, 3) conflict approach, 4) stalemate or negotiate, and 5) aftermath (Stanley, 2009). In addition to the five stages of conflict are the five conflict management styles, which include: 1) integrating, 2) dominating, 3) obliging, 4) avoiding, and 5) compromising (Stanley, 2009). Based on the various definitions, integrating best suits the US Army when understanding MI (Stanley, 2009). Integrating style includes showing concern for others and compromising with sensible levels of agreement and is considered the preferred style (ADP 6-22, 2019). According to Arbinger (2016), "Leaders who succeed are those who are humble enough to

be able to see beyond themselves and perceive the true capacities and capabilities of their people” (p. 9).

Summary of Theoretical Framework

When analyzing the literature presented, Kelle provided this researcher with the best and most applicable definition for moral injury by offering that the term runs more profound than simply what is right or wrong (Kelle, 2020). “Moral injury is the sense of violating one’s core moral identity and losing any reliable, meaningful world in which to live” (Kelle, 2020, p. 20). Basically, moral injury covers an individual’s perception of their actions and the impact that their actions have on the world and their accepted worldview (Kelle, 2020). In sum, Fowler’s (1995) stages of faith, resilience factor, coping theory, self-determination theory, self-efficacy theory, and diffusion and innovation theory were discussed. The theories helped determine if faith had an impact on the resilience and coping mechanisms of combat veterans. The following section highlights literature relevant to understanding the research topic.

Related Literature

The related literature section of this study emphasized previously captured biblical, theological, and theoretical perspectives but specifically emphasized solution-focused pastoral counseling, Army culture, adapted disclosure, combat veteran culture, Be/Know/Do, Kolb learning theory, morality, Maslow’s hierarchy of needs theory, followership, leadership concepts, faith-based veteran communities, and suicide predictors in combat veterans.

Solution-Focused Pastoral Counseling

On average, military service members and their families relocate every two to three years (Military Family Advocacy Network, n.d.). For those connected with a church family or community, relocation can be arduous for establishing lasting relationships and connections

(Military Family Advocacy Network, n.d.). Solution-focused pastoral counseling was specifically created to assist military chaplains with counseling and supporting families before, during, and after relocation (Kollar, 2011). *Solution-Focused Pastoral Counseling: An Effective Short-Term Approach for Getting People Back on Track* (Kollar, 2011) addressed “personal paradigms and how they can blind counselors to other options” (p. 9). The book is aligned with using imagineering when working with those who seek counseling (Kollar, 2011). “It is about developing principles for getting them unstuck and back on track in their lives, marriages, and families. It is about shifting paradigms regarding how—both in the mind of the counselor and of the counselee” (Kollar, 2011. P. 15). The book is significant because a military chaplain wrote it to assist other military chaplains with delivering short-term care to service members and their families (Kollar, 2011). Additionally, this book was pivotal in examining the impact that faith has on the resilience and coping mechanisms of combat veterans (Kollar, 2011).

Army Culture

Army values are unique traditions, norms, and perceptions that impact the behaviors of military members (Substance Abuse and Mental Health Services Administration, 2010). Each branch of service has adopted distinct models that can have an impact on how individuals cope with adversity (Substance Abuse and Mental Health Services Administration, 2010). Army values prioritize loyalty, duty, respect, selfless service, honor, integrity, and personal courage (ADP 6-22, 2019). The differences between civilian and military culture make it vital to enhance the worldview understanding of individuals who subscribe to military culture as it may contribute to risk (Substance Abuse, 2010). More than many other types of institutions or organizations, the military can influence its members’ norms, thereby influencing their behavior (United States Military Academy, 2014). Ethical fading, which is a format of self-deception, is a critical concept

to introduce when discussing military culture (Tenbrunsel & Messick, 2004). Ethical fading can force an individual to follow the rules, keep secrets, remain loyal, and/or tell the truth (Tenbrunsel & Messick, 2004). The institutional influence coupled with ethical fading can impact service members through what Huntington (1957) called the military ethic:

The military ethic emphasizes the permanence, irrationality, weakness, and evil in human nature. It stresses the supremacy of society over the individual and the importance of order, hierarchy, and division of function. It exalts obedience as the highest virtue of military men. The military ethic is thus pessimistic, collectivist, historically inclined, power-oriented, nationalistic, militaristic, pacifist, and instrumentalist in its view of the military profession. (p. 79)

The Supreme Court recognizes that the essence of military service is principal to the desires, interests, and needs of the individual services (Goldman v. Weinberger, 1986). Army values reflect that self-sacrifice and self-control are components of law-abiding behavior (ADP 6-22, 2019). The Army Values are Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage (ADP 6-22, 2019). Loyalty signifies “Bear true faith and allegiance to the U.S. Constitution, the Army, your Unit, and other Soldiers” (ADP 6-22, 2019, p. 1-12). Duty signifies being able to “Fulfill your obligations” (ADP 6-22, 2019, p. 1-12). Respect denotes that Army personnel should “Treat people as they should be treated” (ADP 6-22, 2019, p. 1-12). Selfless Service captures the ability to “Put the welfare of the Nation, the Army, and your subordinates before your own” (ADP 6-22, 2019, p. 1-12). Honor means to “Live up to the Army Values” (ADP 6-22, 2019, p. 1-12). Integrity proposes that soldiers should “Do what’s right, legally, and morally” (ADP 6-22, 2019, p. 1-12). Personal Courage means to “Face fear, danger, or adversity” (ADP 6-22, 2019, p. 1-12). Military culture, which includes the Army Values, is vital to comprehend and understand when determining the impact faith has on the resilience and coping mechanisms of combat veterans (Kollar, 2011).

Linked to the Army culture is the stigma associated with seeking mental health care. This reluctance is sometimes linked to the negative connotation associated with help-seeking behaviors. In a recent study conducted by Phillip Clinton Allen (2023) on the topic of seeking mental health care, two themes emerged: stigma and overcoming stigma. Despite not being officially classified as a mental disorder, MI could easily cause those who suffer from this condition to associate with both themes (Brock & Lettini, 2013). According to Allen (2023), “the unwillingness of many military servicemembers to seek treatment for mental health-related problems because of stigma is a unique problem” (p. 23). Allen (2023) captured four types of stigmas: anticipated stigma, perceived stigma, public stigma, and self-stigma. When understanding MI, all of these types of stigmas are relevant, but based on the various definitions, the most pertinent for this study are perceived stigma and self-stigma. Perceived stigma is categorized as a perception held by others, and self-stigma is characterized as negative feelings that develop due to a person's internalized perceived biases (Allen, 2023).

This section of the research would not be complete without presenting the Soldier's Creed. The Soldier's Creed, in conjunction with the Army Values, is the bedrock of the United States Army (TC 3-21.75, 2013). The Soldier's Creed consists of thirteen lines, and the first four lines are: “I am an American Soldier; I am a Warrior and member of a team; I serve the people of the United States and live the Army Values; and I will always place the mission first” (TC 3-21.75, 2013, p. 1-1). The following four lines of the Soldier's Creed are: “I will never accept defeat; I will never quit; I will never leave a fallen comrade; and I am disciplined, physically and mentally tough, trained and proficient in my warrior tasks and drills” (TC 3-21.75, 2013, p. 1-1). The last five lines of the Soldier's Creed are: “I always maintain my arms and myself; I am an expert, and I am a professional; I stand ready to deploy, engage, and destroy the enemies of the United States of

America in close combat; I am a guardian of freedom and the American way of life; and I am an American Soldier” (TC 3-21.75, 2013, p. 1-1). The current version of the Soldiers Creed dates to 2003; the Creed captures the essence of what it means to be a soldier in the United States Army (TC 3-21.75, 2013, p. 1-1).

Adaptive Disclosure

“Adaptive disclosure treatment is an approach created for active-duty service members and veterans dealing with war trauma” (Litz et al., 2016, p. 29). According to Litz et al. (2016), there are three traumatic war experiences that combat veterans may experience related to coming to terms with the meaning and implications of their exposure to combat operations: life threat, loss, and MI. According to Litz et al. (2016), “Adaptive disclosure is unique because it employs cognitive behavior therapy and other therapeutic strategies to target not only life-threatening trauma, but also traumatic loss and inner conflict produced by MI associated with shame and self-handicapping behaviors” (p. 3).

To understand moral injury and address its effects, we need to recognize that it exists (Litz et al., 2016). PTSD is a mental disorder that requires a diagnosis. Moral injury is a dimensional problem, which means a veteran may experience none, mild, or extreme manifestations (Litz et al., 2016). Cognitive Processing Therapy and Prolonged Exposure Therapy, which are used for PTSD, may address wounds endured from war. However, they do not address the realm of morality, loss, and consequences (Meagher, 2014). In addition to Cognitive Processing Therapy (six sessions), Adaptive Disclosure (eight sessions) has been used for those confronted with MI (Litz et al., 2016). The act of killing can lead to moral injury. Adaptive Disclosure was created for those suffering from PTSD but has since been modified to add breakout sessions for those confronted with loss or moral injury (Litz et al., 2016).

According to Litz et al. (2016), “Adaptive Disclosure is designed to help service members and veterans experimentally and emotionally process these divergent types of war zone harms, traumas, and losses” (p. 3). Adaptive Disclosure separates the experiences of veterans into three categories called the “Three Principal Harms” (Litz et al., 2016, p. 3). The Three Principal Harms are “Life threat, loss, and moral injury” (Litz et al., 2016, p. 3). The Principal Harms are captured on a scale and associated with three phases (Litz et al., 2016). The three phases are “Peri-event reactions, phenomenology, and unfolding need and corrective elements” (Litz et al., 2016, p.3). If an individual is in the peri-event reactions phase and feeling sadness or rage, their principal harm aligns with loss (Litz et al., 2016). Whereas if that same individual views themselves as being in the phenomenology phase and is unable to forgive or maintain ethical standards, their principal harm would align with moral injury. This scale asks individuals to think about their experiences and the implications of those experiences by addressing the Three Principal Harms (Litz et al., 2016). The goal is to determine what is required for veterans to recover from their harms (Litz et al., 2016). In some cases, a veteran may present multiple harms, but the emphasis should be placed on the veteran’s most detrimental harm (Litz et al., 2016).

Combat Veteran’s Culture

Encompassed in the culture of the military is the culture of the combat veteran (Weiss & Coll, 2011). Discipline connects the Army, Navy, Air Force, Marines, and Space Force personnel and solidifies a culture that bridges all services (Weiss & Coll, 2011). Discipline is created by instilling responsibility and self-confidence in all personnel (War Department, 1942). The United States Army defines discipline as “a mindset for a unit or an organization to practice sustained, systematic actions to reach and promote a capability to perform its military function” (ADP 6-22, 2019, p. 4-10). The military is a sisterhood and brotherhood that allows combat veterans to share

stories and bond based on those experiences (Trejo-Valli, 2017). In addition to those supporting bonds, counseling is integral (Trejo-Valli, 2017). The combat veteran paradox is a critical concept to understand within the culture of the combat veteran. The combat veteran paradox advocates that change due to combat exposure is typical, but the quantity and complications associated with these changes may require counseling (Castro & Kintzle, 2014). This counseling can be beneficial to healthy combat veterans (Castro & Kintzle, 2014). Counseling should focus on assisting combat veteran to comprehend how their combat experiences might influence their overall thoughts, emotions, and behaviors (Trejo-Valli, 2017). Counseling can also help combat veterans understand paradoxes often experienced during and after deployment (Trejo-Vali, 2017).

Combat veterans also experience dilemmas, the most prominent being mental health issues consisting of multiple double-binds imposed by partners, military culture, and themselves—all of which impede them from receiving mental health support (Castro & Kintzle, 2014). If left unchecked, it can lead to more significant mental health issues requiring professional intervention (Hester, 2017). “Veteran’s also face dilemmas and paradoxes, which are important to understand to ensure veterans receive maximum care and assistance” (Castro & Kintzle, 2014, p. 299). Despite countless predicaments being inevitable and several inconsistencies unfathomable, understanding and enhancing these predicaments is required to improve the veteran’s transition home and, therefore, requires a holistic approach (Castro & Kintzle, 2014). There are also similarities between combat trauma and other types of traumas within the military and other occupations with inherent danger (Veterans Affairs, 2020). Recognizing this will aid in developing interventions that allow trauma survivors to thrive after traumatic events (Veterans Affairs, 2022).

Be, Know, Do Concept

The Army is a hierarchical organization and relies heavily on leaders to guide soldiers and accomplish the mission (ADP 6-22, 2019). The United States Army defines leadership as “Influencing people by providing purpose, direction, and motivation while operating to accomplish the mission and improving the organization” (Hesselbein & Shinseki, 2004, p. 5). The *Be, Know, Do* framework, which was first introduced in the Army’s official leadership manual but readapted by Frances Hesselbein and retired Army General Eric Shinseki (2004), outlines traits that leaders are expected to portray and personify on and off duty. *Be* entails character, *Know* represents competence, and *Do* encompasses knowledge (Hesselbein & Shinseki, 2004). Leaders must *Be* the values and attributes that shape their character (Hesselbein & Shinseki, 2004). Traits associated with and inherited from the *Be* component of leadership are 1) honesty, 2) competence, 3) forward-looking, and 4) inspirational (Hesselbein & Shinseki, 2004). The leader must *Know* certain levels of knowledge and, in doing so, master four skills. The skills required for mastery are: 1) interpersonal skills, 2) conceptual skills, 3) technical skills, and 4) tactical skills (Hesselbein & Shinseki, 2004). The leader must *Do* three key actions to be successful: 1) influence, 2) operate, and 3) improve (Hesselbein & Shinseki, 2004). *Do* is the action or execution portion of the three components of leadership. Integrated into this framework are mental, physical, and emotional leadership attributes (Hesselbein & Shinseki, 2004).

In *Leadership Challenge*, the authors present what they characterize as “Kouzes-Posner Second Law of Leadership” (2017, p. 39). The Second Law of Leadership encompasses what Kouzes and Posner (2017) termed: “Do what you say you will do (DWYSYWD): two essential elements: say and do” (p. 45). Kouzes and Posner (2017) suggested that “To be credible in action, leaders must be clear about their beliefs, they must know what they stand for. Then they must put what they say into practice: they must act on their beliefs and do” (p. 44).

Peter Northouse (2019) introduced a concept called *The Dark Side of Leadership*, “the destructive and toxic side of leadership is when a leader uses leadership for personal ends” (p. 344). How can this concept impact Army organizations and combat veterans in these units from seeking treatment for MI? The Toxic Triangle consists of three components that contribute to the dark side of leadership (Northouse, 2019). The three components are: “Destructive leaders, susceptible followers, and conducive environments” (Northouse, 2019, p. 345).

Destructive leaders encompass leaders that exhibit “charisma, personalized power, narcissism, negative life themes, and an ideology of hate” (Northouse, 2019, p. 345). Susceptible Followers are divided into two categories: conformers and colluders (Northouse, 2019). Conformers have unmet needs that the leader can exploit and often exhibit low self-evaluations and maturity, making them more likely to follow without question (Northouse, 2019). Colluders, on the other hand, are driven by ambition and may share similar worldviews with destructive leaders (Northouse, 2019). A conducive environment is marked by “Instability, perceived threats, and cultural values lacking checks, balances, and effective institutions” (Northouse, 2019, p. 345). Conducive environments may lack cultural values and acceptable checks and balances, leading to an absence of accountability (Northouse, 2019). This comprehensive model, which is depicted by a large triangle and three smaller circles on each angle of the triangle that highlight the components, provides a representation of the complex interplay among characteristics of the toxic triangle, highlighting the potential ramifications for organizational well-being, the mental health, and leader trust by individuals within the Army (Northouse, 2019). Army Doctrine Publication 6-22 (2019) employs the term toxic leadership, which has some semblance to The Toxic Triangle. Toxic leadership emphasizes that fostering conflict and strife at all levels can have a cascading and negative impact on organizations (ADP 6-22, 2019).

Kolb's Learning Theory

Army Doctrine Publication 1 (2019) suggested that serving in the Army is unlike other types of employment; adapting and learning are pivotal for success and competency (2019). Kolb (1984) maintains that "Learning is the process whereby knowledge is created through the transformation of experience" (p. 38). Kolb (1984) offered six propositions that characterize the transformation of experience and form the underpinning theoretical basis for the cycle:

1. Learning is best conceived as a process, not in terms of outcomes. Ideas are continually formed and reformed through experience, and this process stimulates inquiry and skill in knowledge getting.
2. Learning is a continuous process grounded in experience. "If the education process begins by bringing out the learner's beliefs and theories, examining and testing them, and then integrating the new, more refined ideas into the person's belief systems, the learning process will be facilitated.
3. The process of learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world. "In the process of learning, one moves in varying degrees from actor to observer and from specific involvement to general analytic detachment.
4. Learning is a holistic process of adaptation to the world. It involves the integration of thinking, feeling, perceiving, and behaving.
5. Learning involves transactions between the person and the environment. This suggests a dual meaning to the notion of experience, in which internal experience (e.g., of joy and happiness) interrelates with external or environmental experience (e.g., 20 years doing this job).
6. Learning is the process of creating knowledge. This is achieved through interaction between subjective life experiences and more objective human cultural experiences. (p. 41)

Morality

According to Yount (2010), "A moral dilemma is a problem that has no clear course of action because any decision one makes presents both positive and negative consequences" (p. 134). Yount (2010) suggested, "People choose to do right to avoid punishment from God" (p. 149). However, in combat, soldiers can find themselves in situations where avoiding punishment from their supervisor supersedes avoiding punishment from God (Ramsay & Doehring, 2019). Just War

Theory plays a crucial role in why Nations go to war and how those who fight those wars come to terms with their actions (Yandell, 2022). Just War Theory is founded on three principles: Jus ad bellum, Jus in bello, and Jus post bellum (Yandell, 2022). Jus ad bellum governs fair conduct during war, Jus in bello holds those at war accountable for their actions, and Jus post bellum upholds conduct after the war (Yandell, 2022).

The social cognitive learning theory rests on three key areas: 1) self-control, 2) self-regulation, and 3) self-efficacy. “Self-control is controlling one’s behaviors in the absence of reinforcement or punishment, self-regulation is consistently using self-control skills in new situations, and self-efficacy is how capable one feels to handle tasks” (Yount, 2010, p. 226). Ironically, MI may involve witnessing violations of fundamental moral values that can lead to a loss of faith (Brock & Lettini, 2013).

Department of the Army Pamphlet (DAP)165-19 (2020) is a recently published 32-page document entitled “Moral Leadership” that gives an array of definitions and guidelines on the Army’s moral expectations of all leaders. Chapter One articulates that “The Army acknowledges moral leadership as a critical support to character development is expected to be of increasing importance in support of total force readiness” (DAP 165-19, 2020, p. 1). Chapter Two makes a clear distinction between morality and ethics, which are very similar but, in their rights, two distinct concepts (DAP165-19, 2020). Morality is centered on right versus wrong, whereas ethics is focused on the application of morals or moral principles (DAP 165-19, 2020). In addition to traditions and customs, Army ethics is supported by four foundations. The four foundations are moral principles, Army Values, Army and personal beliefs, and laws that direct the profession (DAP 165-19, 2020).

Moral and ethics training in the United States Army commence at the onset of an individual's career (DA Pam 165-19, 2020). According to Yandell (2022), training and indoctrination such as the Army Values, Soldier's Creed, Oath of Office, and overall culture of the Army can contribute to how a soldier's understanding of morality can morph into a group think type of philosophy (ADP 1, 2019). Meagher (2014) highlights in his book that moral injury should be defined as two separate words and not combined to create a single meaning. Meagher (2014) suggests that morality signifies the betrayal that is caused by the world, and injury signifies self-inflicted betrayal. He (Yandell, 2022) goes on to add that when morality and injury are combined, this can lead to what he coined the "anti-life" (p. 17). According to Yandell (2022), anti-life can occur when events from war cause a Soldier to feel as though their life is negated. Yandell (2022) acknowledged the previous works of Litz et al. (2019) but deemed their works and research on the topic of moral injury to be centered on treatment rather than healing.

When discussing morals and ethics, it is imperative to introduce the Just War Theory. Just War Theory has its roots in Christian theology and dates back to Saint Augustine (Meagher, 2014). As previously discussed, Just War Theory consists of three components: Jus ad bellum rationale for going to war, Jus in bello-actions during war, and Jus post bellum-actions after war (Yandell, 2022). According to Meagher (2014), "just war is a dead letter" (p. 129). Meagher (2014) goes on to add that Just War Theory was created to negate sin, guilt, shame, and the overall criminal actions of war. Based on these concepts, this researcher proposes three questions: What does healing for the soul look like? Does healing even exist? Does the Just War Theory offer healing and hope in answering these questions? Graham (2017) proposes that individuals heal by "taking account of the moral injuries we cause and bear" (p. 97). Graham (2017) further suggests that "healing includes reexamining our moral codes and revising our values and behaviors in the light

of the consequences to ourselves and others our actions have brought about” (p. 97). Two sources of moral injury exist: “agential moral injury, bought upon by our own agency, and receptive moral injury caused to us by the agency of others” (Graham, 2017, p. 13). The only way for Christians to recompense their struggles with moral dissonance, moral dilemmas, moral injury, and moral healing is by engaging and embracing the idea of God” (Graham, 2017, p. 14). Inherent to being a Christian is understanding and knowing that God is the creator and the architecture of everything (Graham, 2017). Building on this, the Ten Commandments provide rules that Christians should adhere to. When discussing MI, the Sixth Commandment, which dictates “thou shall not kill,” is the most relevant (*New International Version*, 1978/2011) and can create a dichotomy for soldiers when faced with this dilemma either directly or indirectly during combat operations (Yandell, 2019).

Maslow’s Hierarchy of Needs Theory

Maslow’s (1987) hierarchy of needs emphasizes motivation. It highlights seven categories of human needs that are the essence of human behavior: 1) physiological needs, 2) safety needs, 3) love and belonging needs, 4) esteem needs, 5) cognitive needs, 6) Aesthetic needs, 7) and self-actualization needs (Zastrow & Kirst-Ashman, 2018). The theory was first introduced in the 1940s and suggests that the needs at one level must be met before the needs at the next higher level can be satisfied (Zastrow & Kirst-Ashman, 2018). Contrary to other frameworks, Maslow (1987) did not use an age-specific modality for his stages of development. He used a pyramid to depict the hierarchy, where the lowest level is the satisfaction of physiological needs such as hunger, thirst, and fatigue (Zastrow & Kirst-Ahman, 2018). The second level is called safety needs (Zastrow & Kirst-Ahman, 2018). The third level is love and belongingness needs, and the fourth level captures esteem needs (Zastrow & Kirst-Ahman, 2018). This level is followed by

cognitive needs such as knowing, understanding, and exploring (Zastrow & Kirst-Ashman, 2018). Aesthetic needs consist of stability and being appreciative. Subsequent needs are appealing needs such as attractiveness and order (Zastrow & Kirst-Ashman, 2018). The pyramid culminates at the highest level, called self-actualization, or the drive to find happiness and realize possibilities (McLeod, 2020).

Over the years, the pyramid has changed with cognitive and attractiveness needs relocated between esteem and, self-actualization and transcendence at the highest level (Zastrow & Kirst-Ashman, 2018). Maslow viewed humans as having tremendous potential for personal development (Zastrow & Kirst-Ashman, 2018). The theory supports the notion that individuals whose basic needs are not met cannot reach their potential (Maslow, 1987). Life experiences, such as serving in combat operations, may cause an individual to move between the levels of the hierarchy (Anderson, 2023). The application of Maslow's theory regarding combat veterans suggests that for cognitive needs to be met, they must first fulfill their basic physiological needs (McLeod, 2020).

Followership

Followership is an essential skill in the United States military because all who aspire to be a leader must be able to follow (ADP 6-22, 2019). According to Northouse (2019), "Followership is a process whereby an individual or individuals accept the influence of others to accomplish a common goal" (p. 295). There are several typologies of followership. The Kelly Typology lists five qualities that followers should possess: 1) assume responsibility for the common purpose, 2) support the leader and the organization, 3) constructively challenge the leader if the group is being threatened, 4) champion the need for change when necessary, and 5) take a moral stand that is different from the leaders to prevent ethical abuses (Northouse, 2019). Regarding the values,

norms, and other traditions imposed by the military, followership can have good or bad outcomes and a life-altering impact on combat veterans (ADP 6-22, 2019).

According to Roth and Conchie (2008), “The most effective leaders are always investing in strengths, the most effective leaders surround themselves with the right people and then maximize their team, and the most effective leaders understand their follower’s needs” (pp. 2-3). They describe what strong teams have in common:

Conflict does not destroy strong teams because strong teams focus on results, and strong teams prioritize what is best for the organization and then move forward; members of solid teams are as committed to their personal lives as they are to their work. Strong teams embrace diversity, and strong teams are magnets for talent. (pp. 71-75)

To be successful, followers require four basic things from leaders: trust, compassion, stability, and hope (Roth & Conchie, 2008). Lack of followership can cause team dysfunction and unhealthy behavior that can impact the overall success of organizations (Tichy & Cardwell, 2004).

Team Dysfunction

Dysfunction can be a turning point for any organization, and combat operations can become that much more critical (Lencioni, 2002). According to Lencioni (2002), when teams work together, two things seem to present: “First, genuine teamwork in most organizations remains as elusive as it has ever been. Second, organizations fail to achieve teamwork because they unknowingly fall prey to five natural but dangerous pitfalls” (p. 187). The first pitfall of the five dysfunctions is the lack of trust, which can be seen when team members are not supportive regarding mistakes and weaknesses (Lencioni, 2002). The second pitfall is fear of conflict, which can be seen when there is a lack of trust and an inability to debate ideas (Lencioni, 2002). The third pitfall is a lack of commitment, which can be seen when team members are not willing to commit to decisions or agreements (Lencioni, 2002). The fourth pitfall is the lack of accountability

(Lencioni, 2002). The fifth and last pitfall is inattention to results, which is putting personal needs above the needs of the team (Lencioni, 2002).

Leadership Concepts

Kouzes and Posner (2017) introduced five practices of exemplary leadership: 1) model the way, 2) inspire a shared vision, 3) challenge the process, 4) enable others to act, 5) and encourage the heart. Maintaining clear guiding principles and explaining values are essential when attempting to model the way for employees (Kouzes & Posner, 2017). Additionally, enlisting others who share a collective vision and thus appealing to their shared vision is practical as well (Kouzes & Posner, 2017). However, to effectively challenge the process, searching for opportunities through the practice of taking hold of creativity and thus capitalizing on pioneering methods to progress can also model the way for employees (Kouzes & Posner, 2017). Fostering collaborations through activities that promote building trusting relationships can effectively enable others to act (Kouzes & Posner, 2017). Nevertheless, to effectively encouraging the heart “requires showing appreciation for people’s contributions and creating a culture of celebrating the values and victories by creating a spirit of community” (Kouzes & Posner, 2017, p. 19). In addition to these five practices, followers want leaders who are honest, competent, inspiring, and forward-looking (Kouzes & Posner, 2017).

Faith-Based Veteran Communities

To understand and determine the impact of faith on the resilience and coping mechanisms of combat veterans, faith-based veteran communities can be a lynchpin (Werber et al., 2021). There are many faith-based veteran communities, but the most prominent is spearheaded by the Department of Veteran Affairs (Werber et al., 2021). Executive Order 13199, which was created and enacted in 2001, established the Office of Faith-Based Community and was the initial White

House milestone to leverage support from faith-based organizations. Executive Order 13342 was established in 2004, and the enactment of this order undertook addressing faith-based partnerships for veterans (U.S. Veteran Affairs, 2002). Their mission for faith-based and neighborhood partnerships is to work with non-profit, faith-based, and community entities with the goal of educating and informing them about the various resources that will allow them to work with and better serve not only veterans but also family members, caregivers, and beneficiaries (U.S. Veteran Affairs, 2022). The vision of the Center for Faith-Based and Neighborhood Partnerships is to strengthen relationships and collaborations with non-governmental faith-based organizations for the purpose of networking with community leaders who serve the veteran population (Werber et al., 2021). Werber et al. (2021) conducted research regarding faith-based organizations that support veterans, and their findings resulted in a positive outlook for faith-based organizations.

Key findings from the study (2021) captured the five outcomes:

Faith-based organizations (FBOs) Can Be a Trusted Source of Assistance; FBOs not only attend to veterans' spiritual needs but also, as a group, address many other areas of veteran health and wellness. Veterans may look to FBOs for support because they offer privacy and confidentiality, two features that may be especially critical when a potential stigma is involved. Some FBOs have fostered a reputation as safe havens for veterans, ones that provide supportive, judgment-free environments, and FBOs are already interacting with other organizations in the web of reintegration support, including government entities, private nonprofits, and one another. (p. 1)

Suicide Predictors in Combat Veterans

The Department of Defense (DoD) has a vested interest in suicide rates among all services, and despite the uptick, suicide is not minimized by them (Department of Defense, 2021). Suicide data for current and past service members generally do not make local news, and the overall statistics are generally released two years after the fact (Department of Defense, 2021). An estimated "6,139 U.S. Veterans died by suicide in 2017, an average of 16.8 per day. During this year, the suicide rate for Veterans was 1.5 times the rate for non-veteran adults, after adjusting for

population differences in age and sex” (Veterans Affairs, 2020, p. 5). Research (Veterans Affairs, 2020) shows that many veterans have underlying issues centered on mental health conditions or substance use disorders, coupled with military service, which increases the risk of suicide.

Rationale for the Study and Gap in Literature

The literature reviewed for this study suggested that faith has an impact on the resilience and coping mechanisms of Army combat veterans who have supported combat operations in Iraq or Afghanistan. There is minimal literature or research that connects the relationship between the faith of Army combat veterans and their understanding of MI inherited from combat operations (Nash et al., 2013). There is also marginal literature regarding the relationship between the faith of Army combat veterans and their understanding of Army leaders’ role in identifying and mitigating MI and supporting veterans who experience MI because of combat operations (Koyn, 2017). This research was motivated by personal experiences as a combat veteran and observations as a leader and peer of combat veterans. The idea of determining the impact that faith has on the resilience and coping mechanisms of combat veterans is both personal and dutiful. Due to two simultaneous wars, the United States military has experienced a paradigm shift and has started to view combat veterans' mental health holistically (Koyn, 2017). This is primarily due to an increase in suicide rates and health-related issues (VA, 2020). The fundamental emphasis of this study sought to understand what impact, if any, did growing up in a religious household have on enhancing the faith and overall resilience and coping mechanisms of United States combat veterans who have supported combat operations in Iraq or Afghanistan over the past fourteen years who self-identified as suffering from MI? The intent of this research was not to debate the necessity or merits of war, combat, or joining the military but to determine the following:

1. What relationship, if any, exists between Army combat veterans’ faith and their overall understanding of MI that may be experienced during combat operations?

2. What relationship, if any, exists between Army combat veterans' faith and their overall understanding of Army leaders' role to identify, mitigate, and support MI experienced because of combat operations?
3. Frameworks applicable for integrating faith into resilience and coping mechanisms of combat veterans while taking into account their leadership style.

Many biblical examples can help combat veterans develop their spiritual formation and, subsequently, an understanding of faith (Kelle, 2020). An intellectual understanding, biblical interpretations of theology, and theoretical perspectives were fundamental to this study because the impact that faith has on the resilience and coping mechanisms of combat veterans can be analyzed through these lenses.

The Lived Experiences of Combat Veterans

Research (e.g., Meagher, 2014; Litz et al., 2016; Nash et al., 2013) on the lived experience of combat veterans has been primarily focused on PTSD and other mental health issues that result from combat. The wounds are not always apparent, and veterans often suffer in silence (Riley, 2022). The United States has never accounted for or factored in the personal damage caused by years of war and combat participation (Riley, 2022). War extends beyond the battlefield, and remnants can be seen in schools, homes, workplaces, and day-to-day environments (Grondin, 2012). The unseen or unrecognized scars of war are regularly carried back home to wives, husbands, children, parents, and siblings (Grondin, 2012). Combat veterans and their families deal with stress differently, and it can leave loved ones feeling helpless (Sayers, 2022). In some cases, it is contingent upon the combat veterans' understanding and knowledge of faith (Ramsay & Doehring, 2019). One dark side of war is that behaviors can lay dormant for decades or surface from time to time, depending on the person impacted (Finkel, 2013).

Implications for Christian Leaders and Education

Various scholars (e.g., Finkel, 2013; Kioner, 2017; Norman & Maguen, 2023) have written about PTSD and MI and have interpreted how combat operations impact the resilience and coping mechanisms of combat veterans. However, minimal research addresses faith. According to Carson (2008), “Reading and rereading the Bible, and knowing and reciting the creeds, are part and parcel of what gives us the categories and labels by which we think” (p. 17). It is essential to understand the adverse consequences pertaining to determining the connection between faith and resilience and the coping mechanisms of combat veterans (Litz et al., 2019)

Rationale for the Study and Gap in the Literature

The goal of this research was to determine whether a relationship exists between faith and the resilience and coping mechanisms of combat veterans suffering from MI and the role of individual faith in their understanding and response to MI associated with these lived experiences. The framework for this study consisted of both theological and theoretical perspectives. In Chapter Three, the researcher discussed qualitative research involving the consensual phenomenological type of study on the impact of faith on the resilience and coping mechanisms of combat veterans. Data was collected to develop a more holistic understanding of the relationship, if any, between faith and resilience and coping mechanisms of combat veterans who self-identified as suffering from MI. Seven combat veterans who are currently serving or have previously served in the United States Army and deemed eligible to support this study were interviewed.

There is a gap in the literature on MI in combat veterans, specifically the impact that faith has on the resiliency and coping mechanisms of combat veterans. Nash et al. (2013); Syracuse University (2014); Litz et al. (2016); Ramsay & Doehring (2019); and Bryan et al. (2018) are some of the scholars who have conducted research on MI in combat veterans. Despite their efforts, a substantial gap in the literature exists in the areas of MI and the impact that faith has on the

resiliency and coping mechanisms of combat veterans who self-identified as suffering from MI. This researcher intended to assist in closing the gap.

Profile of the Current Study

The research methodology used for this study was qualitative hermeneutic phenomenological and sought to understand the impact that faith has on the resilience and coping mechanisms of Army combat veterans who supported combat operations in Iraq or Afghanistan and self-identified as suffering from MI. The literature review presented in this chapter spotlighted a substantial gap in understanding and mitigating MI.

Chapter Two meticulously reviewed theoretical frameworks that supported the undertaking of this study. The range of the literature review emphasized the need for additional research regarding the topic of MI. Chapter Three captured the phenomenological qualitative research design utilized to highlight the need for future research focused on MI in combat veterans.

CHAPTER THREE: RESEARCH METHODOLOGY

Create in me a pure heart, O God, and renew a steadfast spirit within me.

Do not cast me from your presence or take your Holy Spirit from me.

-New International Bible, 1978/2021, Psalm 51:10

Chapter Three used a qualitative hermeneutic phenomenological approach to examine the lived experiences and understand if growing up in a religious household had an impact on the resilience and coping mechanisms of combat veterans who have supported combat operations in Iraq or Afghanistan at least once over the last fourteen years and self-identified as suffering from MI. This chapter summarizes the research methodology of “Moral Injury: The Hidden Adversary of War.” The chapter begins with the research design synopsis, setting, participants, the role of the researcher, ethical considerations, data collection methods and instruments, data analysis, and trustworthiness, and concludes with the chapter summary. In Chapter Three, the study highlighted the research design collection methods and instruments and also discussed the data analysis required to understand the data collected from participants during their interviews.

Research Design Synopsis

This section provides an overview of the research design by explaining the research problem, the purpose of the study, the research methodology, and the research data collection process.

The Problem

This researcher aimed to understand the lived experiences of combat veterans who have supported combat operations in Iraq or Afghanistan over the past fourteen years and self-identified as suffering from MI. According to Brock and Lettini (2013):

When Soldiers violate their fundamental moral beliefs and start to evaluate their behavior negatively, this can lead the soldier to feel as though they no longer live in a reliable, meaningful world and can no longer be regarded as respectable human beings, which can ultimately lead to moral injury. (p. 27)

Additional research is required to understand the phenomenon of MI in combat veterans. There is a gap in the literature about MI in combat veterans with a focus on Army veterans.

Purpose Statement

The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as suffering from symptoms of MI. To capture this goal, the researcher wanted to broaden previous research in the areas of MI endured by combat veterans and the impact of faith on the resilience and coping mechanisms of this studied population. According to Creswell and Creswell (2018), “The purpose statement sets forth the intent of the study, not the problem or issue leading to a need for the study” (p. 117). Phenomenology focuses on the interpretation and meaning of how individuals experience their world within a given context (Leedy & Ormrod, 2019, p. 233). This research is essential to the field and society to understand the lived experiences of veterans who suffer from MI.

The central focus of this study was the foundation of faith formation from growing up in a religious household and thus having an impact on the resilience and coping mechanisms of combat veterans who self-identified as suffering from MI. If you examine 2 Corinthians verses 1:8-11, 4:8-10, 6:4, and 11:23, several illustrations discuss resilience, in particular, Paul’s resilience. Koyn (2017) conducted research to determine how positive religious exposure and participation could benefit individuals in the areas of suicidal ideations, substance abuse, and marital problems. What is the significance of this research? What Koyn (2017) learned was that over 74% of Army personnel serving on active duty have a religious inclination. The prevailing theme from the

research conducted by Koyn (2017) captured that “Providing information and supplementing current programs would allow soldiers the full free exercise of their particular religion” (p. 9).

Research Questions

The following research questions directed this study.

RQ1. What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of moral injury that may be experienced during combat operations?

RQ2. What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of Army leaders’ role to identify, mitigate, and support moral injury experienced because of combat operations?

RQ3. What responsibility, if any, do combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing moral injury because of combat operations?

Research Design and Methodology

This section identifies the research design and methods in detail. The qualitative research design used for this study involved a hermeneutic phenomenological perspective. The rationale for the design selection was to examine the lived experience of participants using an interpretative methodology.

Types of Phenomenology Research

Two types of phenomenology research exist that allow the researcher to determine the lived experiences or consciousness of individuals (Godamer, 2016). Different scholars create these types of phenomenology research and examine the research from different perspectives (Godamer, 2016). Hermeneutics is considered interpretative, whereas transcendental is labeled as descriptive (Godamer, 2016).

Hermeneutic Phenomenology Research

Based on research conducted by Heidegger and Godamer (2016), hermeneutic phenomenology allows the researcher to engage in the process through self-reflection while

utilizing their biases and assumptions in the interpretation process (Lavery, 2013).

“Phenomenological studies are centered on interpreting facets of human experience, the interpretation and engagement of the individual, and the environment where the human experience is encountered” (Creswell & Creswell, 2018, p. 13). Embodied in hermeneutic phenomenology is a concept coined *historically* (Lavery, 2003). *Historically* proclaims that a person’s history or background includes what culture gives them from birth and is handed down, presenting a lens to understand the world (Lavery, 2003, p. 24). Every encounter involves an interpretation influenced by an individual’s background or *historically* (Lavery, 2003).

“The Hermeneutic Loop or Circle” provides an integral modality for accumulating pertinent data about the lived experiences of participants (Harris, 2015, p. 1). The dialogue of questions and answers is vital to understanding and interpreting movement between parts and the whole with each participant, thus providing meaning to the other (Peoples, 2021). The critical components are questions geared toward triggers, reflections, and grasping a greater understanding of the phenomenon from the admission of the participants (Harris, 2015). The circle was created to enhance biblical interpretation and was motivated by a belief in the faithfulness of God (Harris, 2015).

The Hermeneutic Loop is a model that describes the process of understanding and interpreting the meaning of a lived experience in a cyclic manner (Harris, 2015). It begins with the engagement of a phenomenon, where one actively interacts with the subject matter at hand (Harris, 2015). This loop is depicted as a series of interlinked steps that contribute to the comprehension of life or a phenomenon (Harris, 2015). Step one of the loop is “Understanding the whole of life” (Harris, 2015, sec. 1), which is the starting point from where one seeks to comprehend life in its entirety. Step one signifies a holistic view that sets the context for subsequent inquiry (Harris,

2015). Step two of the loop is to “Raise a question about or need for the meaning of an event” (Harris, 2015, sec. 1) and is where the general understanding and specific questions arise about the meaning of specific life events. The questioning from step two is crucial as it directs the focus of the interpretation process (Harris, 2015). Step three suggests, “The need for meaning is projected through action or speech” (Harris, 2015, sec. 1), and during this step, answers to questions are formed, and meaning is given shape through actions. Step three implies that understanding is not only theoretical but also practical and influential on how one acts in the world (Harris, 2015).

Step four rests on “Engagement with the phenomenon or individual” (Harris, 2015, sec. 1,) and actions from this step lead to a direct engagement with the phenomena or events in question, which further informs the individual's understanding. Step five entails “Engagement with part elicits feedback, challenging our understanding of the whole” (Harris, 2015, sec. 1). During this step, the specific engagement with phenomena contributes to the broader understanding of life, suggesting a dynamic relationship between the individual and the universe (Harris, 2015). The last step promotes “Challenge, trigger, reflection reinterpretation, and greater understanding” (Harris, 2015, sec.1). This step provides greater understanding, where the engagement, in turn, triggers further reflections, leading to a greater understanding not only of the specific phenomenon but also of the broader context of life (Harris, 2015).

The Hermeneutic Loop is positioned in the center of the six steps, which indicates that the process is ongoing and iterative (Harris, 2015). Each step feeds into the next, and the understanding gained at each stage is brought back into the loop, enhancing and refining the overall comprehension of life and events (Harris, 2015). The process is continuous, suggesting that our interpretations and understandings are constantly evolving and can be revisited with new insights and perspectives (Harris, 2015).

Transcendental Phenomenology Research

The philosophical approach of Husserl is primarily credited with the development of transcendental phenomenology research (Peoples, 2021). This methodology also examines the lived experience of an individual but through the lens of someone who has experienced the phenomenon (Peoples, 2021). Key terms or concepts associated with this transcendental phenomenology research include bracketing, horizons, noema, noesis, and phenomenological reduction (Peoples, 2021). Bracketing means concentrating on the experience of the participant (Peoples, 2021). Horizons incorporates current experiences and, therefore, does not allow the researcher to use bracketing (Peoples, 2021). Noema is centered on the thoughts of the participant (Peoples, 2021). Noesis involves the interpretation of the participant's thoughts (Peoples, 2021). Phenomenological reduction forces the researcher to remove personal judgment and focus on the experience of the participant (Peoples, 2021). Phenomenological reduction is deemed to be the most integral when using Transcendental phenomenology research because it forces the individual to cease thinking in order to focus on the overall analysis of the lived experience (Peoples, 2021).

Setting

Zoom is a technological platform created for businesses that allow users to communicate using phone, chat, video, or audio (Caminiti, 2021). The setting for this study was Zoom (Caminiti, 2021), which allowed users to communicate using both audio and visual capabilities. Zoom was selected because the participants resided in various locations throughout the United States. Another factor that made Zoom more practical for utilization in conducting this research rested on it being free of charge to the researcher and participants (Caminiti, 2021). Additionally, Zoom offered users the opportunity to record all sessions. By using Zoom, participants were able to select their own safe and confidential location, which gave them confidentiality and trust regarding

information disclosed and shared. Interview times were based solely on participant convenience and availability. The goal of the setting was to provide a discrete and supportive location for the participants to share their lived experiences.

Participants

The researcher used purposive sampling to recruit and select participants that were willingly able to contribute thorough evidence necessary to examine this phenomenon. The researcher disseminated a recruitment letter (see Appendix B) and a recruitment flyer (see Appendix C) to garner voluntary participants for the study. Purposive sampling is described as providing the most significant amount of information available for the topic being explored (Leedy & Ormrod, 2019). The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as suffering from symptoms of MI. Participants were selected based on validated lived experiences about MI who were willing to talk about it. The effort was made to examine a diverse range of lived experiences within the population to support the research transferability. Participants included seven current or former members of the United States Army who grew up in religious households, supported combat operations at least once in the past fourteen years in Iraq or Afghanistan, and were diagnosed with MI.

The recruitment letter (see Appendix B) and survey questionnaire (see Appendix F) were sent to the potential participants simultaneously. Both documents were sent to individuals and worded in such a manner that ensured those responding met the criteria set forth to participate in the study. The criteria conveyed was that participants must be combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan

and who self-identify as suffering from symptoms of MI. Additionally, the recruitment letter explained that each interview would last between one and a half and two hours. To ensure participant confidentiality, the recruitment letter highlighted that names and other identifying information would be requested as part of this study, but all collected information would remain confidential. The survey questionnaire included fifteen questions that asked demographic information and subsequent questions centered on the central focus question and three research questions proposed for the study.

Once individuals were considered eligible to participate in the study, a notification email (see Appendix D) was sent out. The email thanked them for expressing interest in the research on combat veterans and MI. The email also included the required consent forms, asking them to review and sign if they wish to participate in the study. Participants were required to bring the signed consent form to their Zoom interview and provide it to the researcher prior to answering the interview questions. The email explained the interview process and concluded with thanking them again.

The list of participants and their ranking within the study population is not publicly accessible, and the data was anonymized for research and privacy purposes. The intent was not to generalize findings. Any correlation of the data may be helpful for those seeking further information on the impact that faith may or may not have on the resilience and coping mechanisms of Army combat veterans of Iraq or Afghanistan diagnosed with MI.

This research depended on the reliability of the survey and interview questions, wording of the survey and interview questions, rapport built with participants, and application of redundant processes to ensure the accuracy of data. The researcher sought to answer questions specific to the lived experiences of combat veterans diagnosed with MI and did not seek to characterize the

overall execution or day-to-day operations of the US Army nor dismiss the experiences of those who currently or previously served in the United States Army not diagnosed with MI. The goal was to advance the study by centering on the dynamics that support the overall topic being studied and subsequently provide insight that will allow the United States Army to understand MI.

Role of the Researcher

The United States Army is an all-volunteer force; however, in order to gain access or membership, individuals are required to meet specific standards (ADP 1, 2019). This researcher openly disclosed that they were a member of the United States Army, the mother of a member of the United States Army, and the wife of a recently retired Army combat veteran (all have served in Iraq or Afghanistan at least once in the last fourteen years). This researcher has served in the United States Army for over 25 years, worked at various echelons in a leadership capacity, and currently works as a military instructor. This researcher has a connection and interest in analyzing and developing research on MI. This researcher currently serves as a leader in the United States Army who has previously served in a myriad of leadership roles at the tactical, operational, and strategic levels and eagerly embraces awareness from the perceptions and experiences of combat veterans diagnosed with MI.

Considering the dynamics of conducting a qualitative study, this researcher's role was centered on gathering pertinent information from relevant literature, establishing an open and collaborative relationship with the studied population, and accurately collecting outlying factors. Consistent with Creswell and Creswell (2018), survey questionnaires were developed, and follow-up data was obtained through interview questions. An attempt was made to minimize researcher bias and approach the study impartially. Other vital roles included safeguarding participants,

providing anonymity, protecting data, and presenting and interpreting the results and findings with truthfulness and neutrality (Creswell & Creswell, 2018).

Familiarity, experience, and knowledge of the U.S. Army's culture and way of life proved to be beneficial in building trust with the participants. Furthermore, the extensive experience in supporting combat operations on three occasions significantly bolstered the participants' willingness to discuss their lived experiences with the researcher. Using purposive sampling allowed the researcher to minimize ethical conflicts and maximize time that may have been consumed if other sampling modalities, such as snowballing or convenience sampling, had been employed (Leedy & Ormrod, 2019).

Ethical Considerations

This section outlined an overview of the ethical encounters that may ensue when conducting qualitative research. Adhering to Liberty University Institutional Review Board requirements (2023), this process began with watching videos and completing online training prior to applying for review and approval from Liberty University IRB. Interviews and survey responses were voluntary, with appropriate notifications, disclosure agreements, and disclaimers made in writing. The approved Informed Consent Form utilizing the Liberty University IRB-approved template was provided. The proposal utilized the present IRB Application Checklist, which required the researcher to complete Collaborative Institutional Training Initiative (CITI) Program training, submit required supplemental documents, and attach the approved IRB letter (see Appendix A).

All required human subject ethics research training was completed before the start of this research. The goal was to reduce researcher bias and approach the study impartially. Every attempt was made to guarantee participant anonymity, which was reinforced by the utilization of

pseudonyms. Other important researcher roles included safeguarding participants, providing anonymity, protecting data, and presenting and interpreting the results and findings with truthfulness and neutrality. Data and subsequent analyses will be kept until deemed obsolete; then, they will be destroyed in compliance with prescribed mandates regarding the disposal of confidential information.

Data Collection Methods and Instruments

This section reports the projected information in response to the research questions. Additionally, this section displayed how the interviews assisted with attaining the information and the methods used for data collection, procedures, instrumentation, and IRB approval requirements.

Collection Methods

The primary method of data collection was direct interviews from a deliberate sample of the study population. Surveys and precedent literature were also used. Focus groups were not used because of rank structures. Undue influence might have been perceived by lower-ranking personnel regarding the comfortability of the researcher and other high-ranking officials.

Asking semi-structured, open and closed-ended questions, the direct interviews were centered on the perceived struggles and challenges soldiers experienced while serving in combat, strategies soldiers employed to overcome struggles and challenges endured in combat, and how Army leadership can inculcate processes to address the struggles and challenges endured by soldiers during combat.

Instruments and Protocols

The researcher conducted semi-structured Zoom interviews with the participants of this study. This section discusses the instruments and protocols utilized for the data collection. This section also provides insight regarding how the tools for this study were developed.

Instruments

Because this research rested on interviews, the researcher served as the primary instrument. Once potential participants were screened and agreed to participate, Zoom interviews served as the primary mode for data collection (see Appendix G). The interview questions were open and closed-ended questions explicitly created to generate open dialogue and, therefore, allow the participants an opportunity to freely share their lived experiences (Peoples, 2021). Interviews were transcribed and analyzed by the researcher using hand-written notes and logs that were created and maintained by the researcher.

Interviews

The study participants openly shared their understanding of faith and reflected on their experiences during combat operations. The interview questions were created from three research questions to provide data for the two goals of this phenomenological study. The first goal was to determine if growing up in a religious household enhanced the faith and overall resilience and coping mechanisms of United States combat veterans who have supported combat operations in Iraq or Afghanistan over the past fourteen years who self-identified as suffering from MI. The second goal was to determine if Army leaders play a role in mitigating, understanding, and supporting soldiers with MI. These two goals generated the three research questions and were grounded in the literature on the phenomenon being studied.

The purpose of the interview questions was to collect data on the participant's experiences during and after combat operations. Once the interviews were completed and the data was collected and analyzed, the researcher used bracketing to develop themes or re-occurring disclosures of information. According to Peoples (2021), bracketing requires the researcher to

dismiss their own views and expectations to ensure they do not misinterpret the participants' expressions and meanings of their lived experiences.

Recruitment Survey Questionnaire

The research employed a Recruitment Survey Questionnaire. Despite its primary association with quantitative research, using a recruitment survey questionnaire proved helpful in this qualitative study. This section guides the reader through the procedures followed, including IRB approval, the recruitment letter, notification email, interviews, transcription, and the application of Hycner's Explicitation Process. Survey questions can range from demographic data to open-ended questions that can garner beneficial information (Leedy & Ormrod, 2019). When generating recruitment survey questions for this study, the researcher created fourteen closed-ended questions and one open-ended question (see Appendix F). These questions allowed the researcher to determine if the potential participant met the criteria to support the phenomenon being studied. The recruitment survey questions that asked for demographic information for this study included the following: 1. "What is your legal name?" 2. "What is your gender?" 3. "What is your ethnicity?" 4. "Are you at least 18 years old?" The recruitment survey questions that pertained to other pre-identifying information included the following: 5. "Do you have a religious preference or affiliation?" 6. "Have you served in the United States Army?" 7. "Do you have a mailing address you would like to provide in case you are unable to access your email?" 8. "Do you have a telephone number or other forms of communication you would like to provide in case the researcher needs to contact you?" The remaining questions focused on determining if the participant suffered from MI and, if so, what role faith played in helping their resilience and coping mechanisms. 9. "Have you supported combat operations in Iraq or Afghanistan within the last fourteen years?" The recruitment survey questions that focused on MI include the following:

10. “Are you familiar with moral injury?” 11. “Do you self-identify as suffering from symptoms of moral injury?” 12. “Do you believe your faith impacts how you cope with moral injury?” 13. “Do you believe that you have the lived experience of a combat veteran who self-identifies as suffering from symptoms of moral injury?” 14. “Can you attend two face-to-face in-person interviews that will last between 1 and 1.5 hours?” and 15. “Please provide a two-three paragraph account of why moral injury and why you would like to participate in this research.”

Procedures

This section directs the reader through the procedures adhered to throughout this study. This section covers the explanation of the research process required to execute this hermeneutic phenomenological qualitative study. These procedures included IRB approval, recruitment letter, notification email, interview, transcription, and Hycner’s Explicitation Process.

An interpretive qualitative hermeneutic phenomenological research design was used to capture the lived experience of combat veterans. The participants were engaged in one Zoom audio and visual interview. This section outlines the procedures utilized for this study. After applying for and receiving approval from the IRB to conduct the study, a recruitment letter (see Appendix B) and recruitment flyer (see Appendix C) were sent out to prospective participants, highlighting requirements and seeking participation.

The computer utilized for the research was password-safe and was set up to lock after ten minutes of non-usage or inactivity. Using this two-step process reduced the risk of leakage of information or unauthorized access and usage of the data obtained throughout the research. The researcher also ensured that all participants received a comprehensive explanation of the researcher’s relationship to the study, the researcher's role within the setting, and any potential biases or assumptions that the researcher may bring to the study that might influence how the

researcher interprets the data and the overall analysis. The researcher ensured participants that they would be allowed to withdraw or decline participation at any time. After these guidelines were explained to the participants, they reviewed the informed consent form (see Appendix E) and acknowledged their voluntary willingness to participate in the study. Understanding that the phenomenon being studied required participants to disclose and recount information on two sensitive and personal topics (faith and combat experiences), the researcher rendered extreme sensitivity and understanding.

Interview Transcription

The interviews were centered on semi-structured questions created by the researcher, and information disclosed by participants was captured through verbatim notes and transcribed to Microsoft Word. All notes were reviewed for accuracy. The participants were given pseudonyms and coded using the seven Kwanzaa Principles: Umoja, Kujichagulia, Ujima, Ujamaa, Nia, Kuumba, and Imani (Maulana, 1998). Once the interviews were transcribed, participants were allowed to review the transcript for one hour and 30 minutes to confirm the accuracy and validity.

Interview Collection

The study called for a single method of data collection and analysis. The data collection method was an interview. The interviews were scheduled for one hour for each participant, included seven participants, and consisted of 21 questions. Follow-up interviews were scheduled with each participant to address additional questions or concerns. The follow-up interviews were not required because this researcher was able to gather ample data from the initial interviews, and the participants did not present any additional questions or concerns.

The primary purpose of the interviews was to answer the research questions and determine what impact, if any, faith had on the resilience and coping mechanisms of combat veterans. The

responses provided by each participant provided detailed insight regarding their faith and overall resilience and coping mechanisms during and after combat operations.

The interviews were recorded and transcribed utilizing audio technology available on the social media platform Zoom Video Communications. Based on the reliability of Zoom (Caminiti, 2021), secondary or backup sources were not needed to record the interviews. Zoom is a social media platform that allows personnel or organizations to meet virtually for various reasons (Caminiti, 2021). Some of the positive aspects of Zoom are that it is a free service and allows users to support large audiences (Caminiti, 2021). As with the surveys, the interviews were sorted and analyzed using hand coding. After the interviews were analyzed, a thematic analysis approach was used to develop themes that surfaced. The thematic analysis approach entailed “discussing your sources in terms of themes, topics, important concepts, or major issues” (Roberts & Hyatt, 2019, p. 129).

Data Analysis

This section discusses the organization of the data collected for analysis and coding using the Hycner’s Explication Process. Manual transcription gave the researcher leverage to review the interviews and then determine meaning and identify themes. The coding promoted a process for neatly organizing the data and applying it to the phenomenon being researched. In addition to maintaining an electronic copy of the interviews, the researcher maintained a printed copy of the interviews. To ensure the confidentiality of information disclosed during the interviews, the printed copies were stored in a cabinet that only the researcher was able to access.

Analysis Methods

This section discusses the data transcription, data organization, development and application of codes, identification of themes, data, and relationships, validation of data, and summary of the data.

Data Transcription

As previously discussed, this researcher interviewed the participants using pre-selected questions and, during the interviews, asked the questions verbatim. The data was collected and stored in a private location, and the researcher was the only person with access to this information. Consistent with the methodology, data was analyzed by reducing it into relevant statements and establishing themes. Next, participant experiences were summarized and documented. A fundamental description of the participant experiences followed this. Hand-coding was conducted, which is used in academics to classify and sort information (Creswell & Creswell, 2018). When NVivo is not available, hand-coding can be used for qualitative research to assist the researcher in evaluating the relationship and importance of the data (Creswell & Creswell, 2018).

Data Organization

The researcher organized and transcribed interview data using the Hycner Explication Process (Groenewald, 2004). This process incorporates five steps: bracketing, delineating, clustering, summarizing, and extracting (Groenewald, 2004). Using this process, the researcher started by bracketing and reducing the phenomenological information for each of the transcripts (Groenewald, 2004). These actions were followed by the researcher utilizing units of meaning to delineate the information collected. The researcher then clustered the information for the purpose of creating themes from the information disclosed (Groenewald, 2004). The following actions required the researcher to validate the information and modify responses before summarizing and corroborating the transcribed data (Groenewald, 2004). The last step that the researcher undertook

involved extracting both the primary and distinctive themes captured from all of the interviews and creating a summary (Groenewald, 2004).

Despite not being used by the researcher, knowing Heuristic inquiry proved to be pivotal for this research because it offered the researcher an opportunity to exhibit a balanced, genuine, and involved approach (Rumi, 2019). Heuristic data analysis consists of six steps: initial engagement, immersion, incubation, illumination, explication, and synthesis (Rumi, 2019). Characteristically, data was gathered from participants who self-identified as suffering from symptoms of MI, which created an aggregate description of the experiences and how they were experienced. Using the Zoom interviews, twenty-one open and closed-ended questions were asked that were designed to elucidate the everyday experience of the participants.

Data Development and Application of Codes

This part of the research focused on identifying meaning as it related to the participant's lived experiences. This resulted in the researcher asking combat veterans who self-identified as suffering from MI if faith played an integral role in their resilience and coping mechanisms.

Identify Themes, Patterns, and Relationships

Development and application of codes entailed identifying the relevant themes and sub-themes, narrowing any themes and sub-themes to a practical amount, establishing precedence for the themes, and connecting the themes to a theological and/or theoretical framework (Ryan & Bernard, 2003). To develop a detailed description of the lived experience of participants, the researcher used a combination of word count and judicious analysis of the data collected (Ryan & Bernard, 2003).

Data Validation

The researcher annotated the collected statements and responses using pseudonyms. The results from the information disclosed by the participants produced several themes. Excerpts were selected soundly, which created an exhaustive portrayal of the phenomenon. In order to fully understand the data, and before coding, the researcher read the transcripts thoroughly multiple times. After this process, the researcher began to identify the transcripts for themes. Once the themes were identified, categories and sub-themes quickly emerged. Finally, the researcher integrated the themes from theological, theoretical, empirical, and practical perspectives outlined in Chapter Two.

Data Summary

Regardless of the type of research selected, all researchers are required to conduct data analysis. Data analysis is required for qualitative, quantitative, and mixed methods research methodologies, and there are various options that researchers must be cognizant of during the selection process. As noted previously, this researcher found it timely to use Hycner's Explication Process to analyze data collected for the phenomenon studied (Groenewald, 2004). The five steps of bracketing, delineating, clustering, summarizing, and extracting allowed the researcher to analyze and interpret the value of the data collected and the overall usefulness related to the focus area being studied (Groenewald, 2004).

Trustworthiness

The researcher established trustworthiness through the meticulous application of the interview and transcription procedures. This approach included recognizing and acknowledging potential biases and the creation of detailed documentation. Trustworthiness in qualitative research is centered on credibility, dependability, conformability, and transferability (Leedy & Ormond,

2017). Establishing interview and transcription procedures allowed the researcher to accurately capture a written record of the participant's lived experiences. Whereas quantitative research relies on correlation data that is associated with variables and other statistical aspects, qualitative research relies predominantly on the researcher's analysis and interpretation of collected information (Creswell & Creswell, 2018). The researcher captured the lived experiences of participants verbatim, which provided credibility for the study. Establishing credibility is vital and should not be minimized in qualitative research (Creswell & Creswell, 2018).

Credibility

The researcher ensured credibility by documenting the participants' lived experiences and then allowing them to verify and review what was documented prior to validating their disclosures. This is called member checking and is vital when attempting to establish credibility in qualitative research (Moustakas, 1994). Credibility can best be described as "the extent to which other people agree that the design and methods are appropriate for the research problem" (Leedy & Ormrod, 2019, p. 93). Credibility lends itself to showing that the research is plausible and that the results are trustworthy (Creswell & Creswell, 2019). The researcher also depended upon triangulation to support and enhance the credibility of this research. Triangulation requires the researcher to use various sources to assist with developing and converging data collected to support their conclusion (Leedy & Ormrod, 2019). Credibility was established through thick description, respondent validation, and analysis of contradictory data (Leedy & Ormrod, 2019). Participants were given the chance to examine and confirm their statements and provide information for any gaps. The purpose of this process was to obtain validity from the qualitative data gathered. These techniques offered the opportunity to reinforce dependability.

Dependability

Inculcating dependability throughout this research will allow future researchers to replicate and expand this study (Creswell & Creswell, 2018). This researcher mentally outlined pertinent steps selected and required to conduct the research with the goal of utilizing a template that could be replicated by other researchers seeking to advance the topic (see Table 5). The steps included in the mental outline were: conduct research to determine if a gap in the literature exists, gather relevant literature, clearly identify gaps to help guide the research, complete and submit the IRB application, and after the IRB's approval begin the research. The outline was helpful for maintaining focus on the research and keeping the suggested timeline intact. Additionally, it allowed an accurate outline of the data collection methods (Leedy & Ormrod, 2019).

Table 5

Mental Outline to Prepare for Research

Mental Outline to Prepare for Research
1) Conduct research to determine if a gap in the literature exists
2) Gather relevant literature
3) Clearly identify gaps to help guide research
4) Complete and submit the IRB application
5) Once approved by IRB work, begin research

Note. This table was created to outline the mental preparation executed by the researcher prior to beginning the research.

Confirmability

According to Leedy & Ormond (2017), "Qualitative researchers make a concerted effort to base their conclusions on their actual data as much as possible" (p. 239). Using the transcribed notes from the interviews, the researcher leaned heavily on confirmability to support

future research and to ensure that other researchers have viable information for drawing similar conclusions. In doing so, the research captured considerable detail during the data collection and data analysis processes (Leedy & Ormond, 2017).

Transferability

Transferability can best be explained as whether or not your research findings may be applicable to other participants or similar settings (Leedy & Ormrod, 2029). To ensure absolute transferability regarding the results of this study, the researcher diligently integrated a thick account to show the connection between faith and overall resilience and coping mechanisms. The researcher also sought to have a balance in demographics (see Table 6), which included gender, ethnicity, age, and sex of the participants. Additionally, the researcher sought to have a balance in years served and number of times the participants supported combat operations.

Chapter Summary

This chapter explained the qualitative hermeneutic phenomenology constructed to understand the lived experiences of United States Army combat veterans who self-identified as suffering from symptoms of MI. Additionally, the researcher provided detailed information about the research design, critical research question, and subsequent research questions to support the critical research question. Chapter Three provided a recap of the researcher's selected methodological approach. The utilization of phenomenological qualitative research allowed the researcher to examine the significance and meaning of the lived experiences from the participant's viewpoint. The semi-structured open and closed-ended interview questions and Hycner's Explication Process were appropriate to broaden previously conducted research on MI while also providing new dialogue that examines MI and faith from a holistic perspective. Chapter Four will outline the study results and validate the methodology discussed in Chapter Three.

CHAPTER FOUR: ANALYSIS OF FINDINGS

For all have sinned and fall short of the glory of God, and all are justified freely by his grace through the redemption that came by Christ Jesus.
—*New International Bible*, 1978/2021, Romans 3:23-24

Overview

The first three chapters explored the problem, background, literature review, research methodology, gap in literature, and data analysis for this phenomenological qualitative research. Due to the increased rate of suicide in the military, there has been an increased interest in analyzing MI as an explanation for this phenomenon (Jameison et al., 2020). Because supporting combat operations is an integral part of serving in the United States Army, it is essential to understand the impact of MI on this population (Brock & Lettini, 2012). The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as suffering from symptoms of MI. In doing so, this study aimed to examine the impact that faith has on the resilience and coping mechanisms of Army combat veterans who have supported combat operations in Iraq or Afghanistan.

This chapter provides an analysis of the findings. It begins with compilation protocol and measures followed by demographic and sample data, data analysis, and findings, which include narrative assessments of the individual transcripts, the study results, and qualitative research design. Chapter Four concludes with an analysis of the findings and evaluation of the research design selected for studying this phenomenon.

The data collection for this study was centered on three research questions that the researcher drafted. The three research questions examined were, “What perceived congruence, if

any, exists between how Army combat veterans describe their faith and their overall understanding of moral injury that may be experienced during combat operations? What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of Army leaders' role to identify, mitigate, and support moral injury experienced because of combat operations? Moreover, What responsibility, if any, do combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing moral injury because of combat operations?

One-on-one Zoom interviews with participants were used to collect data required to answer the three research questions. The main goal of the Zoom interviews was to establish identifiable themes. According to Leedy and Ormrod (2019), "Interviews can often yield a rich body of quantitative information" (p. 244). Salient points and themes were identified by thoroughly examining and analyzing each interview.

Compilation Protocol and Measures

Purposive sampling was used to recruit participants (Creswell & Creswell, 2018). This type of sampling involves selecting participants based solely on a precise purpose (Leedy & Ormrod, 2019). Purposive sampling allows the researcher to select personnel able to provide relevant information about the topic (Leedy & Ormrod, 2019). Once approval was granted by Liberty University's IRB (see Appendix A), the study commenced. Soon thereafter, an email with survey questions (see Appendix F) was sent to 25 eligible participants, of which eight met the criteria required to participate. Seven participants were selected to participate in the study, and interviews were immediately scheduled. Participants were provided detailed information on the data collection process, including audio and recording processes, and assurance of confidentiality

regarding their names and personal information disclosed during the interviews (see Appendix F and Appendix G).

Demographic and Sample Data

In this section, demographic data collected from participants included questions to understand the lived experiences during and after combat operations of combat veterans who self-identified as suffering from MI. Questions one through four were used to gather demographic information about the participants (see Table 1). Questions nine through thirteen compiled information about RQ1 (Table 2). Questions fourteen through seventeen supported data relevant to RQ2 (see Table 3). Questions eighteen and nineteen provided data to support RQ3 (see Table 4). The age of participants ranged from 28 to 53, and the years served spanned from 4-25 years. When the interviews were conducted, some of the participants were still serving in the United States Army. The ethnicity of participants spanned across nationalities and included Black, Caucasian, Hispanic, and others. The number of combat operations varied from one to three.

Participants' Demographic Data

Demographic data from the seven participants included age, sex, ethnicity, years served in the United States Army, and the number of combat operations. Table 6 summarizes the data, and a detailed explanation of the findings follows. Interestingly, the combined time of service for the seven participants exceeded 90 years. The demographics (see Table 6) captured that many of the participants were males (57.14%) who also had a majority of years served (58.6%). Furthermore, most participants supported two or more combat operations (57.14%), and one participant (14.7%) was retirement-eligible but continued to serve for the love of serving in the United States Army.

Table 6*Demographics of Participants*

NAME (Pseudonym)	AGE	SEX	ETHNICITY	YEARS SERVED	#COMBAT OPERATIONS
Umoja	51	Female	Black	25/Still serving	3
Kujichagulia	31	Male	Black	10	2
Ujima	39	Male	Caucasian	21	1
Ujamaa	28	Female	Hispanic	4	1
Nia	29	Female	Caucasian	12/Still serving	2
Kuumba	33	Male	Hispanic	4	1
Imani	53	Male	Black	23	3

Note. This table was created to display the demographic background of each participant.

Umoja

Umoja was a 51-year-old Black female currently serving in the United States Army. She has supported two combat operations in Iraq, one combat operation in Afghanistan, and a one-year forward deployment to South Korea, classified by the United States Army as a hostile area. Umoja disclosed that she was a single parent with two children when she joined the military and described her overall experience in the United States Army as “fulfilling.”

Kujichagulia

Kujichagulia was a 31-year-old Black male who served ten years in the United States Army. During his tenure, he supported two combat operations in Iraq. Kujichagulia reported that he joined the United States Army “to get out of the ghetto and escape poverty.”

Ujima

Ujima was a 39-year-old Caucasian male who served 21 years in the United States Army before retiring immediately after his last deployment. During his service, he supported one combat operation in Afghanistan. Ujima said he joined the United States Army “to serve this country.”

Ujamaa

Ujamaa was a 28-year-old Hispanic female who served four years in the United States Army. During her tenure, she supported one combat operation in Afghanistan. Ujamaa reported joining the Army because “[She] did not have money or grades for college but had scores to join the Army.”

Nia

Nia was a 29-year-old Caucasian female who had been in the United States Army for twelve years and was still serving at the time of this study. She had supported two combat operations in Afghanistan. Nia responded that she joined the United States Army “to serve the citizens of the United States and fulfill God’s purpose for my life.”

Kuumba

Kuumba was a 33-year-old male who identified as Hispanic and served in the United States Army for four years. During his tenure, he supported one combat operation in Iraq. Kuumba replied that he joined the Army because “They offered to pay my student loans.”

Imani

Imani was a 53-year-old Black male who served 23 years in the United States Army and retired immediately after returning from combat operations. During his service, he supported three combat operations: one in Iraq and two in Afghanistan. Imani proclaimed his reason for joining the Army was “to uphold family traditions; his father and grandfather both served in the Army.”

Data Analysis and Findings

The interview questions for the current study were designed to answer three research questions. The questions were drafted and grouped to address each research question specifically. The responses to the twenty-one interview questions were transcribed and analyzed. The theological literature review outlined in Chapter Two, coupled with participant interviews, were integral in answering the research question. The literature review and interviews suggested that being exposed to faith at a younger age can have an impact during the development of adulthood (Koyn, 2015). The experiences during childhood can become very impressionable during adulthood and thus drive how combat veterans confronted with various situations during combat operations cope and assess their present-day experiences against their values, beliefs, and behaviors in comparison to previous experiences (Yount, 2010).

Five introductory questions were asked during the semi-structured Zoom interviews. The first of the introductory questions was: “Why did you join the United States Army?” The responses from the seven participants when asked this question included various comments.

Umoja disclosed, “I was a single parent with two kids.” Kujichagulia replied, “To get out of the ghetto and escape poverty.” Ujima stated, “To serve this country.” Ujamaa disclosed, “I did not have money or grades for college but had scores to join the Army.” Nia commented, “To serve the citizens of the United States and fulfill God's purpose for my life.” Kuumba answered, “They offered to pay my student loans.” Imani noted, “My father and grandfather served, so I figured it was a great opportunity.” The second introductory question asked was: “How does it feel having served in the United States Army?” As with the responses from the first question, the responses disclosed from this question varied. Umoja stated, “Fulfilling, considering how my life started.” Kijichagulia responded, “Accomplished.” Ujima commented, “prideful.” Ujamaa disclosed,

“embarrassing.” Nia informed the researcher that she felt like a “dutiful and faithful servant.”

Kuumba answered, “Wonderful.” Imani stated, “pleasing.” Responses to introductory questions three, four, and five are captured in Table 6. The sixth introductory was: “Will you please describe your transition from combat operations back to non-combat operations?” The responses varied from the participants and encompassed the following responses. Umoja said, “It was seamless; while deployed, you were required to carry a weapon, but once you return from the combat zone, you turn in your weapon.” Kijichaguli stated, “After the first deployment, it became second nature.” Ujima replied, “It was a somewhat complicated process because many of the services provided were specifically for personnel that were married or had children. I am single, so the services were irrelevant to me.” Ujamaa stated, “It was a tough transition for me because of the myriad of incidents I experienced.” Nia replied, “We received briefings on how to transition, and I executed them according to the information provided in those briefs.” Kuumba disclosed, “Peaceful.” Imani stated, “Wonderful.”

The seventh introductory question asked participants to explain, “What is it like being a combat veteran?” The responses were as follows: Umoja replied, “Gives me a lot of pride, especially knowing I deployed during the most dangerous times of the war.” Kijichaguli, responded “Gratifying.” Ujima reported, “Like I did something bigger than myself.” Ujamaa stated, “I have mixed emotions about being a combat veteran.” Nia reported, “Obedient” Kuumba expressed, “Rewarding.” Imani responded, “Flattering.” The last introductory question was: “How did you self-identify as suffering from moral injury?” The participants responded as follows: Umoja replied, “Returning from deployment felt different, prior to I was in college, and my professor told me I changed.” Kijichaguli responded, “About two years after my second deployment to a combat zone, I started feeling guilty regarding things I witnessed and did myself.”

Ujima said, “I saw some very harmful behaviors while deployed, and when I returned, memories from those behaviors lingered.” Ujamaa replied, “When I started experiencing guilt, resentment, and shame regarding things I did and also witnessed that went against my faith.” Kuumba disclosed, “When talking with other religious combat veterans with the same feelings that I was feeling.” Nia divulged, “When speaking with a therapist upon my discharge from the Army.” These introductory questions were integral for analyzing and understanding their lived experiences.

Research Question One

What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of moral injury that may be experienced during combat operations?

Information was gathered to support research question one by asking the participants five open-ended questions. The first question inquired about what impact their faith played on their overall coping mechanisms in both combat and non-combat environments. The answers provided the information necessary to determine how participants viewed the role of their faith in relation to their overall coping mechanisms during combat and non-combat environments. The participants were also asked how their faith and coping mechanisms influenced their ability to deal with incidents that occurred during and after combat operations. All the participants concluded that their faith and coping mechanisms had a direct impact on their ability to deal with situations that occurred in their lives both during and after combat operations. Tables 7, 8, 9, 10, and 11 capture the response provided by the seven participants.

Table 7

Interview Question 9: What impact does your faith play on your overall coping mechanisms in both combat and non-combat environments?

Pseudonym	Response
Umoja	My faith is crucial in helping me endure the dangers and understanding that I serve a purpose.
Kujichagulia	Faith is what kept me alive and going.
Ujima	My faith played and continues to play an integral role in coping both in combat and non-combat operations.
Ujamaa	While deployed, I did not feel like I could depend on my faith; it was only after I returned from combat operations that my faith helped me cope.
Nia	Because Jesus is the center of all things that happen in my life, my faith was very instrumental.
Kuumba	My faith was the sole reason why I was allowed to make it through the days during my deployment.
Imani	Because I grew up in a very religious household, my faith was essential and aided me in dealing with a myriad of situations, which generally had a direct and/or indirect impact on whether or not me and my soldiers saw another day and made it home safely.

Note. This table was created to display participant responses to IQ9.

Table 8

Interview Question 10: How did your faith and coping mechanisms influence your ability to deal with incidents that occurred during and after combat operations?

Pseudonym	Response
Umoja	I always had to go back to Bible verses that dealt with war, conflict, or death.
Kujichagulia	Some of the things I experienced made me feel powerless.
Ujima	In some situations, my faith got me through ordeals, but in other situations, I felt conflicted and experienced guilt.
Ujamaa	Prayer works, and once I realized how important it was to make time for God, being resilient and my overall coping skills enhanced and gave me holistic satisfaction, happiness, and motivation.
Nia	Daily meditations on His word were very beneficial.
Kuumba	Prayer was required for my daily functioning and became second nature once I realized how much prayer uplifted my spirits and gave me a sense of purpose.
Imani	During combat operations, I prayed like I had never prayed in my life, and after the combat operations concluded, I maintained my prayer rituals.

Note. This table was created to display participant responses to IQ10.

Additional information was gathered by asking the participants what factors helped them reintegrate back into normalcy and life roles after they self-identified as suffering from MI (see Table 9). Subsequent questions were, “Do you feel that you have fully reintegrated into the normalcy of not being in a combat zone?” “Why or why not?” The last question was asked to understand what their perception was regarding their overall experience in the United States Army (see Tables 10 & 11).

Table 9

Interview Question 11: What factors have helped you to reintegrate back into normalcy and life roles since self-identifying as suffering from moral injury?

Pseudonym	Response
Umoja	My faith helped me reintegrate back to a sort of normalcy and also helped me realize that despite suffering from moral injury, I can still have a typical life.
Kujichagulia	Church family, prayer, and connection with God.
Ujima	Support groups external to the military and connecting with my church family.
Ujamaa	I experienced extreme depression, but once I departed the Army, I felt free to seek counseling, but my faith helped me.
Nia	My fervent dedication to daily meditation, praise, worship, prayer, and quality time with Him.
Kuumba	Medication helped me reintegrate back into normalcy and life roles once I self-identified as suffering from moral injury.
Imani	Prescribed medication helped me reintegrate back into normalcy and life roles. The first step for me was being able to self-identify as suffering from moral injury and coming to the reality that I possessed moral injury symptoms and characteristics.

Note. This table was created to display participant responses to IQ11.

Table 10

Interview Question 12: Do you feel that you have fully reintegrated into the normalcy of not being in a combat zone? Why or why not? Will you please explain in detail?

Pseudonym	Response
Umoja	Yes, upon redeployment, I immediately returned to college, received my master's degree, and subsequently deployed to a combat zone two additional times.
Kujichagulia	You are never normal after combat, meaning life as you previously knew it does not exist. You are a changed person, both from a positive and negative perspective.
Ujima	Yes, I am back at work, receiving counseling, and I maintained my military career ten years after returning from combat operations.
Ujamaa	I don't think you are ever normal after killing people and seeing people die.
Nia	Nothing is normal about that transition, and there is always something that regularly reminds you.
Kuumba	No, you can never back to normalcy after serving in a combat zone. The stuff you do and see every day messes up your mind and life.
Imani	No, I think it will take a substantial amount of taking the medication that I was prescribed and also long-term counseling to help me feel fully reintegrated and accustomed to not being in a combat zone.

Note. This table was created to display participant responses to IQ12.

Table 11

Interview Question 13: What is your perception of your overall experience in the United States Army?

Pseudonym	Response
Umoja	The Army experience has been awesome.
Kujichagulia	It matured me as a person; I learned to value others and appreciate life. It also made me a better soldier and prepared me for life after my service in the Army.
Ujima	I can confirm that I felt a sense of purpose and found the mission we conducted in combat operations to be necessary, successful, and fulfilling.
Ujamaa	I always found myself feeling overwhelmed, and based on that, I perceive my experience in the Army as chaotic at times and satisfying in some areas.
Nia	Nothing is normal about that transition, and there is always something that regularly reminds you.
Kuumba	My overall experience in the United States Army was life changing. Through my experience, I connected more with God and found myself desiring to walk in His ways to continue to expand my knowledge and growth in Christ.
Imani	What I realized is that it is the perception of others that determined my overall experience in the Army.

Note. This table was created to display participant responses to IQ13.

Seven out of the seven (100%) participants proclaimed that faith and prayer immensely helped them integrate into normalcy and life roles after self-identifying as suffering from MI. However, it was not possible to determine when (during or after combat operations) participants recognized the congruence between their faith and understanding of MI. Further research should be structured to determine the congruence before, during, and after combat operations. Six out of seven participants (86%) reported their faith and coping mechanisms influenced their ability to deal with incidents that occurred during and after combat operations (see Table 8). Ujima disclosed, “In some situations, my faith got me through ordeals, but in other situations, I felt conflicted and experienced guilt.” Similarly, Umoja responded, “I always had to go back to Bible verses that dealt with war, conflict, or death.”

Research Question Two

What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of Army leaders’ role to identify, mitigate, and support moral injury experienced because of combat operations?

Information was gathered to support research question two by asking the participants five open-ended questions. In addition to responses provided by participants in RQ1, the structured questions were designed to gain a better understanding of how faith determined the participant’s responses to the role of leaders, which can be linked to services provided by the Army (Gibbons-Neff, 2015). The first question sought to determine what challenges or problems the participants have faced since returning from combat operations and how they managed and resolved them. The second question to assist with answering RQ2 inquired what approaches participants implemented to help cope and persevere in the areas of health issues, family obligations, military standards, and other tasks while also dealing with MI. The third question asked to understand the participant’s

perception regarding the resources, services, and support offered to combat veterans suffering from MI. The last two questions to support RQ2 addressed whether they thought the resources, services, and support were easily accessible and suitable to meet their needs and what programs should be created. Tables 12, 13, 14, 15, and 16 capture the response provided by the seven participants.

Table 12

Interview Question 14: What challenges or problems have you faced since returning from combat operations? How did you manage and resolve them?

Pseudonym	Response
Umoja	Leaders not understanding how to support or the military not providing resources. I sought resources external to the Army.
Kujichagulia	Finding resources specifically for moral injury. I did my own research using the internet.
Ujima	Coming to grips with the things I experienced that conflicted with my faith and moral being.
Ujamaa	Repentance and asking God for forgiveness.
Nia	Secretly dealing with moral injury, secretly seeking help, and suffering in silence.
Kuumba	My biggest challenges and problems I experience on a daily basis are always looking over my shoulders and just the daily struggle of trying to be normal and fit in somewhere in life.
Imani	Challenges and problems I faced came when trying to explain to my friends and families that I was suffering from moral injury. I also experienced challenges when seeking resources that not only helped me but also help them understand what I was going through as a result of this condition.

Note. This table was created to display participant responses to IQ14.

Table 13

Interview Question 15: What approaches did you implement to help cope and persevere the following: health issues, family obligations, military standards, and other tasks while also dealing with moral injury?

Pseudonym	Response
Umoja	Master Resilience Training, which consists of examining my life from a holistic perspective and realizing that all areas of my life were impacted by the moral injury I was experiencing. Additionally, I read my Bible, knowing the importance of having faith and believing in better days.
Kujichagulia	I read a lot of self-help books (faith and non-faith-based) and researched articles and books that discussed moral injury and the impact it can have on your life. I also worked out a lot; doing so allowed me to think freely and come to grips with the fact that I was morally injured from combat operations.
Ujima	I maintained structured timelines to ensure I was living life through the lens of a holistic perspective. I also joined a Faith-Based veterans group, which proved to be integral to my daily tasks and health.
Ujamaa	My faith was detrimental to maintaining my overall health and daily tasks. Once I departed the Army, these tenets became a daily task and imperative to my well-being and overall mindset.
Nia	Standing strong and leaning on my faith, eating healthy, working out daily, finding a church family, and finding support groups.
Kuumba	My best approach to help cope and persevere was suppressing everything until I was out of the Army and felt comfortable enough to seek help. I also used my faith to keep me grounded in knowing that I would defeat this demon of moral injury.
Imani	I talked to other personnel in my unit who were feeling the same way I felt due to actions witnessed and executed during combat operations. I also talked to my pastor and read daily medications to ensure I maintained my faith.

Note. This table was created to display participant responses to IQ15.

Table 14

Interview Question 16: What is your perception of the resources, services, and support offered to combat veterans suffering from moral injury?

Pseudonym	Response
Umoja	The resources have expanded over the years, but there is still work that can/should be done.
Kujichagulia	They are non-existent, and furthermore, medical personnel want to diagnose everyone with PTSD.
Ujima	There is no confidentiality or anonymity; your business gets out to those who don't have a need to know.
Ujamaa	It is non-existent, and if it does exist, I am unaware of the resources available to me.
Nia	Not heavily advertised, the Army tells soldiers to seek help but provides little guidance on how to do so.
Kuumba	The resources, services, and support are limited and not easily accessible nor suitable to meet the needs of Army personnel.
Imani	The Army needs to do more and provide services that not only impact moral injury but also second and third-order impacts of suffering from this condition.

Note. This table was created to display participant responses to IQ16.

Table 15

Interview Question 17: Do you think these resources, services, and support are easily accessible and suitable to meet your needs?

Pseudonym	Response
Umoja	The biggest obstacle with utilizing services like this is the impact that it may have on your career. Seeking mental health counseling can cause your medical file to get coded a certain way.
Kujichagulia	They are non-existent, and furthermore, medical personnel want to diagnose everyone with PTSD.
Ujima	The services were accessible, but you risked privacy when using them.
Ujamaa	Yes, services are accessible, but lack confidentiality or privacy. Everybody knows your business.
Nia	Absolutely not; the Army needs to do better for all combat veterans, specifically those who suffer from moral injury, PTSD, and other conditions that soldiers bring back from war.
Kuumba	The support system is lacking because there is not a forum or platform that disseminates information about resources available, which forces combat veterans to use open sources and conduct their own research.
Imani	Wow, what a great question. Services are there, but you have to be connected with personnel who are able to educate you on those services. Additionally,

	seeking mental health care can have a direct impact on your career. You can stay in the military, but in most cases, there are several jobs that you are unable to perform.
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Note. This table was created to display participant responses to IQ17.

Table 16

Interview Question 18: What programs and support services do you feel need to be added or enhanced to meet the needs of combat veterans who self-identify as suffering from moral injury?

Pseudonym	Response
Umoja	Programs, support services, and policies should be restructured to provide soldiers with anonymity and confidentiality and subsequently not be detrimental to their careers.
Kujichagulia	They do not exist, or maybe they do, but the Army doesn't advertise or promote them. However, if they did/do exist, I think the services should be provided by outside agencies to ensure soldiers are not apprehensive to fully disclose what they are experiencing.
Ujima	More programs external to the military hierarchy and chain of command.
Ujamaa	Training or teaching people how to mind their business and not disclose other's medical information.
Nia	Provide confidentiality and privacy.
Kuumba	Confidential programs like those offered by Alcoholics Anonymous or other programs that were created to support those who self-identify as suffering from something.
Imani	Offering programs that help combat veterans suffering from moral injury through a holistic lens. This means using the Army's Comprehensive Soldier and Family Fitness framework, which asserts that physical, emotional, social, family and spiritual aspects are important.

Note. This table was created to display participant responses to IQ18.

Interestingly, seven out of the seven (100%) participants reported in question 15 that their faith helped them cope and persevere (see Table 13) in various areas of their lives. As with RQ1, it was not possible to determine when (during or after combat operations) participants recognized the congruence between their faith and understanding of the role of leaders to identify, mitigate, and support MI experienced due to combat operations. Further research would benefit soldiers and

leaders to determine the congruence before, during, and after combat operations. The most astounding responses were disclosed in question eighteen, where participants were asked the type of programs and services required to support MI (see Table 16). Six out of seven participants (86%) had an issue with the current programs and services provided due to a lack of confidentiality and anonymity. Umoja disclosed, “Programs, support services, and policies should be restructured to provide soldiers with anonymity and confidentiality and subsequently not be a detriment to their career.” Uncannily similar to Umoja’s response, Ujamaa responded, “Training or teaching people how to mind their business and not disclose other's medical information.”

Research Question Three

What responsibility, if any, do combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing moral injury because of combat operations?

Information was gathered to support research question three by analyzing responses from previously asked questions and asking one open-ended question. Table 17 captured the response provided by the seven participants.

Table 17

Interview Question 19: What do you think can be done to help leaders in the United States Army to better identify and mitigate moral injury within the ranks?

Pseudonym	Response
Umoja	Training, training, and training. Leaders are not equipped to identify and support moral injury.
Kujichagulia	Training specifically about moral injury and to talk about moral injury. We do not do a good job of talking about issues in an open forum in the Army. Things happen, but there is never any closure to mitigate latent issues or icebergs that lay dormant under the surface.
Ujima	Train and educate to ensure they know the difference between moral injury and PTSD.
Ujamaa	Training that educates them that moral injury is accurate and, if not addressed, can become a threat to the Army's overall readiness.
Nia	Teach and educate at the onset of their military careers and throughout their required educational training on moral injury.
Kuumba	Leaders need training on how to identify signs of moral injury, resources available to those suffering from moral injury, and training that teaches them how to be empathetic to personnel in their formations suffering from this condition.
Imani	How leaders are accountable to know their soldiers and not use a cookie-cutter leader/soldier working relationship. Some leaders have no clue, nor do they care to learn about life situations that they are confronted with on a daily basis.

Note. This table was created to display participant responses to IQ19.

The resounding response from 100% of the participants when answering this question centered on training for Army leaders. All the participants gave the sentiment that educating and teaching Army leaders would allow them to identify, mitigate, and support combat veterans experiencing MI due to combat operations. Kuumba disclosed, “Leaders need training on how to identify signs of moral injury, resources available to those suffering from moral injury, and training that teaches them how to be empathetic to personnel in their formations suffering from this condition.” Nia’s response was, “Teach and educate at the onset of their military careers and throughout their required educational training on moral injury.”

Five themes evolved from the interview responses provided by the participants 1) Faith, 2) Lack of resources, 3) Lack of anonymity and confidentiality, 4) Lack of training, and 5) Duty to God and country (see Table 18). During the study, it became evident that these themes were essential to the participants. The participants also disclosed that they had peers who experienced many of the same themes, particularly the lack of anonymity and confidentiality. Faith was the overarching theme for all participants, and captured in faith were three sub-themes that supported it: 1) coping mechanisms, 2) the ability to resolve problems and challenges, and 3) overcoming challenges.

Theme One: Faith

During the Zoom interview phase, it became evident through questions pertaining to Research Question One that faith was an essential and common theme for all seven participants. They were able to recount moments during combat when they were required to rely on their faith. Some participants proclaimed that without their faith, they would not have made it through the long, dangerous, and arduous days (see Tables 7 & 8). Faith is “trust or confidence in someone or something” (Sheard, 1996, p. 91). Based on this definition, the sub-themes of coping mechanisms, resolving problems, and overcoming challenges emerged in the responses provided by the participants.

Sub-theme 1.1: Coping Mechanisms

All participants linked their coping mechanisms during and after combat operations with their faith. The reality of being in harm’s way daily pushed many of them to inculcate coping mechanisms rooted in their faith. Nia disclosed, “Because Jesus is the center of all things that happen in my life, my faith was very instrumental.” Kuumba disclosed a similar statement, “My faith was the sole reason why I was allowed to make it through the days during my deployment.”

Sub-theme 1.2: Resolving Problems

The seven participants expressed various ways that their faith helped them confront and tackle issues that they regularly had to deal with. Some participants did not realize how critical their faith was during combat, but upon their return; they realized it was how and why they were able to maintain their sanity during trying times. During her interview, Umoja proclaimed, “I always had to go back to Bible verses that dealt with war, conflict, or death.”

Sub-theme 1.3: Overcoming Challenges

Despite the various challenges endured during and after combat operations, the participants credited their faith to their ability to overcome them. According to Kujichagulia, “his church family, prayer, and connection with God helped him to reintegrate back into normalcy and life roles.” During her interview, Nia stated that her “fervent dedication to daily meditation, praise, worship, prayer, and quality time with Him helped her reintegrate back into normalcy and life roles.”

Following up, this researcher sought to determine what best practices participants thought would help the Army confront this situation. Seven out of seven (100%) associated the lack of training and the lack of trust between leaders and subordinates as being factors. Seven out of seven (100%) of participants disclosed that inculcating trust, confidentiality, and privacy into programs and support services is needed to meet the needs of combat veterans who self-identified as suffering from MI. Ujima stated, “More programs external to the military hierarchy and chain of command are necessary and paramount for combat veterans who self-identify as suffering from moral injury.” Seven out of seven participants (100%) felt that the resources, services, and support offered to combat veterans suffering from MI were unsuitable and not easily accessible.

Participants indicated a minor link between the lack of resources, support and services, and leaders' inability to support Army personnel suffering from MI.

Theme Two: Lack of Resources

The second theme that emerged was that participants felt there was a lack of resources to help cope with MI. Umoja disclosed, "The resources have expanded over the years, but there is still work that can/should be done." Participants also noted that many of the resources available after combat operations were generally focused on the needs of married personnel. Single personnel were often left without support specific to their needs. Based on data interpretation from the participant's disclosure, the sub-themes that emerged from the two themes were inadequate support and powerless.

Sub-theme 2.1: Inadequate Support

The first sub-theme identified from theme two was inadequate MI identification. According to Umoja:

The biggest obstacle with utilizing services like those offered for mental health issues is the impact that it may have on your career. Seeking mental health counseling can cause your medical file to get coded a certain way and ultimately impact your career progression and opportunities.

All of the participants expressed similar sentiments and discussed the link between inadequate support and diminished trust between leaders and subordinates.

Sub-theme 2.2: Powerless

The second sub-theme that presented itself from theme two evolved around the feeling of being powerless. Several of the participants disclosed that due to inadequate support for MI, they often felt powerless during and after combat operations. This was very significant for leaders because not being able to help themselves, they felt powerless to help their subordinates. When

responding to question ten, Kujichagulia reported, “Some of the things I experienced made me feel powerless.”

Theme Three: Lack of Anonymity and Confidentiality

The third theme that surfaced was the lack of anonymity and lack of confidentiality. Many of the participants highlighted the impact that this dyadic situation had on their willingness to speak up and seek help. When responding to Question 18 regarding programs and support services that should be added or enhanced, Umoja replied, “Anonymity and confidentiality.” When asked the same question, Nia replied, “Provide confidentiality and privacy.” Upon data analysis, two sub-themes emerged from theme three. The two sub-themes were privacy and trust, and served to be the overarching reason that 100% of the participants were apprehensive about seeking help or support once they self-identified as suffering from moral injury.

Sub-theme 3.1: Privacy

One of the two sub-themes identified from theme three evolved around privacy. According to Ujima, “Services were accessible, but you risk privacy and your career once you use the services.” When providing her lived experiences, Ujamaa stated, “There’s a lack of confidentiality and privacy; everybody knows your business.”

Sub-theme 3.2: Trust

The second sub-theme that emerged from theme three was trust. All of the participants noted an overall lack of trust within their organization. Ujima suggested, “Until trust can be solidified and established, the Army should offer services and support more moral injury resources that are external to the military hierarchy and chain of command.”

Theme Four: Lack of Training

The fourth theme that surfaced was the lack of MI training. MI training for leaders is non-existent, and this researcher regularly leveraged her skills as a master's level social worker to identify signs and direct soldiers to available resources. One hundred percent of the participants in some form disclosed that they did not trust the current systems, policies, and procedures utilized by the Army. Only one sub-theme developed from theme four, and that sub-theme was a lack of knowledge.

Sub-theme 4.1: Lack of Knowledge

This sub-theme is nested within lack of training; if leaders are not adequately trained, then the knowledge base to identify and mitigate MI is not adequate. When asked what he thought could be done to help leaders in the United States Army better identify and mitigate MI within the ranks, Ujimaa recommended, “[They] should train and educate leaders to ensure they know the difference between moral injury and PTSD.” He also disclosed, “There are many personnel suffering from moral injury but have been diagnosed with PTSD, and they should be treated as two separate sets of problems and diagnoses.”

Theme Five: Duty to God and Country

The fifth theme manifested through survey questions one and two. Question one was designed to determine why the participants joined the United States Army. Nia replied, “To serve the citizens of the United States and fulfill God’s purpose for my life.” Ujima proclaimed, “To serve this country.” Question two inquired how it felt to have served in the United States Army. The responses were accomplished, prideful, embarrassing, fulfilling, dutiful and faithful servant, wonderful, and confident. Like theme four, only one sub-theme resonated in theme five. The sub-theme that was prevalent in the responses from the participants was obedience.

Sub-theme 5.1: Obedience

This sub-theme was prevalent in the responses from three out of the seven (42.8%) participants. Whereas Nia and Ujima disclosed they joined the United States Army “to fulfill and be obedient to God,” Imani disclosed joining based solely on “obedience to family.” When answering question one, Imani responded, “I come from a military family, and it is an unspoken obligation for all of us to serve.”

Table 18

Themes and Sub-Themes

Themes	Sub-Themes	Related Interview Question	Evidence from Interviews
Faith	Coping mechanism Resolve problems Overcome challenges	Interview Question 9 Interview Question 10 Interview Question 11	“My faith was the sole reason why I was allowed to make it through the days during my deployment.”
Lack of Resources	Inadequate support Powerless	Interview Question 16 Interview Question 17	“The resources, services, and support are limited and not easily accessible nor suitable to meet the needs of Army personnel.”
Lack of Anonymity and Confidentiality	Privacy Trust	Interview Question 17	“Yes, services are accessible, but there is a lack of confidentiality or privacy; everybody knows your business.”
Lack of Training	Lack of knowledge	Interview Question 19	“Teach and educate leaders at the onset of their military careers and throughout their required educational training on moral injury.”
Duty to God and Country	Obedience	Interview Question 1 Interview Question 2	“To serve this country.” “To serve the citizens of the United States and

			fulfill God's purpose for my life.”
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Note. This table was created to display the themes and sub-themes that emerged from participant responses to IQ nine-nineteen.

Evaluation of the Research Design

The qualitative interview and research design required the use of phenomenological hermeneutic analysis to understand the lived experiences of the participants and understand if Army leaders should identify and mitigate MI within the ranks. Evaluating the selected research design was guided by the utilization of a logical phenomenological research process. Do the research findings capture the intentionality, core, and epoch? Did the participants’ responses support whether faith impacted their resilience and coping mechanisms? How can findings from this study be utilized to further research on this phenomenon and also magnify its deduction?

Data collection for this research started in 2022 and concluded in 2022. Activities included obtaining signed consent forms from participants, scheduling one-on-one Zoom interviews, conducting one-on-one Zoom interviews, data collection, data analysis, and identifying themes. The researcher used previous work conducted by Churchill (2021) to identify and categorize the five themes that surfaced from this study. As captured in Table 18, the five themes were faith, lack of resources, lack of anonymity and confidentiality, lack of training, and duty to God and country.

The design provided ample data to answer the three research questions. The data from the recruitment survey (see Appendix F) and actual interview (see Appendix G) were collected and analyzed using hand coding. The design was conducive to a more robust assessment and analysis, which allowed analysis of the accuracy of the life experiences of combat veterans who supported the study. The design also provided data to understand the role that leaders play in mitigating,

understanding, and supporting soldiers with MI. Phenomenological research highlights how, despite circumstances, individuals can find choice or meaning in decisions in their lives. Simply stated, phenomenological research examines the lived experiences of an individual to acquire an in-depth understanding of how they comprehend their lived experiences. The researcher oriented this study under the premise of three concepts that aided the researcher with structuring a framework for understanding how faith impacts the resilience and coping mechanisms of combat veterans who self-identified as suffering from MI. The three concepts were: 1) intentionality, 2) core, and 3) epoch.

Intentionality

Phenomenological research, like psychoanalysis, is rooted in the intentions of the act of action, which is commonly referred to as intentionality (Churchill, 2021). According to Churchill (2021), intentionality is “the cognitive, perceptual, volitional, emotional, imaginal, and gestural threads that bind us to the world in a meaningful way” (p. 8). This term is essential when conducting phenomenological research and when trying to understand the lived experiences of individuals (Churchill, 2021). Intentionality enhances lived experiences through the volition of conscious and reflective acts that provide meaning and purpose to the overall lived experience (Churchill, 2021).

Core

The central focus of this study was faith and to bring this concept to the forefront. Three research questions were proposed using a phenomenological critical reflection approach. The purpose of examining data utilizing this approach was to understand how growing up in a religious household can have an impact on overall resilience and coping mechanisms. The researcher needed to determine if growing up in a religious household was the sole reason for increased

resilience and coping mechanisms or when coupled with faith if that was the cause. The goal was to identify and articulate the impact of growing up in a religious household coupled with if faith increased resiliency and coping mechanisms. One hundred percent of the participants grew up in religious households and relied heavily on their faith to help deal with MI during and after combat operations.

Epoch

Epoch allows the researcher to bracket the data collected through a non-distorted lens and thus distinguish any preconceived assumptions or beliefs (Churchill, 2021). This process required the researcher to bracket the data collected based solely on the information disclosed by the participants (Churchill, 2021). The researcher found this type of research to be taxing at times due to several challenges and weaknesses. Some of the previously identified issues with conducting phenomenological research can be seen in the researcher biases, the truthfulness of participant responses, and the small number of participants (Churchill, 2021).

This chapter presented a description of the participants, the results of the data, and the themes identified during the study. Data was collected solely from individual virtual interviews. The themes emerged from pertinent sub-questions. The data analysis process allowed the evaluation of the lived experiences of participants and identified five themes (Faith, Lack of Resources, Lack of Anonymity and Confidentiality, Lack of Training, and Duty to God and Country) and 11 sub-themes (see Table 18). The themes and sub-themes captured the central research question. The findings provided answers to the research questions to understand if faith had an impact on the resilience and coping mechanisms of Army combat veterans who had supported combat operations in Iraq or Afghanistan, self-identified as suffering from MI, and if Army leaders should identify and mitigate MI within the ranks.

CHAPTER FIVE: CONCLUSION

Finally, be strong in the Lord and in His might power. Put on the full armor of God, so that you can take your stand against the devil's sacrifices. For our struggle is not against flesh and blood, but against the rulers, against the authorities, against powers of this dark world and the spiritual forces of evil in the heavenly realms.

- *New International Bible*, 1978/2021, Ephesians 6:10-12

Overview

This study aimed to elucidate the impact of faith on resilience and coping mechanisms in combat veterans who self-identified as suffering from MI and have supported combat operations with the goal of broadening previous research on MI and determining whether Army leaders should identify and mitigate it within the ranks. The data for this study was sorted and analyzed using hand coding. The research aimed to give qualitative data and analysis of what impact, if any, did growing up in a religious household have on enhancing the faith and overall resilience and coping mechanisms of United States combat veterans who have supported combat operations in Iraq or Afghanistan over the past fourteen years who self-identified as suffering from MI. This chapter opens with sections that highlight the research purpose and research questions. This chapter concludes the dissertation with research conclusions, implications, research limitations, further research, and a summary. The conclusions, implications, and applications are examined from a theoretical, empirical, and practical perspective to support future dialogue and research on the studied topic.

Research Purpose

The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identified as

suffering from symptoms of moral injury. This study also addressed the impact of faith on the resilience and coping mechanisms of Army combat veterans.

Research Questions

RQ1. What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of moral injury that may be experienced during combat operations?

RQ2. What perceived congruence, if any, exists between how Army combat veterans describe their faith and their overall understanding of Army leaders' role to identify, mitigate, and support moral injury experienced because of combat operations?

RQ3. What responsibility, if any, do combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing moral injury because of combat operations?

Research Conclusions, Applications, and Implications

Upon examining the transcribed interviews captured throughout Chapter Four, several inferences and conclusions were gathered. To begin, the participants ranged between the ages of 28 and 53, and 100% of the participants served at least four years in the United States Army. All participants grew up in a religious household and learned the importance of faith from a young age. This aligns with Sheard's (1996) understanding that faith formation is a continual process and will grow and prevail through constant prayer and rejoicing despite circumstances. This is noteworthy because Sheard (1996) also suggested that faith is not learned; it is an experiential quality that can only be achieved through life journeys, good and bad.

The questions for this research sought to understand if growing up in a religious household enhanced the faith and impacted the overall resilience and coping mechanisms of combat veterans? The research questions were designed to address the two major concerns proposed in the purpose statement: 1) discover the impact, if any, of faith on the resilience and coping mechanisms of combat veterans, and 2) assist military leaders with developing frameworks built on leadership styles that promote faith to enhance resilience and coping mechanisms for combat veterans. To

analyze the data, interviews were manually transcribed, requiring detailed and copious notes to capture the lived experience disclosed by the seven participants who volunteered to support the research.

The first research question allowed participants to describe the connection of their faith to their understanding of MI experienced during combat. The second research question allowed participants to describe their understanding of Army leaders' role in identifying, mitigating, and supporting MI experienced during combat operations. The third research question allowed participants input on whether Army leaders should be trained to identify, mitigate, and help combat veterans experiencing MI.

Research Question One Conclusions

Research Question One was designed to determine if faith impacted how the participants dealt with MI during combat operations. Several interview questions addressed this, but primarily questions 9 and 10. During the interview, participants were asked how faith impacted their coping mechanisms in combat and non-combat environments. All seven participants generated responses that provided substantial data helpful in highlighting the theological implications and applications as well as the theoretical implications and applications of MI in veterans who have supported combat operations at least once in the last twelve years. Due to the lack of research on the impact of faith on the resilience and coping mechanisms of combat veterans who self-identified as suffering from MI, this study did not confirm or corroborate previous research. Based on the lack of previous research examining the connection between faith and enhanced resilience and coping mechanisms, this study not only diverged from but undoubtedly extended previous research on this topic. The novel contributions this study has made to the field are unrestrained. These

contributions will be helpful for future research and will extend and shed light on several theories presented in this study.

Research Question Two Conclusions

Research Question Two was designed to determine what perceived congruence, if any, exists between how Army combat veterans describe their faith and their understanding of Army leaders' role in identifying, mitigating, and supporting MI experienced because of combat operations. Survey questions 9 and 10 also addressed RQ2, as did survey questions 14-18. Survey questions 16 and 17 were the most beneficial. As outlined in the previous chapter, interview question 16 illuminated participant perceptions of the resources, services, and support offered to combat veterans suffering from MI. The conclusion was that the United States Army should seek to offer support and resources specific to MI. Survey question 17 inquired whether participants thought the current resources, services, and support were suitable and readily accessible. The findings further supported the conclusion about the lack of support and resources available. Based on previous research examining the leadership and United States Army leadership, this study did not diverge from previous research but will certainly extend research on this topic. The novel contributions this study has made to the field are limitless. These contributions will be helpful in future research and will shed light on military and non-military leadership theories presented in this study.

Research Question Three Conclusions

Research Question Three was designed to determine what responsibility, if any, combat veterans believe Army leaders should have to identify, mitigate, and support combat veterans experiencing MI. Survey question 19 asked participants their thoughts on what should be done to help leaders in the United States Army better identify and mitigate MI within the ranks (see Table 17).

The conclusion was that leaders would benefit from training within their organizations to include the identification and mitigation of MI. The role of leadership resonated throughout the interviews. Ironically, the acronym for the Army values is LDRSHIP, which stands for loyalty, duty, respect, selfless service, honor, integrity, and personal courage. It indicates how important it is to the day-to-day operations of the United States Army. Based on the lack of previous research examining the connection between Army leadership and moral injury, this study drastically diverged from but will extend research on this connection. The novel contributions this study will add to the field are massive and, based on participant responses, well needed. These contributions will be helpful in future research and services and will extend and shed light on the myriad of concepts and theories presented in this study.

ADP 6-22 (2019) defines leadership as “the process of influencing people by providing purpose, direction, and motivation to accomplish the mission and improve the organization” (p. 12). Several notable scholars have contributed to better defining leadership and offering a holistic understanding of the term. Kotter’s 8-step process and leadership framework can facilitate the need for change holistically (Chun Mei & Lei, 2017). Understanding the importance of leadership and change can promote a precisely planned strategy, create competent approaches, empower and connect staff members, evaluate the output, and inculcate improvement, producing clarification as to who the leader is and what leaders do during the execution of the duties and responsibilities outlined for their role (Chun Mei & Lei, 2017). The confusion over the definition of leadership grows out of the complexity of leadership itself (Bredfeldt, 2006). Based on the myriad of definitions, it is understandable why the United States Army specifically defined leadership in ADP 6-22 (2019) and other doctrines that address the role of leadership in the United States Army.

Theoretical Conclusions

This section rests on introducing the theoretical conclusions from this research, which can be examined through Fowler's (1995) stages of faith. Fowler (1995) understood faith as "growing through our experience of trust and fidelity-and with mistrust and betrayal—with those closest to us, and he saw faith in the shared visions and values that hold human groups together" (p. 5). In Fowler's (1995) stages of faith, stage five best captures the lived experiences of the participants for this study. Fowler (1995) called this stage conjunctive faith because it occurs sometime during mid-life and involves uncovering suppressed memories. Many of the participants reported that they intentionally tried to avert thoughts of actions that occurred during combat operations. However, eventually, the memories surfaced; they subtly realized their actions or inactions, and through this arduous process, symptoms of MI surfaced.

Empirical Conclusions

Empirical conclusions can be found in the various concepts and frameworks outlined in Chapter Two of this study. The first noteworthy literature to support the empirical conclusion is Maslow's Hierarchy of Needs. The second framework that can be examined is the Just War Theory and the three justifications for going to war, as noted by Yandell (2022) and Graham (2011) in their research on moral injury and the impact of war on service members.

Research Implications

Theoretical Implications

The theoretical implications for this study can be seen in the perceived congruence that faith has on the perception of combat veterans who self-identified as suffering from MI and the role that leaders have in identifying, mitigating, and supporting it. The overall implication is that the participants were not confident that the United States Army would keep their information

confidential. Many of the participants reported that they ended their military careers to seek therapy and counseling for MI. Their concern was that the Army would make their medical issues public and code them in a manner that would discredit their military service.

The theological implications that evolved from this study were two-fold. First, the participants realized the importance that reliance on their faith during combat operations was integral to their overall resilience and coping mechanisms. Whether in combat or non-combat operations, believing in something or someone bigger than themselves improved their effectiveness and success during stressful times. Praying, worshipping, reading the Bible, and finding a church family or focus group alleviated some of the stress and guilt during and after combat operations. For many participants, this included creating schedules and timelines that supported their regular prayer habits and daily one-on-one time with God. Based on the participant's lived experiences, the theological implications for this study can be seen in the impact that faith has on resilience and coping mechanisms. The second theological implication resonated in the participants' standpoint of growing up in a religious household.

Empirical Implications

This research provides information for combat veterans suffering from MI, Army leaders, and both internal and external agencies that support the mental well-being of Army soldiers and families. When examined from an empirical lens, this research provides strength to those currently seeking to understand MI and the role that Army leaders play in mitigating and understanding this condition. Furthermore, the research identified the relevance and importance of future research on this topic and the necessity of creating resources to help those dealing with MI. According to Yandell (2022), adaptive disclosure requires a person to mentally revisit the previous event or activity that caused their moral injury for the purpose of reclaiming their old self. Yandell (2022)

goes on to add that this type of therapy creates morbidity, and if the individual does not wish to remember their previous self, this can further strengthen their moral injury. Litz et al. (2016) suggest that adaptive disclosure is the best modality to address and treat moral injury. Brock and Lettini (2012) further indicate from their work with combat veterans that either healing the soul or repairing the soul is a necessary process that those dealing with moral injury must endure. Based on responses from the participants of this study, it can be gathered that neither adaptive disclosure or soul repair were discussed, available or offered to facilitate their moral injury ordeal. Brock and Lettini (2012) profiled the lives of four combat veterans to learn about their journey of serving in the military. It is from this work that Brock and Lettini (2012) gathered an in-depth understanding of moral injury through the lens of the soldier and why repairing an individual's soul is imperative for recovery and reclaiming their soul.

Practical Implications

The research conducted has practical implications for soldiers, leaders, families, friends, and other stakeholders who are directly and indirectly impacted by moral injury. The empirical implications have been highlighted in the previous section. The practical implications can be verified in the results of therapy sessions conducted using both adaptive disclosure and soul repair (Litz et al., 2016). The practical implications of this study were derived from information gathered to support RQ1. Participants were asked five open-ended questions to investigate the role of faith and coping mechanisms in both combat and non-combat environments, as well as their influence on dealing with incidents during and after combat operations. Adaptive disclosure and soul repair provide both empirical and practical implications when researching moral injury (Litz et al., 2016).

Moral Injury was previously defined as “the enduring consequences of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Nash & Litz, 2013, p. 368). Based on their research, Brock and Lettini (2012) understood that most research is centered on PTSD, and clinicians need to learn more about moral injury to better support our combat veterans who are confronted with this issue. “We must be willing to listen carefully without judgments and a personal agenda” (Brock & Lettini, 2012, p. 128). This statement aligns with several responses provided by the participants and supports theme two and theme three that evolved from this study.

In response to the first question regarding the impact of faith on overall coping mechanisms in combat and non-combat environments, participants consistently highlighted the vital role of faith in their resiliency and coping mechanisms. However, it is worth noting that some participants expressed doubts or questioned their faith. Regarding Interview Question 10, which inquired about how faith and coping mechanisms influenced the ability to deal with incidents during and after combat operations, responses were varied. Some participants mentioned the efficacy of prayer and the comfort of having their Bible, while others turned to meditation. This diversity of responses suggests that individuals employ a range of strategies when integrating faith and coping mechanisms to navigate the challenges associated with combat experiences.

Interview Question 11 delved into factors contributing to reintegrating into normalcy and life roles post-identifying with moral injury. Participants shared a range of experiences, with some reporting a lack of support leading to depression, while others found solace and restoration through their faith community, family support, or medication.

Interview Question 12 inquired about participants' sense of full reintegration into normalcy outside of a combat zone. The responses were multifaceted, with some participants feeling that they had successfully reintegrated, often attributing this to the support of their faith and community. Others expressed ongoing struggles and provided detailed explanations for their sense of incompleteness in the process.

In summary, the practical implications drawn from these responses highlight the complexity and diversity of experiences among combat veterans coping with moral injury. This information underscores the importance of considering individualized approaches to support, intervene, and recognize the significant role that faith and coping mechanisms play in veterans' lives as they navigate the challenges of combat and post-combat environments.

Research Applications

Theoretical Applications

Theoretical applications for this study were pinpointed by various frameworks introduced in Chapter Two. This study discussed the importance of ensuring combat veterans understand and believe that the best treatment and resources available are being offered to them. Additionally, combat veterans should trust that information disclosed to leaders, and healthcare providers is kept confidential. This is important because, once lost, trust is hard to recapture (ADP 6-22, 2019), and many combat veterans have lost trust in their leaderships' willingness to protect their privacy. Army leaders may find innovative methods to provide resources and support while maintaining confidentiality.

The best modality for discussing the theoretical applications of this study can best be explained through the themes that evolved from this study. Faith was the first theme that emerged during the participant's one-on-one Zoom interviews. Literature that best highlighted faith and supported this theme were Lopez and Garrido (2020), Sheard (1996), New International Bible (2011), Fowler (1995), Meyer (2020), Abernethy (2015), Heykoop (2015), Smith (2009), Laniak (2006), Picirilli (1986), Brock and Lettini (2012), Petit (2008), Mislner (2001), and Litz et al (2016). Lack of Resources was the second theme that developed, and the literature that best supported this theme was profound. These included works from Riley (2022), Werber et al. (2021), ADP 6-22 (2019), Reivich and Shatte (2003), Riopel (2021), Timmons (2013), Lazarus and Folkman (1984), Carson (2008), Castro and Kintzle (2014), Reivich et al. (2011), Connor and Davidson (2003), and Deci and Ryan (1995).

The third theme, lack of anonymity and confidentiality, was captured in research by Roth and Cohen, Allen (2023) Cherry (2021), Lencioni (2002), ADP 6-22 (2019), and Northouse (2019). The fourth theme, lack of training, was captured from literature written by Hesselbein and Shinseki (2004), Lencioni (2002), Stanley (2009), and New International Bible (2011). The last theme, duty to God and country, was consistent with DAP 165-19, Northouse (2019), Hesselbein and Shinseki (2004), Kouzes and Posner (2017), Kolb (1984), Mason (2021), Kelle (2020), Lamorte (2019), Rogers (2003), Dyer et al (2019), Van Yperan (2002), ADP 1 (2019), ADP 6-22 (2019), Robinson (2009), Ames et al., (2019), Litz et al (2016), Kollar (2011), and Castro and Kintzle (2014). The frameworks utilized in this study proved to be integral for the theoretical applications identified in this study.

Empirical Applications

The empirical applications for this study can further be examined by conducting extensive research on the severity of moral injury within the United States Army. Additional empirical applications can be leveraged through messaging and training for Army leaders and those who provide services to Army personnel and families. It has been previously noted that the uniqueness of this study was exhibited in how this study dealt with moral injury and the impact of faith on the resilience and coping mechanisms of combat veterans. Empirical applications are based on observations rather than actual theory, which is why this study utilized one-on-one interviews to understand the participant's lived experiences better (Creswell & Poth, 2018). The literature gap on the topic studied was demonstrated in Chapter Two and thus supports the necessity for future research on this topic. Research conducted by Brock and Lettini (2012), Graham (2017), and Litz et al. (2016) come closest to addressing the gap in the literature on this topic. The empirical evidence from this study supported the primary focus that faith has an impact on the resilience and coping mechanisms of combat veterans.

Practical Applications

How can these findings be applied in practice? This study can help build up knowledge and facilitate options for organizations and personnel internal and external to the United States Army that provide services to combat veterans. Additionally, this study can aid in addressing social issues that may evolve from combat veterans who suffer from moral injury being misdiagnosed. Practical applications can best be exhibited through increased resources and support provided by stakeholders to combat members who self-identified as suffering from moral injury. The findings from this study can promote collaborative efforts, strengthen relationships, and build a bridge between military and non-military organizations with the goal of mitigating, identifying, and understanding moral injury.

Research Limitations

Research Sample Size

This research was limited to seven individuals who self-identified as suffering from moral injury. These current or former United States Army combat veterans had supported combat operations within the last fourteen years in Iraq or Afghanistan. Rather than relying on quantitative data, this research leaned heavily on historical reviews from current scholarly and peer-reviewed studies and publications.

Research Timeline

The prescribed timeline caused minor limitations. Waiting for IRB approval delayed the interviews, but extensions ensured meticulous data analysis.

Interview Transcription

Transcription of the interviews proved to be unfavorable and created research limitations. Interviews were manually transcribed and more time-consuming than expected, necessitating greater exertion and focus. The original plan was to use NVivo transcription software, but the cost was prohibitive. However, manually transcribing the data enhanced the understanding and articulation of the lived experiences of the combat veterans interviewed. Despite the benefits of manual transcription, this technique could have also opened the door for human error.

Previous Research

The most current and relevant information was predominantly compiled from three sources: (Nash et al., 2013; Ramsay et al., 2019; Syracuse University, 2014). Information from the latter was the most beneficial. Since undertaking this research, newer articles have been published on MI. However, little pertains to the impact of faith on the resilience and coping mechanisms of combat veterans who self-identified as suffering from MI.

Further Research

This researcher suggests future research using case studies to further understand this research topic. Future studies should include a minimum of 10 participants to provide a more in-depth examination of the impact of faith on resilience and coping mechanisms in combat veterans who self-identified as suffering from MI and have supported combat operations. Future research that studies explicitly the perspectives of Army leaders and how they can better understand their role in identifying and mitigating this phenomenon is also warranted. The themes generated from this research also highlight the need for research in programs and resources to support veterans with MI, the creation of programs, and collaborations with other agencies to determine the necessity of MI training for members of the United States Army.

Summary

This study concluded with qualitative data that captured the thematic patterns brought to the forefront and identified through an analytical conceptualization of the participants' lived experiences. The findings indicated that 100% of the participants relied on their faith to create resiliency and coping mechanisms when confronted with MI. The study also captured from the participant's perspective that their leaders lacked understanding about moral injury. Participants' also reported inadequacy regarding resources available to support those suffering from MI.

This study centered on faith's impact on Army combat veterans who self-identified as suffering from MI. Additionally, it highlighted areas for further research and recommendations for replication. Chapter Five offered a summary of the four previous chapters. The chapter also offered dialogue about the study's conclusion, implications, and conclusions. More significant consideration was given regarding the significance of the study and its implications for military and non-military Christian leaders, veteran organizations, and educators serving the military

population. The responses and disclosure provided by the seven participants further corroborated the need for future research on moral injury and the impact of faith on the resilience and coping mechanisms of combat veterans. However, this study diverged from previous research because it sought to combine moral injury and faith to understand the impact that faith had on combat veterans' resilience and coping mechanisms. Previous research examined moral injury and faith as two separate entities, whereas this study combined both factors. Based on combining moral injury and the impact of faith on the coping skills and resilience of combat veterans, this study also extended knowledge gathered from previous research. The novel contributions that this study adds to the field are numerous. However, the predominant contribution is the introduction of understanding the linkage between moral injury and increased faith to help combat veterans overcome their lived experiences from combat that resulted in self-identification of moral injury.

Conclusions from this study enhanced research on moral injury, and data was gathered from one-on-one Zoom interviews with each participant. The participants encompassed seven Army combat veterans who have supported combat operations, grew up in a religious household, and self-identified as suffering from moral injury. Using previously conducted theological and theoretical research, this research sought to understand the impact of faith on the resilience and coping mechanisms of the population studied.

Recommendations from this research focus primarily on the themes and sub-themes identified in this study. As captured in Table 19, recommendations for Army leaders and those who support the mental well-being of soldiers are corroborated through the findings related to soldiers who self-identified as suffering from moral injury and the leader's role in identifying and mitigating this condition. The themes were categorized under faith, lack of resources, lack of anonymity and confidentiality, lack of training, and duty to God and country. These remedies can

help current and future soldiers and leaders develop effective strategies to identify, mitigate, and support moral injury. In coordination with mental health providers, this researcher recommends that the United States Army should continue to leverage chaplains and faith-based organizations to manage screening and referrals for combat veterans confronted with moral injury. Subsequently, the United States Army may find it helpful to identify and understand why combat veterans who self-identified as suffering from MI elect not to seek help from currently established mental health resources and services.

The data did not include pathways to help leaders discover options to adapt quickly and acquire trust from their employees. However, the literature reviewed did present practical modalities. Change in any organization can occur more efficiently through understanding, inculcation, and utilization of theories discussed in the following paragraphs.

Many participants expressed that change is required in the myriad of programs, services, and policies within the Army. Everett M. Rogers (1962) is one of the originators of the diffusion of innovation theory. He developed the theory in 1962, considered one of the oldest theories rooted in social science (Lamorte, 2019). Diffusion is a process by which an innovation is communicated over time among the members of a social system and entails a five-step process of knowledge, persuasion, decision, implementation, and confirmation (Lamorte, 2019). Dyer et al. (2019) further developed the concepts. The model for creating innovation captures five tenets for any organization seeking to make changes: associate, question, observe, network, and experiment. Table 19 captures a recommendation that may be useful for the Army as they begin the analysis of MI.

Table 19*Mastering the Five Skills of Disruptive Innovators*

Discovery #1: Associate	Link moral injury to another issue that the Army has dealt with.
Discovery #2: Question	Ask questions that push boundaries.
Discovery #3: Observe	Develop people processes and solutions that can be applied.
Discovery #4: Network	Learn, gain, and collaborate with internal and external agencies.
Discovery #5: Experiment	Pilot new ideas and programs. Think outside the box. Leaders must be willing to accept risk.

Note: Recommendation created by researcher using concepts from *The Innovator's DN* by Dyer, J., Gregersen, H., and Christensen, C. M. (2019). *The innovator's DNA: Mastering the five skills of disruptive innovators*. Harvard Business Review Press.

The theories and frameworks presented by Rogers (2003), Christensen (2016), and Kotter (1996) are well-referenced and regularly sought-after techniques for both secular and non-secular organizations seeking to inculcate change, promote growth, and sustain excellence. According to Sinek (2009), "There are only two ways to influence human behavior: you can manipulate it, or you can inspire it" (p. 17). Can the Army benefit from change and growth as it pertains to MI? The United States Army lauds as being an organization built on trust; however, according to previous research, combat veterans suffering from MI may not seek appropriate care due to the lack of support from the chain of command, fear of reprisal, or being seen as weak (Allen, 2023; Meagher, 2014; Kilner, 2017; Yandell, 2022).

Based on the themes and sub-themes that surfaced from this study, Table 19 exhibits a recommended framework created by the researcher that aligns with the five essential skills of disruptive innovators and results from this research. These discoveries are highly relevant to the

challenges faced by the Army. Discovery #1 encourages linking moral injury (MI) to issues the Army has previously dealt with, which would provide the opportunity to address this critical concern. Discovery #2 emphasizes the importance of asking questions that push boundaries, which is essential for finding innovative solutions to complex problems. Discovery #3 suggests developing processes and solutions that can be applied, which is crucial for improving the well-being of soldiers. Discovery #4 highlights the value of networking with both internal and external agencies, allowing the United States Army to learn and collaborate effectively. Finally, Discovery #5 encourages the United States Army to experiment, pilot new ideas, and think outside the box, all while being willing to accept some level of risk.

These insights offer a solid foundation for driving change and growth within the Army. Recognizing the significance of MI within the Army is crucial, as previous research has indicated that many combat veterans may not seek care due to various barriers. The data also highlights significant knowledge gaps regarding MI, suggesting a need for well-designed qualitative and quantitative studies. Collaboration between the Army and both secular and non-secular entities dedicated to mitigating MI can ultimately lead to more productive support and services for combat veterans.

This study suggests that to support combat veterans who suffer from MI, the United States Army may benefit by understanding that faith plays a crucial role in the lives of soldiers and family members impacted by MI. The United States Army has programs and policies that support mental health (AP 600-63, 2015); however, their policies, programs, and practices do not specifically address MI or link it to faith. By focusing on PTSD and other mental disorders listed in the DSM, providers have overlooked a critical and vulnerable population. Furthermore, establishing collaborations between chaplains and faith-based organizations may aid in

understanding and supporting soldiers. Through these collaborative efforts, opportunities may surface that facilitate the implementation of policies, programs, and practices required to support the well-being of soldiers suffering from MI.

Based on the data, research geared toward evidence-based programs combined with treatment(s) focused on mitigating, understanding, and supporting MI is warranted. When creating future programs and resources, the Army may benefit by inculcating changes that leverage the current Holistic Health and Fitness (H2F). The H2F framework covers five domains that enhance human performance: physical, mental, spiritual, nutritional, and sleep readiness. Spiritual readiness, which was necessary for this research, entails soldiers' beliefs, values, and principles (FM 7-22, 2020). According to FM 7-22 (2020), "spiritual readiness develops the personal qualities a person needs in times of stress, hardship, and tragedy" (p. 10-1). Coupled with the Chaplaincy Corps and the Army's Comprehensive Soldier and Family Fitness Model, programs specifically for MI can provide a baseline for monitoring progress and the way ahead for understanding and mitigating MI. It is recommended that the United States Army expand the scope of its policies and programs to include moral injury and its intersection with faith explicitly. This expansion is crucial for addressing the needs of a vulnerable population of combat veterans. Additionally, it is advisable to encourage the Army to establish collaborative relationships with chaplains and faith-based organizations. These partnerships can provide valuable insights into the experiences of soldiers dealing with moral injury and enhance the support available to them.

The data from this study indicated substantial gaps in knowledge about MI, and well-designed studies (qualitative and quantitative) are warranted. Regardless on how the Army opts to team up with secular and non-secular entities that are vested in mitigating MI, both modalities can provide resources, support, and serve combat veterans effectively. There is a pressing need to

implement specific policies, programs, and practices tailored to address the well-being of soldiers affected by moral injury. These initiatives should be designed to cater to their unique needs and challenges. The United States Army may also benefit from prioritizing research efforts aimed at developing evidence-based programs and treatments that focus on mitigating, understanding, and supporting individuals suffering from moral injury. It is advisable that the United States Army utilizes spiritual readiness, as explored in this research, to address moral injury. For a more comprehensive and practical approach, it is recommended that the Army collaborates with a wide range of entities, including secular and non-secular organizations, that share an interest in mitigating moral injury. This collaborative effort can enhance support for combat veterans.

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Appendix A

IRB Approval

Date: 7-12-2022

IRB #: IRB-FY21-22-1088
 Title: Moral Injury: The Hidden Adversary of War
 Creation Date: 5-12-2022
 End Date:
 Status: **Approved**
 Principal Investigator: LaShell Davis
 Review Board: Research Ethics Office
 Sponsor:

Study History

Submission Type	Initial	Review Type	Limited	Decision	Exempt - Limited IRB
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Key Study Contacts

Member	Gary Bredfeldt	Role	Co-Principal Investigator	Contact	[REDACTED]
Member	LaShell Davis	Role	Principal Investigator	Contact	[REDACTED]
Member	LaShell Davis	Role	Primary Contact	Contact	[REDACTED]

Appendix B

Recruitment Letter

[Date]

[Moral Injury: The Hidden Adversary of War]

[Address]

Dear [Addressee]

As a graduate student enrolled at Liberty University, I am conducting research to better understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan, and who self-identify as suffering from symptoms of moral injury. This research will contribute to the field and society, which is important and key for veterans who suffer from moral injury. I am writing to invite eligible participants to join my study.

Participants must be combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan and who self-identify as suffering from symptoms of moral injury. Each interview will last between 1.5 and 2 hours. Names and other identifying information will be requested as part of this study, but all collected information will remain confidential.

To participate, please [\[click here\]](#) to complete a brief online questionnaire. Participants who fall within the study parameters will be notified by email and provided a link to an online scheduling site where they can schedule two interview appointments. Both interviews will be audio and video recorded. Participants will receive an email confirmation of their appointment times. This confirmation email will provide the location of the interview site.

A consent document will be provided in the appointment confirmation email. The consent document contains additional information about my research. Participants will need to sign the consent documentation and return it to me at the first interview appointment.

If you have any questions about the study or the process of becoming a participant, I can be reached at or by email [\[redacted\]](#). Thank you in advance for your time and consideration.

Respectfully,

LaShell Y Davis
Doctoral Candidate

[\[redacted\]](#)

Appendix C

Recruitment Flyer

Research Participants Needed

Moral Injury: The Hidden Adversary of War

- Have you supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan?
 - Have you served in the United States Army and grew up in a religious household?
 - If so, do you self-identify as suffering from symptoms of moral injury?

If you answered yes to all of these questions, you may be eligible to participate in a research study exploring the lived experience of United States Army combat veterans self-identified as suffering from moral injury.

The purpose of this qualitative hermeneutic phenomenological study is to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identify as suffering from symptoms of moral injury.

Participants will be asked to do the following:

Take part in two one-on-one, virtual interviews (1-1.5 hours each)

You will be allowed to review your interview transcript for 1 hour and 30 minutes immediately following your interview.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

The study will be conducted virtually via Zoom.

The consent form will be emailed to participants if they meet the study criteria one week before the online survey and virtual interviews.

Personnel interested can complete an inquiry questionnaire at:



LaShell Y. Davis, a doctoral candidate at Rawlings School of Divinity, Liberty University, is conducting this study.

You can contact LaShell Y. Davis at [REDACTED] if you require additional information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix D

Notification Email

Dear [Participant]

Thank you for expressing interest in my research on combat veterans and moral injury. It is with great pleasure that I notify you that, based on your responses to the questionnaire, you meet the criteria for this research.

This letter is your official invitation to support this research.

If you wish to participate in this research, please schedule two face-to-face interviews. Please access the following [link] to select times and dates that support your schedule. Once you have selected your interview dates, an email confirmation will be sent to the email address provided in the recruitment survey questionnaire.

In addition to scheduling two interviews, you will be required to download, read, print, and sign the informed consent form that is attached to this email. After carefully reading the consent form, if you have any questions or concerns, I can be reached at [REDACTED]

[REDACTED] If you are unable to print the consent form, please send your mailing address and the form will be mailed to you.

First Interview: This interview will last 1 to 1.5 hours and will entail questions centered on your lived experience in a non-combat environment, prior to and after combat operations in Iraq and/or Afghanistan.

Second Interview: This interview will last 1 to 1.5 hours and will encompass questions centered on your lived experience in a combat environment and during combat operations. Please come prepared to discuss in detail any events that occurred during this time and impacted your moral judgment and overall morality.

Thank you for expressing interest and participating in this research. I look forward to meeting you and working with you over the next few weeks. Please bring a copy of your signed consent form to the first interview.

Very Respectfully,

LaShell Davis

Doctoral Candidate: Rawlings School of Divinity, Liberty University

[REDACTED]

Appendix E

Consent

Title of the Project: Moral Injury: The Hidden Adversary of War

Principal Investigator: LaShell Y. Davis, Professor of Military Science, Equal Opportunity Leader, Master Resiliency Trainer, Rawlings School of Divinity, Liberty University

Invitation to be Part of a Research Study

Taking part in this research project is voluntary. You are invited to participate in a research study. To participate in this research, you must be 18 or older, a United States Army combat veteran who has supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan. Additionally, you must self-identify as suffering from moral injury. You must live in the state of New York and within one of the five New York City boroughs. You must be willing to support two virtual interviews that will last between 1 and 1.5 hours in each setting. Taking part in this research is strictly voluntary.

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

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

The purpose of this qualitative hermeneutic phenomenological study is to understand the lived experiences of United States Army combat veterans who have supported combat operations at least once over the past fourteen years in either Iraq or Afghanistan who self-identify as suffering from symptoms of moral injury. This study seeks to broaden previously conducted research on moral injury endured by combat veterans. In addition, this research will examine the impact that faith has on the coping mechanisms of Army combat veterans who have supported combat operations in Iraq or Afghanistan and subsequently self-identify as suffering from symptoms of moral injury.

What will happen if you take part in this study?

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

1. Schedule two virtual appointments for at least 1 hour but up to 1.5 hours at each setting.
2. Attend all virtual interviews, the first interview will not require preparation, but the second interview will require you to bring any relics that support your lived experience and help you to articulate your thoughts.

How could you or others benefit from this study?

There are no direct benefits for your participation in the study. However, this study can provide a unique opportunity for you to share your contribution, which could influence other combat veterans who self-identify as suffering from moral injury to persevere and increase their coping mechanisms and skills that promote a better lifestyle.

Benefits to society include Findings from this study can also lead to improved services, programs, academic support, and other benefits to combat veterans, their families, the United States Army, and society.

What risks might you experience from being in this study?

The study has several potential risks but does not involve more than minimal risks. The risks to you in completing this study are no more than what you would encounter in everyday life. While collecting data during the study, personal information could be revealed to the researcher that necessitates specific reporting requirements. Should the researcher become privy to information that triggers the mandatory reporting requirements, such as child abuse, child neglect, elder abuse, or intent to harm self or others, the researcher will protect participants' safety and confidentiality, and will report such information appropriate authorities and comply with their guidelines. Depending upon the seriousness and nature of the information, the researcher will report it to the appropriate authorities. Some psychological risks could evolve. If significant psychological risks to participants should develop during the study, the researcher will terminate the respective participant from further involvement in the study. The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

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

[Include the following in this section]:

- Participant responses will be confidential. Interviews will be conducted virtually on Zoom, where others will not have access or easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted. Data will not be retained after three years upon completion of the study.
- Interviews will be transcribed and stored on a password-locked computer for three years and then erased. Only the researcher will have access to these records.

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

Participants will not be compensated for participating in this study.

Does the researcher have any conflicts of interest?

This researcher is a current member and leader in the United States Army. This researcher has a connection and interest in analyzing and further developing research on the topic of moral injury. In addition to this researcher's direct connection with moral injury in combat veterans, there are additional motivational justifications for the researcher—a senior leader in the United States Army who assumes a myriad of leadership roles at the tactical, operational, and strategic levels—this researcher eagerly embraces inquisitiveness from the perceptions and experiences of combat veterans diagnosed with moral injury. To limit potential or perceived conflicts, this research will be confidential. The desire throughout is to minimize researcher bias and approach the study impartially. Other important roles for this researcher include safeguarding participants, providing anonymity, protecting data provided, and presenting and interpreting the results and findings with truthfulness and neutrality.

This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or the United States Army. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

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

If you choose to withdraw from the study, please exit the survey and close your internet browser.—OR—inform the researcher that you wish to discontinue your participation, and do not submit your study materials. Your responses will not be recorded or included in the study.

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

The researcher conducting this study is Lashell Y. Davis. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, DR Gary Bredfeldt, at [REDACTED].

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

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

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

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

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

Printed Subject Name

Signature & Date

Appendix F

Recruitment Survey Questionnaire

1. What is your legal name?
2. What is your gender?
3. What is your ethnicity?
4. Are you at least 18 years old?
5. Do you have a religious preference or affiliation?
6. Have you served in the United States Army?
7. Do you have a mailing address you would like to provide in case you are unable to access your email?
8. Do you have a telephone number or other forms of communication you would like to provide in case the researcher needs to contact you?
9. Have supported combat operations in either Iraq or Afghanistan within the last fourteen years?
10. Are you familiar with moral injury?
11. Do you self-identify as suffering from symptoms of moral injury?
12. Do you believe your faith impacts how you cope with moral injury?
13. Do you believe that you have the lived experience of a combat veteran who self-identifies as suffering from symptoms of moral injury?
14. Can you attend two face-to-face in-person interviews that will last between 1 and 1.5 hours?
15. Please provide a two-three paragraph account on why moral injury and why you would like to participate in this research.

Appendix G

Interview Questions

The researcher will present an introduction before the interview: The purpose of this interview is to collect data on your experiences during and after combat operations. You will use only a fictitious name instead of your actual name to protect your confidentiality.

1. Why did you join the United States Army?
2. How does it feel having served in the United States Army?
3. How long did you serve in the United States Army?
4. What is your ethnicity and age?
5. How many times have you been exposed to combat operations, and what location?
6. Will you please describe your transitioning from combat operations back to non-combat operations?
7. What is it like being a combat veteran?
8. How did you self-identify as suffering from moral injury?
9. What impact does your faith play on your overall coping mechanisms in both combat and non-combat environments?
10. How did your faith and coping mechanisms influence your ability to deal with incidents that occurred during and after combat operations?
11. What factors have helped you to reintegrate back into normalcy and life roles since self-identifying as suffering from moral injury?
12. Do you feel that you have fully reintegrated into the normalcy of not being in a combat zone? Why or why not? Will you please explain in detail?
13. What is your perception of your overall experience in the United States Army?
14. What challenges or problems have you faced since returning from combat operations? How did you manage and resolve them?
15. What approaches did you implement to help cope and persevere the following: health issues, family obligations, military standards, and other tasks while also dealing with moral injury?

16. What is your perception of the resources, services, and support offered to combat veterans suffering from moral injury?

17. Do you think these resources, services, and support are easily accessible and suitable to meet your needs?

18. What programs and support services do you feel need to be added or enhanced to meet the needs of combat veterans who self-identify as suffering from moral injury?

19. What do you think can be done to help leaders in the United States Army to better identify and mitigate moral injury within the ranks?

20. Are you able to conduct a second interview?

21. Do you have any questions, advice, or anything else that you would like to offer to other combat veterans concerning your combat experiences, coping with moral injury, or any other concerns?