

SPIRITUALITY AND THE EFFECT ON READINESS

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fulfillment of the requirements for the
degree

MASTER OF MILITARY ART AND SCIENCE
General Studies

by

KEVIN P. JOHNSON, MAJOR, IOWA ARNG
B.S., Northwestern College, St. Paul, MN, 2003

AD BELLUM PACE PARATI

Fort Leavenworth, Kansas
2019

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Name of Candidate: Kevin Peter Johnson

Thesis Title: Spirituality and the Effect on Readiness

Approved by:

_____, Thesis Committee Chair
Kevin E. Gentzler, DMgt

_____, Member
Matthew W. Broaddus, EdD

_____, Member
David B. Batchelor, MAS

Accepted this 14th day of June 2019 by:

_____, Director, Graduate Degree Programs
Robert F. Baumann, Ph.D.

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ABSTRACT

SPIRITUALITY AND THE EFFECT ON READINESS, by Major Kevin P. Johnson, 94 pages.

Maintaining readiness in the U.S. Army has been and will be a concern for the U.S. to provide a ready and capable force to defend against threats. Mental health issues plague soldiers and veterans and is a detriment to unit readiness. The health of the force is a product of the readiness and resilience of individual soldiers. Spirituality has shown to have a positive effect on treatment in post-combat stress. Several reports conducted by Comprehensive Soldier and Family Fitness authors provide evidence that resilience training may have a protective effect on mental health issues. While individual spirituality and religious practices are a constitutional right, the Army places a very small portion of emphasis on the training of spiritual fitness. An analysis of several studies show the positive influence of spirituality on psychological resilience and the potential benefit to military readiness.

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ACRONYMS

BCT	Brigade Combat Team
BMMRS	Brief Multidimensional Measure of Religiousness/Spirituality
BSS	Building Spiritual Strength
CPT	Cognitive Processing Therapy
CSF2	Comprehensive Soldier and Family Fitness
GAT	Global Assessment Tool
MRT	Master Resilience Training
PCL	Post-Traumatic Stress Disorder Checklist
PTSD	Post-Traumatic Stress Disorder
R/PH	Resilience/Psychological Health
SICPT	Spiritually Integrated Cognitive Processing Therapy

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CHAPTER 1

INTRODUCTION

The Armed Forces of the United States have defended this nation for well over two and a quarter centuries. The soldiers, sailors, Marines, airmen, and Coast Guardsmen who have been injured, wounded, and killed in defense of our country often have been very committed to their faith in God. Should it be surprising that those who face serious injury and death so regularly might focus more consciously on matters of eternity? It seems only natural that the gravity of military life should lead to serious consideration of spiritual matters.

—Tony Perkins, *Family Research Council*

Overview

The United States military is currently fighting a war that has lasted for over 17 years. In fact, this is the U.S. military's longest war in its history. The Global War on Terrorism in Afghanistan and Iraq has taken a toll on the men and women who have fought in both countries (Smith-MacDonald, Norris, Raffin-Bouchal, and Sinclair 2017). Service members and veterans who volunteered to fight for America's freedom have withstood the worst of the warfare to keep the country safe and they carry the wounds, both visible and invisible, because of their service (Hautzinger, Howell, Sandlyn, Wool, and Zogas 2015). As a result, the Veterans Administration (VA) is treating an alarming number of combat injuries. The U.S. has spent \$160.4 billion since 2001 treating veterans' medical and behavioral health problems (Lutz, Crawford, and Savell 2017). Additionally, studies indicate that approximately one in eight service members who were wounded in the Iraq and Afghanistan War screened positive for Post-Traumatic Stress Disorder (PTSD) in the months following their return from combat (Grieger, Cozza, Ursano, Hoge, Martinez, and Engel 2006). Many of those veterans get treatment from the VA. In fact, there are over 9 million veterans enrolled in the VA health care system

(Veterans Health Administration 2018). Dr. Damon Friedman, a former Special Forces commander who once suffered from post-combat stress, suggested that the VA offer better spiritual healing into the care for those suffering from mental health problems (Pham 2018).

Summarized Literature Review

A review of several studies indicates when treating a soldier or veteran's mental health issues, spirituality can be an important component of the healing process. Spirituality, as defined in the U.S. Army's Comprehensive Soldier and Family Fitness Program (CSF2), refers to an individual's core sense of purpose, which is based on shared values and beliefs about their personal identity and contributes to their sense of dignity, meaning, and philosophical connections to humanity with no reference to God or other deity. Spirituality has a positive impact in reducing symptoms of PTSD and depression when combined with a mental health program. Researchers from the National Center for PTSD found that a soldier's spirituality has an effect on how well they are able to deal with PTSD symptoms (Currier, Holland, and Drescher 2015). Improvements in spiritual functioning showed significantly lower levels of the severity of PTSD after a two to three month treatment program. Conversely, soldiers with low levels of spiritual fitness showed worse outcomes after treatment for PTSD. A high level of spirituality had a positive influence on depression according to another study (Hourani, Williams, Forman-Hoffman, Lane, Weimer, and Bray 2012). However, spirituality did not have a positive effect on suicidality, which includes suicide ideation and actual attempts. Overall, the majority of recent literature shows a positive relationship between spirituality and treatment of mental health issues.

Master Resilience Training (MRT) is a resilience development program created by United States Army leaders to enhance the resilience and therefore the psychological readiness of the force. The goal of the program is to teach specific resilience skills that enable individuals to function despite significant levels of stress (Selva 2017). Training is focused around 14 skills in 6 competencies. Each skill fits into one or more competency and contributes to performance enhancement. MRT, under the CSF2 program, promotes spiritual fitness and not religion. The authors understood the diversity within the Army community and the need to keep the spiritual aspect as it relates to a person's own identification of spirituality.

The Global Assessment Tool (GAT) is a 105-question psychological survey designed to capture a soldier's level of resilience along five dimensions of fitness (Lester, Harms, Bulling, Herian, and Spain 2011a). The GAT measures physical, emotional, social, family, and spiritual fitness. Researchers used the GAT to help measure the effectiveness of the Army's resilience training program. Overall, resilience training showed a positive correlation to a soldier's GAT scores and a protective effect against mental health issues.

As part of the implementation of MRT, a team of researchers conducted a mandated assessment of the program to evaluate the effect of the training as well as the validity and reliability of the GAT. GAT scores are predictive of positive and negative behaviors that interest senior Army leaders (Lester et al. 2011a). Lower than average GAT scores correspond with poor work performance, misconduct, drug use, and even suicide while higher than average scores correspond with positive indicators of performance such as early promotion and selection for battalion and brigade command

(Lester et al. 2011a, Lester, Harms, Bulling, Herian, Beal, and Spain 2011b). Harms, Herian, Krasikova, Vanhove, and Lester (2013) also found a positive relationship between resilience training and higher psychological health scores and reduced odds of receiving a diagnosis for mental health and substance abuse. Skills attained through resilience training, specifically spiritual resilience, enable positive behaviors and protect against behavioral health problems. Improvement in resilience levels, including spiritual fitness, will provide senior Army leaders the resilient and ready forces the program was designed to pursue.

The Problem

The Chief of Staff of the Army said, “Readiness is the number one priority” (Hale 2016). Commanders find filling their ranks difficult when after coming home from deployment one eighth of their unit is medically non-available (Scaletty 2017). Commanders must place soldiers in a non-deployable status who are currently experiencing treatment for mental health issues, yet the Army must count them as part of its total authorized strength. Soldiers treated for their symptoms and cleared deployable once again is a lengthy process. This leaves a gap for soldiers that are ready to fight the nation’s wars. A lack of psychologically resilient soldiers hampers units from meeting the readiness goals of the Army. The resilience program was designed to make soldiers more resilient which would lessen the readiness gap (Selva 2017). There are many components of psychological resilience including spiritual fitness. The relationship between spirituality and psychological resilience is not clear within the literature.

The Purpose of the Research

Spirituality in the military has been a topic debated by many in the recent past (Lichtblau 2009). Veterans who once served or are currently serving use spirituality as a therapeutic treatment for issues and wounds (Real Warriors 2019). Soldiers are able to practice their spirituality and religious practices because of freedom of religion as guaranteed by the Constitution of the United States. As a point of clarification, spirituality and religion are two distinct concepts (Cunningham 2018). However, most often, spirituality is expressed in some form of worship or religious practices. For the purposes of this paper, the concept of spirituality was used instead of religion.

Some researchers suggest spirituality, as a supplement to secular cognitive treatment, may aid in treating mental health issues (Pearce, Haynes, Rivera, and Koenig 2018; Currier, Holland and Drescher 2015; Harris, Erbes, Engdahl, Thuras, Murray-Swank, Grace, Ogden, Olson, Winskowski, Bacon, Malbec, Campion, and Le 2011; Miller, Warner, Wickramaratne, and Weissman 1997; Hourani et al. 2012; Blazer 2012). There is a shortfall in the literature describing pre-event effects of spirituality and resilience on combat stress. The purpose of this research was to determine if a relationship exists between spirituality and psychological resilience as described in the literature. This research was guided by three questions listed in the following paragraphs.

Hypothesis

The U.S. Army should place significant emphasis on spiritual resilience to improve the readiness of soldiers and units.

Primary Research Question

The primary research question was “Is spirituality related to psychological resilience within resilience literature?”

Secondary Research Questions

The secondary research questions were:

1. How does the literature describe the relationship between spirituality and psychological resilience?
2. What is the influence of spirituality on psychological resilience as described in the literature?

Synopsis of Methodology

The methodology used was content analysis of select literature published over the last 15 years. This qualitative approach was chosen because the author did not have access to or the background and training to conduct a research study of veterans with mental health issues. Taking the work of others and analyzing their research studies in view of what Army regulations say on resilience and readiness will give readers an understanding of the relationship of spirituality and soldier and unit readiness. Content analysis is a methodology which takes meaningful phrases or sentences and arranges them into categories and themes, which the researcher can use to find the deeper meaning from what the aggregate findings of research says on spiritual resilience. These themes were analyzed against the six competencies of resilience. The result from the content analysis lets the reader understand the relationship between spirituality and soldier resilience.

Definitions and Terms

Spirituality - an individual's core sense of purpose, which is based on shared values and beliefs about their personal identity and contributes to their sense of dignity, meaning, and philosophical connections to humanity with no reference to God or other deity.

Religion - a personal set or institutionalized system of attitudes, moral or ethical beliefs and practices held with the strength of traditional views, characterized by ardor and faith, generally evidenced through specific observances.

Resilience - mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn, and grow from setbacks.

Limitations and Delimitations

Some limitations exist for this research. First, this research used secondary data analysis with data previously obtained regarding soldiers with mental health issues and data that shows the effectiveness of the Army's resilience training program.

This research was also limited in scope to the methods that each researcher used in their study. Quality of the studies and threats to validity may be greater in some articles than in others. Though each study was conducted differently, they all still contribute to the topic.

The review of doctrine was limited to current U.S. Army regulations, manuals, and other publications. The author considered no other Armed Service Agency's doctrine.

Chapter Summary

This chapter introduced the problem of the unknown relationship between spirituality and resilience within the literature. Low levels of resilience among soldiers have a secondary effect of maintaining readiness in the U.S. Army as soldiers combat mental health issues. Since about 12% of soldiers are unable to deploy, keeping ready formations is difficult (Scaletty 2017). The purpose of this research was to determine if a relationship exists between spirituality and psychological resilience as described in the literature. Content analysis was the methodology used to analyze research article's themes against the six competencies of resilience. In the next chapter, the author reviewed literature related to resilience and readiness within the U.S. Army and examined researchers' works on integrating spirituality into treatment of soldiers with mental health issues.

CHAPTER 2

LITERATURE REVIEW

Chapter Introduction

The search for literature on the relationship between spirituality and resilience led to writings on soldier mental health outcomes. Several journals published authors' works in studying the effects of integrating spirituality into secular mental health treatment. Searching keywords such as spirituality, resilience, mental health, PTSD, depression, suicide, soldier, and veteran helped to refine the search criteria. The author kept the date of search criteria to the last 10-15 years with few exceptions. Many researchers conducted studies in assessing PTSD levels of individuals before and after a spiritually integrated treatment program. Others assessed a soldier's resilience level and the relationship to positive and negative behaviors. The purpose of this research was to understand the relationship between spirituality and psychological resilience. A review of the literature answered the primary research question of "Is spirituality related to psychological resilience within resilience literature?"

Spirituality and the Effect on Mental Health

Many researchers and psychologists have studied the effects of spirituality on mental health issues. In 2015, researchers at the National Center for PTSD, a branch of the U.S. Department of Veterans Affairs, examined the ability of spirituality to predict combat-related PTSD outcomes of 532 U.S. veterans (Currier, Holland, and Drescher 2015). Patients were assessed at the beginning of a 60-90 day residential treatment program and then again at discharge. The researchers attempted to find if

religion/spirituality had a direct effect on how well the patient dealt with PTSD or if a patient's PTSD had a direct effect on their religion/spirituality. The researchers used the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; Fetzer Institute 1999) to assess a patient's religion/spirituality. The BMMRS measured items such as a patient's forgiveness, private religious practices such as prayer and meditation, religious coping and attendance at religious services. Currier, Holland, and Drescher (2015) measured the levels of PTSD using the PTSD Checklist (PCL) – Military version. The results indicated a baseline spirituality contributed to significantly lower severity of PTSD at discharge. The study results also indicated the cross-lagged effect of baseline religion/spirituality predicting PTSD at follow-up was stronger than the cross-lagged effect of baseline PTSD predicting religion/spirituality at follow-up. Currier, Holland, and Drescher (2015) were able to give insight to the chicken versus the egg dilemma with regard to spirituality and mental health. Another way to say this is to ask, “Does a person's spirituality level mean they will have better PTSD treatment results, or does good PTSD treatment result in a higher level of spirituality?” According to Currier, Holland, and Drescher (2015), the results indicate the former. The researchers also found that soldiers with spiritual struggles exhibited worse PTSD outcomes. Demographics did not play a factor in the outcome of the results (Currier, Holland, and Drescher 2015). This study is significant because the results suggest the relationship between spirituality and PTSD symptoms is due to the effect that spirituality has on PTSD and not vice-versa. The evidence suggested that spirituality factors were predictive of later PTSD symptom severity supporting a spiritually integrative approach to treating PTSD.

PTSD is not the only mental health issue that spirituality may affect in a positive manner. A survey in 2012 of over 24,000 active duty military personnel sought to determine the extent to which spirituality is associated with mental health problems and whether it moderates the relationship between combat exposure/deployment and a) depression, b) PTSD, and c) suicidality (Hourani, Williams, Forman-Hoffman, Lane, Weimer, and Bray 2012). Hourani et al. (2012) randomly selected volunteers from active duty military personnel in the Army, Navy, Air Force, Marines, and Coast Guard. Each participant completed a 32-page anonymous self-report questionnaire. The questions included demographics questions, and other questions related to the following variables: level of spirituality, deployed versus not deployed, exposure to combat, stress-coping strategies, depression, PTSD, and suicidal ideation and attempts. Overall, the results indicated a soldier's spirituality had a positive influence on depression but not on suicidality. This relationship remained consistent while controlling for demographics, coping behaviors, and combat exposure. There was little support that high spirituality would moderate the relationship between high combat exposure and mental health outcomes. Hourani et al.'s (2012) findings also revealed high levels of spirituality had a significantly pronounced buffering effect on those participants who suffered from depression and PTSD symptoms and with low to moderate combat exposure. This category of low/moderate combat exposure meant that respondents had seen between 1 to 9 occurrences of either incoming fire, mines, improvised explosive devices, firing on the enemy, viewing dead bodies or human remains, interacting with enemy prisoners of war, and similar circumstances. The researchers also identified the need for further evaluation

of potential interventions including spiritual resilience programs implemented by the military (Hourani et al. 2012).

Veterans from Vietnam, Korea, and the first Gulf war volunteered for a spiritually based group intervention for PTSD studying the feasibility, effect sizes, and satisfaction of mantra repetition (Bormann, Thorp, Wetherell, and Golshan 2008). Mantram is a spiritual practice using a sacred word or phrase and repeating it over and over during the day. Researchers thought this could help in managing combat related symptoms of PTSD in veterans. Two randomized groups formed 29 male veterans ranging in age from 40 to 76 years. No significant differences in race, age, level of education or income, or self-described levels of spirituality or religion were noted (Bormann et al. 2008). The intervention group participated in 6 weeks of 90-minute sessions educating on PTSD symptoms and skills on how to choose and repeat a mantra. Veterans chose from a list of ancient mantras that fit any of their pre-existing beliefs or philosophy or something that they longed to experience. The intervention group continued with usual medical care and provider visits without interruption of medication management. The delayed-treatment control group continued their normal medical care treatments without interruption of any medication management as well (Bormann et al. 2008). To measure PTSD symptom severity, researchers used both the Clinician-Administered PTSD Scale (CAPS) and the PCL as well as other symptoms of psychological distress including the Brief Symptom Inventory-18 and the State-Trait Anger Expression Inventory-2 (Bormann et al. 2008). The same two instructors taught the manual-based intervention to ensure consistent delivery. Retention to the program was high suggesting that the intervention was acceptable. The findings demonstrated large effect size on both self-assessed PTSD

severity using PCL and psychological distress, and a medium effect in anger expression. Clinician assessed PTSD symptom scores improved less dramatically (Bormann et al. 2008). The results of the feasibility, effect size, and patient satisfaction of the program all point to the potentially positive results that a spiritually integrated treatment of mental health can have for veterans in reducing PTSD symptoms. Bormann et al. (2008) noted that because this study did not include any veterans from the wars in Iraq or Afghanistan, further research is needed.

In an article in the American Academy of Child and Adolescent Psychiatry Journal, Dr. Laura Miller and her colleagues (1997) conducted a longitudinal study between religiosity and depression. The study presented data from the offspring of both depressed and non-depressed subjects to determine if religion or spirituality influenced the onset and course of major depression over a 10-year period (Miller, Warner, Wickramaratne, and Weissman 1997). They learned among individuals who affiliated as either Protestant or Catholic, patients who reported religion or spirituality as highly important were 76% less likely to experience recurring major depression. Researchers labeled patients high risk if they had a parent who experienced depression. These patients experienced the protective effect most frequently. Dr. Blazer (2012) used Miller et al.'s research and others to note that this study represented an apparent growing body of literature supporting the benefits of spirituality to decreasing the frequency and recurrence of depressive disorders. Researchers found three conclusions: 1) Individuals with no religious affiliation are at greater risk for depressive symptoms and disorders, 2) people involved in their faith communities may be at reduced risk for depression, and 3) private religious activities and beliefs are not strongly related to risk for depression

(Blazer 2012). Blazer also stated that the results of empirical studies such as this should not be overgeneralized or used as a proof of concept for interventions.

Captain Natalia Wade, a licensed clinical social worker at the Dwight David Eisenhower Army Medical Center at Fort Gordon, Georgia, found that spirituality could be an added benefit when integrated with Cognitive Processing Therapy (CPT) among veterans treated for PTSD (Wade 2016). An effective treatment of PTSD in soldiers is using an evidenced-based treatment protocol like CPT. According to one study, 40% of service members receiving CPT no longer met criteria for PTSD and 50% demonstrated a clinically significant reduction in PTSD symptoms at post treatment assessment one month later (Monson, Schnurr, Resick, Friedman, Young-Xu, and Stevens 2006). However, CPT does not address spirituality directly nor is spirituality part of the typical treatment. Wade (2016, 65) asserted that Spiritually Informed Cognitive Processing Therapy (SICPT) can be used to “encourage and increase personal and spiritual well-being and to develop a spiritual identity consistent with core beliefs and values, while decreasing the symptoms of PTSD.” SICPT makes use of the scriptures, spiritual or religious imagery, and references to theology to help dispute irrational thoughts. However, many behavioral health providers are reluctant to address the spiritual and religious needs of their patients because they are unsure how to do so within ethical standards (Drescher, Nieuwsma, and Swales 2013). There is a general lack of training in this domain according to Drescher, Nieuwsma, and Swales (2013). Very few APA-accredited clinical programs address religion or spirituality systematically and some do not address the subject at all (Wade 2016). One can argue that CPT and other traditional mental health therapies can be used to treat PTSD and other disorders. However, Dr.

Michelle Pearce et al. (2018) state one of the factors that impede the effectiveness of PTSD treatment is moral injury.

Moral injury is defined as “the damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress their own moral and ethical values or codes of conduct” (Syracuse University 2019). Moral injury can express itself psychologically as shame, guilt, or rage and spiritually as moral concerns, loss of meaning, self-condemnation, difficulty forgiving, loss of faith or loss of hope (Koenig, Boucher, Oliver, and Youssef 2017). If moral injury and other spiritual struggles are common among those with combat related PTSD, then an intervention that specifically addresses a patients’ spirituality and moral injury needs to be considered to effectively reduce PTSD symptoms (Pearce et al. 2018). Wade (2016) believes that incorporating spirituality with CPT in individuals with a religious or spiritual worldview can better mitigate PTSD symptoms.

Dr. J. Irene Harris et al. (2011) assembled 54 veteran volunteers for an 8-session, spiritually integrated group intervention called Building Spiritual Strength (BSS). Authors designed this therapy to address religious strain and enhance religious meaning making for combat trauma survivors. The 54 volunteers were comprised of a very diverse group. The sample included Protestants, Catholics, Buddhists, Jews, or other religious identification, and others who were still searching for religious affiliation or practiced a personal, individual spirituality. The average age of participants was 45 years. Researchers split participants into two groups. One group was the intervention group while the other was a control wait-list group. Group leaders who led BSS were doctoral-level psychologists with specialization in spirituality (Harris et al. 2011).

BSS is an inter-faith, spiritually integrated group intervention for military or civilian trauma survivors (Harris et al. 2011). It draws on participants pre-existing faith resources to manage trauma's impact. BSS does not attempt to convert non-believers nor does it attempt to change one's religious affiliation. Instead the intervention "assists trauma survivors in recognizing and resolving spiritual concerns that can contribute to distress, while enhancing areas of spiritual functioning that are contributing to positive adjustment" (Harris et al. 2011, 3). Researchers asked participants to keep a prayer log or a meditation log for non-theists. The group also discussed theodicy or existence of evil, forgiveness, conflict resolution, prayer/meditation development and practices and emphasizing the effectiveness of active versus avoidant spiritual coping. Trauma was measured using the Traumatic Life Events Questionnaire (TLEQ) and was administered only during the initial interview. Researchers used the PTSD Checklist (PCL) to measure PTSD symptomology and administered it at baseline and after the 8 weeks of participation in both the control and intervention groups (Harris et al. 2011).

Data supported the hypothesis that BSS would significantly reduce PTSD in veterans who participated in the program (Harris et al. 2011). This conclusion is consistent with similar studies where spirituality has a positive effect when integrated into treatment (Currier, Holland, and Drescher 2015; Hourani et al. 2012; Smith-MacDonald et al. 2017). There may be other factors involved in the positive outcome of the BSS program. Self-selection to the program may be a factor in that only veterans who are interested in spirituality would likely volunteer. Other therapeutic factors, such as identifying with other veterans with similar concerns, support from the group and leaders, and the known positive health effects of journaling may have also contributed to the

positive outcomes (Harris et al. 2011). Approximately 15% of the veterans were applying for disability benefits, which may have impelled them to keep their symptoms in support of a disability claim. In addition, this study included veterans with military trauma rather than a clinical diagnosis of PTSD. As a result, the baseline PCL scores were lower and there may not have been as big a reduction after the 8-week program compared to a different selection of participants (Harris et al. 2011). As Captain Wade (2016) and Lt Col Friedman (Pham 2018) have pointed out, Harris et al. (2011, 10) agree that spirituality complemented by traditional trauma recovery treatment plans may be “especially appropriate when conventional mental health providers recognize the spiritual needs their clients present but lack the expertise, time, or inclination to provide spiritually oriented interventions.”

Dr. Lorraine Smith-MacDonald et al. (2017) examined the results of 43 research studies interviewing over 22,000 U.S. and Canadian veterans to find the effect spirituality has on mental well-being. Researchers extracted these studies from over 6500 publications using controlled vocabulary and free-text search terms without limitations on study design, publication year, or language. Researchers used a narrative synthesis approach to aggregate the findings. Smith-MacDonald et al. (2017) assessed for quality among the studies and found only six studies had what they deemed a moderate or strong quality rating. Much of this is due to lack of indicators of measurement or hypothesis testing without accompanying information. Nevertheless, their results identify a small to large improvement in PTSD symptomology, depression, and quality of life (Smith-MacDonald et al. 2017). Of four studies, which examined the difference among veterans between those with PTSD and those without PTSD, three studies demonstrated

significantly lower positive spirituality scores for those with PTSD. One study did not report a difference (Smith-MacDonald et al. 2017). Among suicide ideations, eight studies indicated poorer spiritual health, increased spiritual distress, fewer religious practices and lower scores in forgiveness, organizational religiousness, and more frequent use of negative religious coping compared to non-ideators. However, there were no differences in daily spiritual experiences, private religious practices, and positive religious coping (Smith-MacDonald et al. 2017). Among six studies, which evaluated depression, higher scores for positive spirituality were associated with lower depression scores in four studies and the other two studies did not have significant differences. Negative spirituality scores were associated with depression in three studies and negative religious coping predicted higher depression scores (Smith-MacDonald et al. 2017). The large majority of these studies suggested that spirituality plays a supportive role in alleviating mental health issues. Smith-MacDonald et al. (2017, e1937) said, “Although spirituality has a potential effect on each of these areas, spirituality is often commandeered within a family of mental health resources, rather than being recognized as a separate health domain.” In addition, when clinicians assess veterans at mental health intake, they typically ask a singular question on religion or spirituality. Smith-MacDonald et al. (2017) suggest that this is inadequate for two reasons: first, because veterans require a safe and trusting place to disclose their spiritual issues, and secondly because a single static question is likely to fail in properly assessing spiritual coping. The researchers also recommended that U.S. Army chaplains play a bigger role in addressing spiritual coping because “chaplains in collaboration with other mental health

professionals could promote, support, and provide service which enhance veterans' use of positive spiritual coping" (Smith-MacDonald et al. 2017, e1938).

Religious Rights in the Military

Before looking at what effect spiritual resilience has on soldiers and unit readiness, it is important to understand the background of religious rights in the military. In 1775, the members of the Continental Congress recognized the need for a Chaplain Corps and authorized the Continental Army commanders to establish the Chaplaincy to serve soldiers spiritual needs (Army History 2015). The mission of the Chaplain Corps is to provide religious support across unified land operations by assisting commanders in the responsibility to provide free exercise of religion, and to provide religious, moral, and ethical leadership (Chaplain Corps 2018). Commanders often call chaplains to tend to the spiritual and religious needs of the soldiers within their units. This includes improving their spiritual resilience (HQDA 2015, 8).

Merriam-Webster defines resilience as "an ability to recover from or adjust easily to misfortune or change" (Merriam-Webster 2018). The U.S. Army's doctrinal definition of resilience is "mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn, and grow from setbacks" (HQDA 2014, 6). Both definitions deal with experiencing a challenge in life and being able to recover, learn, and grow from that experience.

The Comprehensive Soldier and Family Fitness Program

The regulation covering resilience, which includes spiritual resilience, is Army Regulation 350-53, Comprehensive Soldier and Family Fitness. Commonly referred to as

CSF2, this regulation prescribes policies, procedures, and responsibilities for developing, managing, and conducting Army resilience. It also discusses the education, training, and implementation of the program. The goal of CSF2 is to increase resilience and performance enhancement skills by building on the following five dimensions of strength: physical, emotional, social, spiritual, and family. The spiritual dimension of strength is “identifying one’s purpose, core values, beliefs, identity, and life vision. These elements enable one to build inner strength, make meaning of experiences, behave ethically, persevere through challenges, and be resilient when faced with adversity” (HQDA 2014, 7-8). It is important to understand what CSF2 is and what it says on the matter of spiritual resilience. Spiritual resilience is the primary means of building skills and behaviors to promote resilience and long-term health.

The GAT and MRT

Master Resilience Training is the program for resilience and the Global Assessment Tool (GAT) is the instrument to evaluate the program. This tool is a self-awareness assessment combining health and fitness metrics, such as the Army Physical Fitness Test and blood pressure, with a survey questionnaire dealing with the five dimensions of strength. GAT results, which have been found to be valid and reliable measures of psychological resilience, provide feedback and specific suggestions about resilience skills and behaviors that could be further developed (Lester et al. 2011a). Additionally, the soldier can also view results from previously taken GAT assessments (HQDA 2014, 8).

The GAT is closely tied with the training modules of the resilience program. Once a soldier completes the GAT, there are several recommendations for further training

based on the five dimensions of strength and the performance triad of sleep, activity, and nutrition. An example of a recommendation for spiritual fitness is to “Hunt the Good Stuff.” Hunting the good stuff is one of the 14 skills of resilience. Hunting the good stuff means to develop an attitude of positivity and to actively pursue the good things in life. Another recommendation under the spiritual fitness dimension is to “Practice Mindfulness.” This involves developing an awareness of one’s own thoughts and feelings. A soldier’s “introspection and self-awareness can be cultivated through contemplative practices from varied religions, as well as through secular techniques of meditation” (Army Fit 2017b).

The second mandatory annual training requirement is Master Resilience Training. An MRT trainer conducts this training. The MRT is an officer or non-commissioned officer who has received level 1 training via a 10-day course (HQDA 2014, 9). The MRT serves as the commander’s primary trainer on the operational resilience training modules. The MRT has replaced the chaplain as the primary unit trainer (HQDA 2014, 11). MRT training is comprised of 6 competencies and 14 skills. The six competencies are self-awareness, self-regulation, optimism, mental agility, strengths of character, and connection. The 14 skills are goal setting, hunt the good stuff, actions/thoughts/consequences model, energy management, avoid thinking traps, detect icebergs, problem solving, put it in perspective, mental games, real-time resilience, identify strengths in self and others, character strengths: challenges and leadership, assertive communication, and effective praise and active constructive responding (Army Fit 2017a). Each soldier is required to receive the training annually from a qualified

MRT. As you may ascertain, this is a large amount of material to cover in a single year's time.

The Army spent over \$117 million in 2009 on an initiative to give soldiers tools to help make them more ready and resilient (Blake 2009). Soldiers face many challenges that are unprecedented and that are increasing in scale (Goldberg 2013). If readiness is the number one priority, military leaders should seek every advantage to ensure a ready and resilient force.

Six Competencies of Resilience

The U.S. Army resilience program is comprised of training that supports six core competencies. Each skill that a soldier learns supports one or more of those competencies. The idea of the training is that the soldier is able to learn a skill such as “Hunting the good stuff” and see that the skill relates to the competency of optimism. After practicing this skill in the soldier's daily life, he or she has reinforced positive behaviors that support psychological resilience.

Self-awareness is the ability to identify thoughts, emotions, and patterns in thinking and behavior, particularly counterproductive patterns. This competency is designed to make a soldier more aware of what they think, do, and say. Self-awareness is essential for resilience. Soldiers can be more effective by being aware of thoughts, feelings, and reactions to circumstances (Army Fit 2017a).

Self-regulation involves regulating impulses, emotions, and behaviors to achieve goals and prevent feelings of helplessness. A soldier with good self-regulation habits can stop counterproductive thinking. Self-regulation includes delaying or denying immediate gratification for future results (Army Fit 2017a).

Optimism is the ability to hunt for what is good, remain realistic, identify what is controllable, maintain hope, and have confidence in self and team. Optimism counters the negativity bias which causes soldiers to spend more time processing negative information than positive information. An optimistic attitude allows soldiers to focus on the good instead of the bad in bad situations. An optimistic attitude helps to keep soldiers in the fight and willing to work hard under tough circumstances (Army Fit 2017a).

Mental agility is the ability to think flexibly and accurately, identify and understand problems, take other perspectives, and a willingness to try new strategies. Mental agility involves looking at situations from multiple angles. Soldiers live in a complex world where situations are in constant flux and being flexible, accurate, and thorough in their perceptions enhances the likelihood of success. Inaccurately assessing the cause of a problem reduces the chance of solving the problem (Army Fit 2017a).

Strengths of Character means understanding an individual's top strengths and how to use them to overcome challenges and meet goals. Having faith in one's strengths, talents, and abilities improves the chances of success. Every soldier has character strengths that can be used to their advantage and adds value to knowledge of skills and talent. Being "Army Strong" is more than just physical strength; it is also strength of character (Army Fit 2017a).

Connection is having strong relationships, positive and effective communication, empathy, supporting others, and a willingness to ask for help. Empathy is being aware of, and understanding, another soldier's feelings. Having empathy for what another soldier is going through communicates care for a soldier and a willingness to help them. Likewise,

asking for help communicates trust in another soldier and a belief that you will benefit from their guidance and support (Army Fit 2017a).

These six competencies of resilience are communicated frequently within the MRT skills. MRT skills increase a soldier's ability to cope with stress, overcome setbacks, solve problems, remain task focused, perform under pressure, and increase confidence (Army Fit 2017a).

Resilience and Outcomes

Researchers completed an evaluation of the effectiveness of the military's resilience program in 2010 and divulged information within four reports starting in February 2011. Each report examined the relationship of reported resilience and soldier health and behavioral outcomes. Researchers evaluated resilience levels using the GAT. Once a soldier completed the GAT, they received feedback via the Soldier Fitness Tracker – the information technology platform and database developed by CSF2. The Soldier Fitness Tracker provides scores in a bar chart form, with one bar for each dimension (emotional, family, social, spiritual). The Brief Multidimensional Measure of Religiousness/Spirituality measured the spiritual fitness dimension (Fetzer Institute 1999). Soldiers respond to questions such as “I am a spiritual person,” “My life has a lasting meaning,” “I believe that in some way my life is closely connected to all humanity and all the world,” “The job I am doing in the military has lasting meaning,” and “I believe there is a purpose for my life” (Lester et al. 2011a, 13). GAT scores are not made public to commanders nor are they used to evaluate for promotion or other positive or negative consequence. The GAT is a self-awareness tool used for self-development.

The first report from Lester et al. (2011a) assessed the relationship between resilience and negative soldier behaviors, specifically suicide, violent crimes, and drug use. Researchers looked at de-identified GAT scores taken in the year 2010 from soldiers who had completed suicide, tested positive by urinalysis for illicit drugs or who had committed a violent crime (Lester et al. 2011a). Then they compared those scores with soldiers without the negative outcomes. After screening the data for invariant responses, ie. those soldiers who responded with the same numbered response no matter what the question was, the selection size of soldiers who committed suicide was 85. Conversely, approximately 791,000 soldiers completed the GAT but did not commit suicide. The results showed that resilience levels were significantly higher in each of the four dimensions of fitness among the living soldiers (Lester et al. 2011a). The sample size for soldiers who tested positive for an illicit drug and had usable GAT scores was 3,069 compared to approximately 788,000 soldiers who did not test positive for drug use. Soldiers who did not test positive for drug use scored significantly higher in each of the four dimensions. The same results were true for soldiers who had not committed violent crimes (791,000 soldiers) versus those who had (132 soldiers); the former scored significantly better on the GAT (Lester et al. 2011a). The overall results of these analyses point to the soldiers who committed suicide, tested positive for drug use, or committed violent crimes were significantly less resilient in each of the four dimensions of psychological fitness than their counterparts were. Those same soldiers reported lower levels of spiritual fitness, less satisfied with their family situation, have weaker friendships, less optimistic, are depressed or lonely, and tend to think in more catastrophic terms. Lester et al. (2011a, 18) concluded that the GAT could effectively

measure resilience regarding soldier fitness and negative behavioral outcomes, which “have strong implications for both individual soldier fitness and the overall readiness of the force.”

The second in a series of four reports from the Army’s CSF program examined the relationship between soldier behavioral outcomes and resilience and psychological health (R/PH), namely, the positive behaviors of the Army officer corps. Lester et al. (2011b) wanted to know if a statistical relationship occurred between R/PH and officer promotions, selection for key command and staff positions, or to professions that require terminal degrees (e.g. medical doctors, dentists, veterinarians, scientists, and lawyers). The researchers expected each of these positive outcomes to have soldiers who have a greater level of R/PH than their counterparts do. The criteria for officer promotions were officers promoted below the zone to Brigadier General and field grade officers (Majors, Lieutenant Colonels, and Colonels). Officers selected in this process typically promote one or two years ahead of their peers, commonly referred to as “BZ” promotions. Promotions to Brigadier General average about 3% of eligible Colonels and BZ promotions are generally 5% or less of eligible officers. Both of these categories represent a strong indicator of a high performing officer (Lester et al. 2011b). Researchers obtained officers’ files from the Army Human Resource Command along with the corresponding de-identified GAT responses for each officer. The team conducted the same process as discussed in the first report of “cleaning” the GAT data for invariant responses. The team used Cohen’s d statistics (Cohen 1992) to describe the differences between groups’ scores. Scores greater than or equal to .80 are large in size, less than .80 but greater than or equal to .50 are moderate in size, less than .50 but greater

than or equal to .20 are small yet nontrivial in size, and those scores below .20 are considered trivial in size. In the first analysis, Lester et al. (2011b) looked at 103 GAT responses of officers promoted to Brigadier General from 2005-2011 compared to 799 Colonels who have been in grade for 4 years or longer but have not been promoted to Brigadier General. The results showed that Brigadier Generals scored significantly higher in each of the four dimensions (emotional, family, social, and spiritual fitness). The spiritual fitness dimension scored .24 (Lester et al. 2011b).

In the second analysis of field grade officers promoted BZ, researchers examined records and GAT scores for 886 Majors, 512 Lt. Colonels, and 173 Colonels. Those scores were rank matched to 21,955 Majors, 6,527 Lt. Colonels, and 2,339 Colonels who never received a BZ promotion. Although BZ officers had higher R/PH in three dimensions, spiritual fitness did not show a significant difference. In fact, the spiritual fitness scores were -0.14 for Majors, 0.03 for Lt. Colonels, and 0.12 for Colonels (Lester et al. 2011b).

The third analysis examined officers selected for a centralized selection list (CSL) key command or staff position. The top 10% of eligible officers generally hold these positions. Again, files from the Human Resource Command and GAT scores for officers from 2005 to 2011 were screened for invariant responses. Overall, researchers compared 1,245 CSL Lt. Colonels and Colonels to 5,556 Lt. Colonels and Colonels who were not selected (Lester et al. 2011b). Then the team compared scores of 869 CSL Lt. Colonels compared to 3,450 Lt. Colonels not selected, as well as compared 373 CSL Colonels versus 2,106 Colonels not selected. Not surprisingly to the researchers, officers on the CSL scored significantly higher in all four dimensions than those not selected (Lester et

al. 2011b). For Lt. Colonels, the CSL group scored higher in emotional, family, and social fitness, but researchers noted no significant difference in spiritual fitness, as the score was 0.06. The analysis for Colonels on the CSL showed significantly higher scores in all four dimensions, with a “small” effect size found in emotional, social and spiritual fitness, which was 0.26 (Lester et al. 2011b).

The fourth and final analysis in this report measured the R/PH of soldiers with advanced degrees. The officers in career fields that require an advanced education typically receive the degree outside of the military, although some do learn their craft after entering service (Lester et al. 2011b). Researchers looked at scores from the ranks of Captain through Colonel as professional degree holders usually enter service as Captains and typically advance no further than Colonel. They surveyed 4,576 medical doctors; 1,241 dentists; 552 veterinarians; 551 scientists; and 2,358 lawyers compared to 70,638 officers who were not of these professions. Overall, the findings did provide any clear patterns of significant differences, although scientists scored significantly higher on the sub scales of good coping, optimism and spiritual fitness. Lester et al. (2011b) noted that despite the literature linking resilience to advanced education, the results did not show the same for Army officers in this case. Additionally, R/PH may be less about motivation and intelligence and rely more heavily on “one’s ability to process and make meaning of events, a skill that can be learned formally in educational setting or informally in training and operational settings” (Lester et al. 2011b, 17)

Lester et al. (2011b) expectations largely supported high performing officers that show significantly higher levels of R/PH. The data supported that Brigadier Generals tended to be more engaged with their work, had stronger friendships, were more

optimistic, and tended to trust the Army more. The same analysis held true to BZ promotions for field grade officers. Those officers on the CSL showed nearly one half ($d=.46$) a standard deviation higher in optimism than their peers (Lester et al. 2011b). While resiliency is not a prerequisite for promotion or selection to key assignments, it does appear that the Army's highest performing officers are among the most resilient members of the Army. The results of this report also show that an officer does not need an advanced degree to achieve the same level of resilience and psychological health as their peers (Lester et al. 2011b).

In a third report, which evaluated the effectiveness of the Comprehensive Soldier Fitness (later changed to Comprehensive Soldier and Family Fitness) program, researchers set out to evaluate how CSF improves the resilience and psychological health of soldiers (Lester et al. 2011c). Specifically, four broad evaluation questions would answer their hypothesis: “1) Do soldiers in units that received training from MRTs report higher R/PH scores than soldiers who were not trained by MRTs? 2) Over time, do the R/PH scores of soldiers exposed to MRT training improve at a greater rate than soldiers not exposed to the training? 3) Which demographic or contextual variables, if any, enhance the effectiveness of MRT training? and 4) Does the effectiveness of the training depend on whether MRTs formally train their units? Is the training more effective when MRTs feel better prepared to train and when they feel they have the support of their Command” (Lester et al. 2011c)? In order to assess these questions, researchers sent a group of soldiers to the MRT 80-hour course. The newly trained MRTs taught the prescribed curriculum to their respective units 3 times over a 15-month period. The first time was upon arriving back from the course, then again at 8 months later, and finally 6

months later again. Four Brigade Combat Teams (BCTs) received one MRT per roughly 100 soldiers who taught the resilience training, which was the treatment condition. Four BCTs did not receive an MRT but took part in the study, referred to as the control condition (Lester et al. 2011c). Because of the high attrition rates due to one reason or another, the number of soldiers in the study from baseline training, to 8 months later (Time 1), and finally at 15 months (Time 2) significantly dropped off. The total number who remained in the study was 6,739 in the treatment condition and 3,218 in the control condition (Lester et al. 2011c). The percentage of maximum possible scores showed the results, which transformed raw mean scores to a number that represented the percentage of the total possible score.

To answer the first question in this report, researchers compared R/PH scores taken via the GAT between the treatment and control condition groups after both Time 1 and Time 2. Time 1 did show significant differences between the control groups; however, Lester et al. (2011c) highlighted the differences at Time 2. The treatment condition was significantly higher in both Emotional Fitness (1.31%) and Social Fitness (.66%). After computing for size of effect between the conditions to evaluate meaningful differences, the effect size was small. Although, Lester et al. (2011c) pointed out that small effect sizes do not necessarily mean that the treatment had a small impact as seen in the first two reports (Lester et al. 2011a, 2011b).

Next, researchers studied the changes from Time 1 to Time 2 comparing the treatment and control groups. Researchers observed significant differences between the treatment and control groups in five dimensions/subscales in R/PH. Emotional Fitness (.54%), good coping (.71%) and friendship (2.10%) all demonstrated an increase in score

for the treatment group. Catastrophizing (.99%), negatively scored, showed a significant improvement for the treatment group. Finally, character (1.82%) showed a protective effect as the control group scores dropped significantly from Time 1 to Time 2 suggesting that MRT may guard against natural decline in character fitness (Lester et al. 2011c).

Researchers assessed two demographic variables – age and gender, and two contextual variables – leadership and unit cohesion to answer the third question of “Which demographic or contextual variables, if any, impact the effect of MRT training?” Researchers classified a young age group as 18-24 and the older category as over 24 years old. MRT training proved to be more effective for younger soldiers. In fact, the results showed that with the younger age group, there were significant differences in 11 of the 19 fitness dimensions/subscales (Lester et al. 2011c). Researchers explained one possible reason for the difference in score between the younger and older groups is “because training is occurring at a time when younger soldiers are still maturing cognitively, when there might be a good fit between training and developmental processes” (Lester et al. 2011c, 20). There were no meaningful differences observed in spiritual fitness. The analysis related to gender showed no relationship between gender and MRT training. As far as the contextual variables, the results showed that unit leadership only moderated the effects of MRT training for catastrophizing and unit cohesion did not moderate the effects of MRT training (Lester et al. 2011c).

Regarding the last question to be answered asking the frequency and scope of the training, MRT training had a greater effect on soldiers 18-24 years of age than soldiers older than 24. When MRTs formally implemented training and felt prepared to train the curriculum, there was a significant impact on emotional fitness, character, social fitness,

friendship, organizational trust, and loneliness. In addition, having the support of their command greatly influenced emotional fitness and good coping scores (Lester et al. 2011c).

Researchers were unable to determine which of the 12 MRT skills (14 MRT skills today) influenced the R/PH scores the most. Lester et al. (2011c) provided two potential directions for the CSF program in light of their findings. First, the Army should capitalize on the findings that emotional and social dimensions improve R/PH as a result of MRTs training the curriculum and improving these two areas. In addition, Army leadership may want to address the family and spiritual components of the program to strengthen these areas to address in full all four dimensions of R/PH.

The fourth and final report from the Comprehensive Soldier and Family fitness program aimed to determine the relationship between resilience training and diagnoses for mental health or substance abuse problems. Researchers also determined whether soldiers' R/PH mediated this relationship. Harms et al. (2013) hypothesized that soldiers exposed to MRT trainers in their units would report higher R/PH and that those soldiers would have reduced odds of receiving diagnoses for mental health and substance abuse issues. This final report built on the findings in report #3 (Lester et al. 2011c). The researchers did not think that R/PH is an inflexible trait, but rather something that can be taught, practiced, and developed over time. Three evaluation questions were posed: "1) Do soldiers in units with MRT trainers experience lower rates of mental health problems and substance abuse problems?, 2) Does soldier R/PH mediate the relationship between resilience training and diagnoses for mental health problems?, and 3) Does soldier R/PH

mediate the relationship between resilience training and diagnoses for substance abuse problems” (Harms et al. 2013, 10)?

In this report, researchers chose to assess soldiers R/PH level by choosing six dimensions given their relevance to the MRT curriculum (adaptability, catastrophizing, character, good coping, friendship, and optimism. With the exception of catastrophizing, which scored negatively, researchers scored GAT results so higher scores represented higher levels of R/PH (Harms et al. 2013). Because deployments are frequent among soldiers, researchers had to account for the likelihood that combat experiences during this study might affect R/PH. Researchers collected the Post Deployment Health Assessment questionnaires and subsequent data from January 2008 to December 2012. Gender, age and rank (enlisted vs. NCO and Officer) were the demographic variables.

To examine mental health and substance abuse related diagnoses, researchers used de-identified data from the U.S. Army Medical Department’s Patient Administration Systems and Biostatistics Activity. International Statistical Classification of Diseases and Related Health Problems (ICD-9) codes showed a soldier’s diagnosis for anxiety, depression, PTSD, alcohol-abuse, and drug abuse (Harms et al. 2013). Researchers assessed these diagnoses as related to the deployment if it happened within 120 days following a soldier’s return home. Therefore, researchers ensured that the 5,581 soldiers who had deployed were back home for 120 days before computing whether they had been diagnosed with a mental health or substance abuse problem (Harms et al. 2013).

Within the eight brigade combat teams selected, 22,008 soldiers initially participated in the evaluation. Seven hundred fifty-two soldiers gave invariant responses and another 3,318 did not consent to have their data used for research. Of the 17,938

soldiers left who took the GAT at time 1 (October 2010), only 8,564 soldiers also completed the GAT at time 2 (April 2011). Soldiers who deployed but returned before MRT training began might have received a diagnosis before the resilience training began (Harms et al. 2013). The final sample size was 7,230 participants. The final sample had 4,983 soldiers in the training condition (units with MRT trainers) and 2,247 soldiers in the non-training condition (units without MRT trainers). Harms et al. (2013) also noted that R/PH scores across the two conditions did not differ in their initial levels when taken at time 1. It is also important to note that each group had roughly the same percentage of soldiers that deployed, 36% for training condition and 37% of non-training condition, within the assessment period.

Researchers conducted the test of multilevel mediation in three steps. First, researchers needed to test the effect of the MRT training on the diagnosis for mental health problems and diagnosis for substance abuse problems. The second test was to the effect of MRT training on soldier R/PH. The third test was to evaluate the effect of the MRT training and soldier R/PH on the diagnoses for mental health problems and diagnoses for substance abuse problems (Harms et al. 2013).

After step 1 of the analysis, the results showed MRT training had no significant direct effect on diagnoses for mental health problems. Step 2 revealed there was an improvement in optimism, adaptability, coping, friendship, and character, and a negative effect in catastrophizing as the researchers expected, however the result was only marginally significant. Researchers found no significant difference between MRT training and diagnoses for substance abuse (Harms et al. 2013). Both optimism and adaptability manifested as potential mediators because they were affected by MRT

training and exerted significant effects on mental health diagnoses. These findings provide evidence that improving either optimism or adaptability can mitigate mental health problems (Harms et al. 2013).

When analyzing for the effect of MRT training and R/PH on substance abuse, the training had a negative effect on diagnoses (Harms et al. 2013). Another way of saying this is the training appeared to reduce the likelihood of diagnoses of substance abuse. One R/PH variable, good coping, emerged as a positive predictor of a diagnoses of substance abuse. Consequently, researchers saw coping as a potential mediator of the effect of MRT training and exerted a significant effect on diagnoses of substance abuse (Harms et al. 2013).

Harms et al. (2013) concluded that MRT training improve various indicators of R/PH and therefore reduced the likelihood of a mental health or substance abuse diagnosis. As soldiers train on resilience, the benefits may appear to be small, but seeing how, over time, the potential for a great impact on the force as a whole is significant. The researchers noted that the findings in this evaluation “contribute to the overall message that interventions designed to help members of the Armed Forces can help lead to improved outcomes for both the individual and the organization” (Harms et al. 2013, 21).

Chapter Summary

Each author’s contribution in the field of spiritual resilience is significant for readers to understand how spirituality may effect a soldier’s resilience and readiness. Several studies conducted in the recent past give insight into the relationship between spirituality and soldier resilience. The overwhelming majority of the articles reviewed here seem to indicate that spirituality has a positive effect on both a soldier’s resilience as

well as post-combat recovery from mental health issues. The evaluation of the MRT program showed positive results for soldiers who exhibited a higher resilience score as indicated in the GAT. An analysis of the content from each article answered the primary research question of “Is spirituality related to psychological resilience within resilience literature?”

CHAPTER 3

RESEARCH METHODOLOGY

Chapter Introduction

The purpose of this research was to evaluate the relationship between spirituality and psychological resilience. To assess the relationship between spirituality and soldier resilience, the selection of a methodology was suitable. A methodology is a path for studying data and answering research questions and problems. A qualitative method was selected for this research. This chapter contains a description of the methodology, why it was chosen, how the data was extracted, and how the data was analyzed.

Content Analysis Methodology

Qualitative research and quantitative research differ fundamentally. Quantitative research's main purpose is in the quantification of data (McLeod 2017). This allows the author to generalize results from a sample to an entire population of interest. Quantitative analysis is statistical in nature and relies on hard numbers to understand a problem. Qualitative research, on the other hand, gains an understanding of underlying reasons and motivations behind a problem. Qualitative research is typically exploratory or investigative in nature. Finding a causal relationship between spirituality and resilience is not the aim. Qualitative research was the best fit for information in this research.

“Content analysis is a research method that provides a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantify specific phenomena” (Downe-Wambolt 1992, 314). Although there are many approaches in qualitative research, content analysis was selected because the author

was making sense of written data. The author used content analysis methodology to answer the primary and secondary research questions.

The literature reviewed in chapter two contains the content the author analyzed in this study. As a research method, content analysis allows the researcher to examine human communication by breaking it down into smaller units of meaning (Bengtsson 2016). This is a process called de-contextualization. These smaller meaning units are words or sentences that allow the researcher to gain insight into answering the research question. The next step is re-contextualization, which is looking again at the text to see if the researcher missed any text of value. Next, the researcher groups the text into categories. The final step of content analysis is development of a table to compile themes from the literature that are distinct from one another. Compilation of the themes involves examining the content from a neutral perspective while attempting to describe the meaning of the text. As part of the compilation of themes, a latent analysis involves the researcher immersing him/herself in the data to identify hidden meanings in the text (Bengtsson 2016).

The author chose content analysis for this study versus a different form of methodology for two reasons. First, the author does not have the access or training to conduct a study of veterans' spirituality and resilience levels. Second, previous research and studies conducted by authors such as those in chapter two provide a contemporary basis for analyzing the relationship between spirituality and resilience. The literature shows the effects that spirituality has on treatment of post-combat mental health issues in veterans. In addition, the research conducted on the effects of resilience training within the military in the last decade is only accessible in a few published written reports.

However, there is very little literature written about the study of training soldiers to grow their spirituality in order to have a protective effect in the event that military trauma happens. A gap in the literature exists in analyzing the relationship between spirituality and a soldier's resilience level. For that reason, the author conducted a content analysis between the effects of spirituality in post-combat stress treatment and its relationship to resilience.

Assembling Literature to Analyze

Mentioned previously, content analysis was the qualitative methodological approach used to understand other empirical research studies. Gathering the literature articles was the first step in this process. When looking across the field of spirituality and its relationship to mental health, the author used little discrimination in selecting articles. Generally, the author chose articles written in English, conducted a survey or study, or provided evidence that contributed to spirituality's effect on mental health issues. The author considered limiting articles for this research to articles written in the last 10 years because Chief of Staff General Casey introduced resilience to the Army in 2009. However, writings on the effects of spirituality on mental health pre-date 2009 and thus a limited number were considered. The Army regulations regarding resilience and evaluations of the resilience program are post-dated 2009.

Of the eleven articles used for analysis, seven are from journals and the remaining four are from technical reports. One article predates the year 2000, zero are from 2000-2004, one is from 2005-2009, six are from 2010-2014, and the final three articles are from 2015-2019.

The author developed Table 1 below to examine the text of each literature source according to the steps described above.

Table 1. Content Analysis Blank Table				
	Meaning Unit	Sub meaning Unit	Category	Theme
Author A				
Author B				
Author C				
Author D				
Author E				
Author F				

Source: Developed by author.

Meaning and Sub-Meaning Unit

A table like this is a tool to assist the researcher in capturing the meaningful text from each piece of literature he or she has reviewed in the research. The author captured meaningful text as a meaning unit in its original form with no alterations. The author may capture several meaningful phrases or sentences from each literature article. However, the author chose to select the most meaningful text from the results and conclusions, which capture the intent of the author(s). A full selection of the extracted content can be seen in Appendix A. The next step in the process was to condense each of those meaningful texts into a more succinct version, or sub-meaning unit. Next, the author divided the sub-meanings into different categories.

Category

Sub-meaning units may be similar to or quite different from other sub-meaning units found in the text. For this reason, each sub-meaning unit fit into a category. The category is a broader way of describing the text. This step assisted in differentiating the meaningful units from one another. Finally, the author determined categories derived from the sub-meaning units around a specific theme.

Theme

Once the author identified a theme or several themes for each article, the author analyzed those articles to determine any connections to the purpose of the research. Table 2 is a crosswalk of each article's theme or themes and the six competencies of resilience. Table 2 is shown below.

Table 2. Resilience-Theme Analysis Blank Table									Competency Score
	Author A	Author B	Author C	Author D	Author E	Author F	Author G	Author H	
Elements of evaluation									
Self-regulation									
Self-awareness									
Optimism									
Strengths of Character									
Mental agility									
Connection									
Article Score									

Source: Developed by author.

If an article theme supports a competency of resilience, then the author placed that theme into the table. Each article received a total score from zero to six. An article that scored zero will indicate the article contained nothing that supported improving a soldier's resilience level. An article with a score of one to six indicated the article contained one or more of the resilience competencies that it did support improving a soldier's resilience level. Using this table, the author evaluated each article according to the support, or lack of support, for the hypothesis that the U.S. Army should place significant emphasis on spiritual resilience to improve the readiness of soldiers. The results of the resilience-theme analysis answered the secondary research questions of "How does the literature describe the relationship between spirituality and psychological resilience?", and "What is the influence of spirituality on psychological resilience as described in the literature?"

Theme Descriptions

The author deduced several themes from the meaningful text. The theme of positive spiritual coping involves behaviors that contribute to a person's positive spiritual life and may alleviate mental health symptoms. In the analysis, the categories of positive spiritual behaviors to alleviate symptoms and spiritual tools to alleviate symptoms both fit into the theme of positive spiritual coping.

Authors' studies also proved that when veterans had difficulty in expressing their spiritual health or had a poor sense of spirituality, then that group did not fare well in recovery. These behaviors described the theme of negative spiritual coping. The categories of negative behaviors did not improve PTSD symptoms, negative spirituality

was associated with depression, and negative spiritual coping is harmful to mental health all fit into the theme of negative spiritual coping.

Studies, in some cases, showed a result that spirituality had a protective type effect on a diagnosis of mental health. In these instances, the theme of preventive described the effect. The categories of protective measures, religion as a protective effect against depression, higher level of spirituality may protect against PTSD diagnosis, higher level of spirituality may protect against suicide, higher level of spirituality may protect against depression, and resilience training protective against mental health diagnosis all fit into the theme of preventive.

In researching treatments to mental health diagnoses, spiritually integrated therapies proved to show a reduction in symptoms and improvement in the diagnosis. The theme of reduction in mental health disorder describes these improvements. The categories of spirituality decreases depressive disorders, spiritually integrated treatment may reduce PTSD, spirituality decreased PTSD symptoms, mantram used to reduce mental health symptoms, spirituality played a role in lowering mental health issues in veterans, and resilience training reduced effect of mental health diagnosis all fit into the theme of reduction in mental health disorder.

Pearce et al. (2018) found that religion and spirituality was an important part of veterans' lives. Results from their research found that "of 427 veterans...more than two-thirds indicated that they would definitely engage in or be open to engaging in a spiritually integrated treatment", which is a category for the theme of openness to spiritual treatment (Pearce et al. 2018, 3).

Similar to the theme of veterans being open to spiritual treatment is the theme of spiritual benefits open to all. The subtle differences that make this a separate theme is not in the attitude of the person, but in the characteristics of spirituality itself. Harris et al. (2011) concluded that spiritual benefits do not have a greater effectiveness for members of minority populations. This conclusion fit into the category of spiritual benefits not contained to certain ethnic populations, which deduced into the theme of spiritual benefits open to all.

While the benefits of a healthy spiritual life are relevant to some, not all veterans who experience trauma would gain from a spiritually integrated program. The category of not all veterans are open to spiritually based interventions to mental health treatment fits into the theme of spiritual discernment.

In the first report from Lester et al. (2011a), soldiers who complete suicide have shown to have less spiritual, emotional, social and familial resilience. The theme of less resilient is deduced from the category of soldiers who complete suicide have weaker resilience skills.

In the same report, Lester et al. (2011a) also points to the statistical relationship between a soldier's fitness scores and negative behavioral outcomes. More importantly, these negative behaviors have an impact on readiness levels. The category of behavioral outcomes have an effect on soldier readiness fits within the theme of behavior outcomes.

The second report of Lester et al. (2011b) speaks to the positive outcomes of resilience. Senior leaders show to have strong social and family connections through stronger work ethic, trust in the Army, and better friendships. The category of senior

leaders have strong social and family resilience fit into the theme of social and family connections.

The data showed that officers promoted ahead of peers and selected for key positions were high performers, thus the selection to greater positions. These high performers also benefited from a greater resilience level. The category of high performers benefit from greater level of resilience and mental health fit into the theme of high performance.

In the third report from Lester et al. (2011c), researchers found a difference in GAT scores between soldiers exposed to resilience training versus those who were not. The treatment condition scored significantly better in emotional and social fitness. Therefore, the category of resilience training can improve emotional and social fitness falls within the theme of emotional and social improvement. Very similarly, the category of resilience training can improve emotional fitness fits into the theme of emotional improvement.

Researchers found that MRT training was particularly more effective for younger adults. The author categorized this meaningful text taken from the article as resilience training effective for young soldiers. This category falls within the theme of effectiveness among youth.

One last theme emerged from the text. Researchers found that resilience training had a direct negative effect on a diagnosis of substance abuse. The category of resilience training reduced effect of substance abuse diagnosis fell within the theme of reduction in substance abuse diagnosis. As the meaningful text emerged into distinct categories and

themes, one can see how differentiating between them was helpful in understanding the main ideas of the articles.

Chapter Summary

Content analysis is the methodology used when researchers want to understand the meaning of the studied text. Content analysis can help to examine where studies fit within the overall body of work. The author chose content analysis over another methodology because the author used the work of other researchers' studies to understand the relationship between spirituality and resilience. The author deduced extracted sentences or phrases into the articles themes to analyze against the competencies of resilience. The author used this methodology to answer the primary research question of "Is spirituality related to psychological resilience within resilience literature?"

CHAPTER 4

ANALYSIS

Chapter Introduction

The purpose of this research was to evaluate the relationship between spirituality and psychological resilience. In the analysis, the author thoroughly combed the literature and extracted the sentences and phrases for input into the content analysis table. One can see the process steps described in chapter three in the paragraphs below. Finally, the author scored the resilience-theme analysis table. A content analysis of the selected literature answered the primary research question of “Is spirituality related to psychological resilience within resilience literature?”

Extracting Meaning Units

In the process of de-contextualization, each article had a vast amount of raw data. However, raw data alone does not give the reader or the researcher an understanding of the intent of the article. Sentences or phrases taken out of context may not describe the conclusion that the article author(s) made. Therefore, the author used discretion when extracting phrases and sentences. Keeping in mind the primary and secondary research questions was helpful when looking for meaningful phrases and sentences. The author took all but four of the meaning units from each articles’ results, discussion, and conclusion paragraphs. It is in these parts of the article where the raw data turns into useful information for analysis.

The number of meaning units the author collected from each article depended only on what was in the article. By not predetermining a specific number of meaning

units for each article, the author was able to allow the meaning of each article to come forward in a broader sense. The basis for selection of meaning units was on the length of the article and the number of hypotheses that the author was trying to prove. Some articles had thousands of participants with numerous tables of information only to make very few conclusions from the results.

The last note to mention before presenting the analysis is that the author chose not to discuss all points of the analyses in depth. The entire table of content analysis is shown in Appendix A. However, because each meaningful phrase or sentence fit within a theme, the author discussed only selected text that gave the most insight.

Article Analysis

Currier, Holland, and Drescher (2015) studied spirituality factors as they predicted the outcomes of PTSD and addressed two primary points.

	Meaning Unit	Sub meaning Unit	Category	Theme
Currier, Holland, Drescher 2015	In particular, these results suggest that understanding the possible spiritual context of veterans' trauma-related concerns might add prognostic value and equip clinicians to alleviate PTSD symptomatology among those who possess spiritual resources or at somehow struggling in this domain.	Spiritual context of trauma concerns add value to alleviate PTSD symptoms among those who possess spirituality	Positive spiritual behaviors to alleviate symptoms	Positive spiritual coping
Currier, Holland, Drescher 2015	Results for these items indicate that veterans who began the program feeling that they were abandoned by God or a Higher Power, punished for perceived acts of wrongdoing or spiritual weakness, and attempting to disengage from God or a Higher Power fared worse in the program.	Negative religious coping fared worse at alleviating PTSD symptoms	Negative behaviors did not improve PTSD symptoms	Negative spiritual coping

Source: Developed by author.

First, veterans who have some sense of spirituality might benefit from their mental health provider using spiritual healing resources to alleviate or reduce PTSD symptoms (Currier, Holland, and Drescher 2015). If a soldier is spiritual and uses his or her spirituality to make meaning in life or address why bad things happen to good people, the same person may benefit from a doctor, trained in spiritual resources, to discover the true meaning of outward expressions to use spiritual resources toward recovery.

The second conclusion is that a veteran who feels abandoned by God for what happened to them did not reap the same benefits of utilizing spiritual resources during treatment of PTSD (Currier, Holland, and Drescher 2015). This population had worse scores on the PTSD checklist indicating they dealt with spiritual struggles. The second

result gives credence, as does the first, that veterans with a higher level of spirituality may have a better chance of mitigating PTSD issues. Relating this outcome to Army readiness, soldiers who are more spiritually resilient, may be able to withstand military trauma or be able to overcome the effects of military trauma quicker than those who struggle spiritually thus keeping them in formations and increasing unit readiness.

Hourani et al. (2012), sought to determine the extent to which spirituality is associated with mental health problems and whether it moderates the relationship between combat exposure/deployment and depression, PTSD, and suicide ideation.

Table 4. Content Analysis (Part B)				
	Meaning Unit	Sub meaning Unit	Category	Theme
Hourani et al. 2012	Moderate spirituality had a significant protective effect only for depression.	Spirituality had a protective influence on depression.	Protective measures	Preventive
Hourani et al. 2012	Findings showed that spirituality did buffer depression and PTSD symptoms but only among those with low-moderate combat exposure. On the other hand, a medium level of spirituality, relative to a high level, was protective of self-reported suicidal ideation/attempt only among those never deployed.	Spirituality had a positive effect on depression, PTSD, and suicidality with low to no combat exposure.	Positive spiritual behaviors to alleviate symptoms	Positive spiritual coping

Source: Developed by author.

Two main conclusions came from this study. First, a moderate sense of spirituality had a significant protective effect on a diagnosis for depression (Hourani et al. 2012). This conclusion is notable for many soldiers who identify as having a moderate level of spirituality. It is not just pastors, priests or chaplains, whom someone would

associate as having a high level of spirituality, which can overcome depression. In this study, spirituality level was self-assessed using two questions on the survey. Almost 50% of the respondents who answered these questions identified as having a moderate level of spirituality (Hourani et al. 2012). This is potentially a significant claim if one looks at the entirety of the U.S. armed forces. To think that spirituality could have a protective effect over depression for half of current and former veterans is worthy of attention and further exploration.

Spirituality also had an impact on soldiers, which had not deployed and those with low to moderate combat experience (Hourani et al. 2012). After being at war in Afghanistan and Iraq for nearly two decades, many service members have deployed, sometimes several times. However, there is always an entering and exiting of service members in and out the armed forces. New soldiers who have not deployed could stand to benefit from at least a moderate level of spirituality. With the current operating environment in Afghanistan and other areas of counter-insurgency fighting, soldiers in a support role living and working on a forward operating base or larger camp may not see as much fighting. These soldiers, largely grouped into the low-moderate combat exposure category, would potentially benefit from spirituality as a protective effect against mental health problems.

Yet another spiritually integrated treatment program by Bormann et al. (2008) determined that repetition of a mantra was effective in reducing psychological distress and anger.

	Meaning Unit	Sub meaning Unit	Category	Theme
Bormann et al. 2008	Compared to controls, the intervention group demonstrated a large effect size (d = .72) on self-reported PTSD severity (PCL), whereas clinician-assessed (CAPS) scores improved less dramatically (d = .33). Psychological distress (BSI-18) improved in the mantram group showing a large effect (d = .73) and anger expression (STAXI-2) showed a medium effect (d = .55).	Spiritually based mantram intervention showed improvement for PTSD compared to other PTSD interventions.	Spiritual tools to alleviate symptoms.	Positive spiritual coping

Source: Developed by author.

One overall theme emerged from this study. The use of a spiritually based intervention allowed veterans to use mantra repetition as a positive coping mechanism. The self-reported scores demonstrated a larger effect size than the clinician-assessed scores, which improved less dramatically (Bormann et al. 2008). The difference here could have been because the veteran had a more positive outlook on how the mantra repetition was helping with PTSD and therefore self-reported a lowered PTSD severity level. Either way, the psychological distress and anger expression did indeed improve in the mantra based intervention group compared to the control group.

Miller et al. (1997) suggested that there was a relationship between maternal religiosity and offspring depression. First, the authors suggested that the study results showed that among mothers whom religion was important were 81% less likely for depression than mothers whom religion was not important. The second conclusion was the daughters of mothers whom religion was important were 60% less likely for

depression than were the daughters of mothers whom religion was not important (Miller et al. 1997).

Table 6. Content Analysis (Part D)				
	Meaning Unit	Sub meaning Unit	Category	Theme
Miller et al. 1997	Compared with a mother for whom religion was not highly important, a mother for whom religion was highly important was 81% less likely to have major depressive disorder at time 10.	Religion importance shown to have protective effect against long term depression.	Religion as a protective effect against depression.	Preventive
Miller et al. 1997	Compared with a daughter whose mother did not consider religion highly important, a daughter whose mother considered religion highly important was 60% less likely to have major depressive disorder at time 10 (odds ratio [OR] = 0.40, 95% CI = 0.1 to 1.2, Wald's $\chi^2 = 2.7$, $p = .09$).	Religion has a protective effect against depression for offspring.	Religion as a protective effect against depression.	Preventive

Source: Developed by author.

The first outcome of the analysis that religion has a protective factor against depression is consistent with what other authors have found including Smith-MacDonald et al. 2017. The second result of analysis describes the relationship between maternal religiosity and offspring depression as preventive. Several aspects may contribute to this outcome. Importance in religious living for mothers may have effects on the child outside of spirituality. Although the data showed no support to the claim, social functioning and maternal bonding may have affected the mother-child relationship and the home environment in a more positive way (Miller et al. 1997). Religious teachings of servant hood, selflessness, humility, honesty, faithfulness, self-control, kindness, and love may

have more impacts on offspring than observed in this study. Regardless of offspring religiosity, these religious teachings and maternal religiosity may have lasting impacts not seen until adult development.

Cognitive Processing Therapy, or CPT, is a widely accepted and used form of clinical therapy. Pearce et al. (2018) argued that a spiritually integrated CPT targets veterans with PTSD that suffer from moral injury.

	Meaning Unit	Sub meaning Unit	Category	Theme
Pearce et al. 2018	As such, a spiritually integrated treatment that targets moral injury may reduce one of the barriers to full recovery from PTSD and may provide much needed relief for those who are suffering, particularly those who serve our country and protect our freedom.	Spiritually integrated treatment that targets moral injury may reduce barriers to PTSD recovery and provide relief from suffering.	Spiritually integrated treatment may reduce PTSD.	Reduction in mental health disorder.
Pearce et al. 2018	In a recent multisite study, nearly three-quarters of 427 Veterans indicated that religion was important or very important in their lives, over 80% indicated this for spirituality, and more than two-thirds indicated that they would definitely engage in or be open to engaging in a spiritually integrated treatment such as SICPT.	Nearly three quarters of veterans indicate religious importance in their lives and two-thirds would engage in spiritually integrated treatment.	Majority of veterans would welcome spirituality as a treatment supplement.	Openness to spiritual treatment

Source: Developed by author.

Pearce et al. (2018) suggested that because of a connection between moral injury with spiritual beliefs and values, which are typically not addressed in secular approaches, SICPT is a way to treat spiritual struggles or loss of religious faith due to trauma. A

spiritually integrated approach to reducing barriers to PTSD recovery treats both the psychological and spiritual symptoms.

Of course, spiritually integrated therapy may not benefit all who need treatment from PTSD. In fact, those who do not associate with a religion or sense of spirituality might not necessarily be open to the concept altogether. However, researchers found that of those veterans who did indicate religious importance, over two-thirds would be open to spiritually integrated treatment (Pearce et al. 2018). One of the key factors in SICPT is that the treatment program was developed for patients who identify as spiritual, but not necessarily religious. Nevertheless, there are religion-specific programs if desired. This fact is perhaps what makes the idea of this treatment program so accessible and relatable for a majority of veterans who would be open to the program.

Building Spiritual Strength program helped veterans identify spiritual struggles and enhance meaning making for trauma survivors. The results of studying the program identified a reduction in PTSD symptoms based on self-report measures as compared to those in a control condition.

	Meaning Unit	Sub meaning Unit	Category	Theme
Harris et al. 2011	Data supported the hypothesis that the Building Spiritual Strength intervention would reduce symptoms of PTSD among veterans willing to volunteer for a spiritually integrated intervention.	Building Spiritual Strength intervention reduced symptoms of PTSD among veterans in spiritually integrated intervention.	Spirituality decreased PTSD symptoms.	Reduction in mental health disorder.
Harris et al. 2011	The hypothesis that the BSS intervention would be more effective for members of minority ethnic groups was not supported, although a trend of greater benefit for minorities approached significance.	BSS intervention is not more effective for members of minority ethnic groups.	Spiritual benefits not contained to certain ethnic populations.	Spiritual benefits open to all.
Harris et al. 2011	Not all trauma survivors are open to spiritually oriented interventions, even though over 90% of both veterans and the American public believe in a Higher Power (Fontana & Rosenheck, 2004; Shafranske, 2001), and 89% of veterans identify as Christian (Fontana & Resenheck, 2004).	Not all veterans are open to spiritually oriented interventions, although 90% believe in higher power and 89% identify as Christian.	Not all veterans are open to spirituality based interventions to mental health treatment.	Spiritual discernment

Source: Developed by author.

Building on previous literature that spiritually integrated treatment to secular therapy for military veterans suffering from mental health issues, BSS was able to support the hypothesis that the intervention would reduce symptoms of PTSD. This not only added to the body of work in this field, but also identified another key aspect of identifying certain groups that could benefit from spiritually integrated treatment. Researchers thought that certain minority populations could benefit more from this treatment than others (Harris et al. 2011). However, the data did not support this

hypothesis. The significance here is that the design of the spiritually integrated treatment program, and perhaps spirituality altogether, is not mutually exclusive to a certain race or ethnicity. Rather, spirituality extends beyond the confines of human characteristics and is beneficial to all who apply spiritual principles to their lives. This leads to the third meaningful extraction from the article. Spirituality is not something to shove upon those who do not want it. Not all veterans are open to this type of treatment for mental health issues. Clinicians must apply discernment when assessing patients.

Smith-MacDonald et al. (2017) extracted 43 studies from over 6500 publications to examine the relationship between spirituality and mental well-being in post-deployment veterans. The studies suggested that spirituality played a supportive role in improving PTSD symptomology, depression, and quality of life.

	Meaning Unit	Sub meaning Unit	Category	Theme
Smith-MacDonald et al. 2017	At discharge, positive spirituality scores (daily spiritual experiences, forgiveness, private spiritual practices, positive religious coping, organizational religiousness; $\beta = -0.10$ to -0.38) were related to lower symptom severity; negative religious coping exhibited a positive relationship with higher symptom severity.	Positive spirituality scores were related to lower symptom severity; negative religious coping exhibited a positive relationship with higher symptom severity	Spirituality decreased PTSD symptoms.	Reduction in mental health disorder.
Smith-MacDonald et al. 2017	We identified 43 studies about spirituality and mental well-being in veterans post-deployment. We included 3 RCTs that suggested small to large improvements in PTSD symptomology, depression, and quality of life. The remaining observational and qualitative studies infer that spirituality plays a supportive role in alleviating mental health issues in veterans, whereas also being a potential source of post-combat distress, although only 6 studies had moderate-or-strong quality rating.	Studies infer that spirituality plays a supportive role in alleviating mental health issues in veterans.	Spirituality played a role in lowering mental health issues in veterans.	Reduction in mental health disorder.

Source: Developed by author.

Spirituality had either a desirable effect or no effect. This consequence further provides evidence that when applied appropriately to an individual who desires or is open to a spiritually integrated treatment program, the desired effects are only positive.

	Meaning Unit	Sub meaning Unit	Category	Theme
Smith-MacDonald et al. 2017	Four studies examined the difference between veterans with PTSD (139 participants) than those without PTSD (142 participants) 3 studies demonstrated significantly lower positive spirituality scores for those with PTSD, whereas one study did not report a difference between groups for attachment to God and feeling loved by God.	3 of 4 studies showed veterans with PTSD scored lower spirituality scores than those without PTSD.	Higher level of spirituality may protect against PTSD diagnosis.	Preventive
Smith-MacDonald et al. 2017	Suicide ideators exhibited poorer spiritual health, increased spiritual distress, fewer religious practices, as well as lower scores for forgiveness, organizational religiousness, and more frequent use of negative religious coping than non-ideators.	Veterans with suicide ideations show poorer spirituality than non-ideators.	Higher level of spirituality may protect against suicide.	Preventive
Smith-MacDonald et al. 2017	Higher scores for positive spirituality (e.g., religious-moral beliefs, extrinsic social religious motivation) were associated with lower depression scores in four studies; two studies did not find a significant association.	4 of 6 studies showed higher scores for positive spirituality was associated with lowered depression scores.	Higher level of spirituality may protect against depression.	Preventive

Source: Developed by author.

Several studies within the Smith-MacDonald article showed the positive effects of spirituality among three distinct areas of mental health. PTSD, suicide ideation, and depression scores all showed a lower amount with those veterans who had a higher spirituality score than those with a lower spirituality score. This higher level of spirituality may have a protective or preventive effect against PTSD, suicide, and depression. The “higher level” of spirituality in each of these examples only relates to the

control group or other people within the same study. Researchers cited no beneficial effects from a specified level of spirituality.

Finally, researchers saw negative spirituality scores associated with a diagnosis of poor mental health (Smith-MacDonald et al. 2017).

Table 11. Content Analysis (Part I)				
	Meaning Unit	Sub meaning Unit	Category	Theme
Smith-MacDonald et al. 2017	Negative spirituality scores were associated with depression in three studies: higher scores for spiritual injury, a negative concept of God, the inability to forgive self and others, and negative religious coping predicted higher depression scores.	Higher scores for spiritual injury, a negative concept of God, the inability to forgive self and others, and negative religious coping predicted higher depression scores.	Negative spirituality was associated with depression.	Negative spiritual coping
Smith-MacDonald et al. 2017	In addition, the results indicate that there are key components of negative spiritual coping which are harmful to the trajectory of mental health diagnoses: guilt, forgiveness, hopelessness, lack of meaning and purpose, fairness/justice, anger, alienation and/negative image of God, and spiritual and moral disintegration.	Guilt, forgiveness, hopelessness, lack of meaning and purpose, fairness/ justice, anger, alienation and/ negative image of God, and spiritual and moral disintegration are harmful to mental health diagnosis.	Negative spiritual coping is harmful to mental health.	Negative spiritual coping

Source: Developed by author.

A negative sense of spirituality showed to have a profound effect on veterans' mental health trajectory. Moral injury, guilt, forgiveness, and shame are challenging issues that traditional modalities of cognitive behavior based therapies do not always

identify or address (Smith-MacDonald et al. 2017). Deploying to a combat zone and asking soldiers to seek out and kill the enemy can have morally injurious effects. Taking another person’s life may not only have physical and emotional consequences but spiritual as well. A soldier may feel guilt or shame for what they have done, is unable to forgive themselves, or perhaps blame God for putting them in that situation and forcing them to make a decision to end another life. This negative spiritual coping can have lasting consequences unless treated properly.

Lester et al. (2011a) suggested that soldiers who completed suicide, tested positive for illicit drug use, and committed violent crimes were less resilient than those who did not do those things.

Table 12. Content Analysis (Part J)				
	Meaning Unit	Sub meaning Unit	Category	Theme
Lester et al. 2011a.	Soldiers who complete suicide report being less spiritual; less satisfied within their family situation; have weaker friendships, if any; are less optimistic and adaptable; show signs of poor coping; and have fewer positive emotions, if any.	Soldiers who complete suicide have less spiritual, emotional, social, and familial resilience.	Soldiers who complete suicide have weaker resilience skills.	Less resilient
Lester et al. 2011a.	In particular, it appears that the four dimensions of Soldier fitness as measured by the GAT are statistically related to negative behavioral outcomes that have strong implications for both individual Soldier fitness and the overall readiness of the force.	GAT scores are statistically related to negative behavioral outcomes that effect individual fitness and readiness.	Behavioral outcomes have an effect on soldier readiness.	Behavior outcomes

Source: Developed by author.

The outcome of the report pertaining to soldiers who complete suicide should not be shocking to most people. Inability to cope with bad news or hardships in life and having less family or friends to help a soldier through those times can lead to a bad outcome. These soldiers lack or have weaker resilience skills.

The article's authors make a point clear that the design of the GAT was as a self-awareness tool and so the authors were unable to speak to causal relationships between resilience and behavioral outcomes. However, after reading the report one can see the statistical relationship between the scores and measurements of a soldier's resilience level to that person's behavioral outcomes. If a soldier scores low on the GAT, the areas where resilience level is low may have a direct effect on how that soldier interacts with his unit members, operates his weapon and equipment, and focuses on the accomplishment of the mission.

In the second technical report from Lester et al. (2011b), the results show that promotions to Brigadier General, early Field Grade Officer promotions, and officers selected for command and key billet assignments report higher levels of resilience than their counterparts do.

Table 13. Content Analysis (Part K)				
	Meaning Unit	Sub meaning Unit	Category	Theme
Lester et al. 2011b.	Here, we discovered that Brigadier Generals tended to be much more engaged with their work, had stronger friendships, were less lonely, and tended to trust the Army more.	Brigadier Generals tend to have strong social connections with their work, peers, families, and friends.	Senior leaders have strong social and family resilience.	Social and family connections
Lester et al. 2011b.	The officers fortunate enough to be promoted to a high level, to be promoted ahead of their peers, or to be centrally selected for increased responsibility are benefiting in some way from their greater resilience and psychological health, and the real benefits likely far outpace the outcomes examined in this report.	Officers promoted and selected for high level positions benefit from greater resilience and psychological health.	High performers benefit from greater level of resilience and mental health.	High performance

Source: Developed by author.

In contrast to the first report, this second report focuses on the positive outcomes in the evaluation of relationships between reported resilience and soldier outcomes. As measured by the GAT, officers promoted to Brigadier General tend to be more engaged with their work, have higher levels of organizational trust and friendship, report lower levels of loneliness, and are more optimistic than their peers are. In short, these leaders tend to have stronger emotional, social, family, and spiritual connections (Lester et al. 2011b).

Lester et al. (2011b) also examined the resilience level of field grade officers who promote ahead of their peers and selected to key assignments. These officers have many of the same abilities as officers promoted to Brigadier General. They report high levels of work engagement, friendship, organizational trust, optimism, and coping abilities. The

findings suggest a strong connection between reported resilience and high job performance (Lester et al. 2011b).

In the third of four reports, Lester et al. (2011c) determined that units with MRTs exhibited significantly higher resilience/psychological health scores after a period of training than those units without MRTs.

Table 14. Content Analysis (Part L)				
	Meaning Unit	Sub meaning Unit	Category	Theme
Lester et al. 2011c.	After R/PH scores at Time 1 were controlled for, the Treatment condition did, in fact, score significantly better on Emotional Fitness and five of the nine scales that are used to measure Emotional Fitness. In addition, the Treatment condition scored significantly higher on the Social Fitness dimension and the subscales measuring friendship.	Soldiers with MRT trainers scored significantly better on Emotional and Social fitness scales.	Resilience training can improve emotional and social fitness.	Emotional and social improvement
Lester et al. 2011c.	The results showed that among the R/PH constructs that are positively scored, the Treatment condition improved on Emotional Fitness, good coping, and friendship while the Control condition did not experience significant change. Similarly, the Treatment condition appeared to use less catastrophic thinking over time, while the use of catastrophic thinking did not significantly change in the Control condition from Time 1 to Time 2.	Soldiers exposed to MRT training improved Emotional R/PH scores at a greater rate than Soldiers not exposed to MRT training.	Resilience training can improve emotional fitness.	Emotional improvement
Lester et al. 2011c.	In particular, MRT training was more effective for Soldiers between the ages of 18-24 than it was for Soldiers above the age of 24.	MRT training was more effective for young Soldiers than older Soldiers.	Resilience training effective for young Soldiers.	Effectiveness among youth

Source: Developed by author.

The fact that emotional and social fitness levels improved over the period of instruction from qualified MRTs showed the effect of the resilience program and benefit to the individual soldier. Soldiers improved on adaptability, character, good coping, optimism, and friendship (Lester et al. 2011c).

The second claim that over time, the resilience scores of soldiers exposed to MRT training would improve at a greater rate than those not exposed to the training was found true for Emotional fitness. Soldiers in the treatment condition also saw a protective effect in the use of less catastrophic thinking than those in the control condition (Lester et al. 2011c). The findings provide evidence that not only can MRT training foster growth on certain aspects of soldier fitness, but it can act as a deterrent to unwanted decreases in resilience.

The results also showed that age was a moderator of MRT training, but other demographic factors were not. Perhaps MRT teaches some of the skills that older soldiers have developed in adulthood or that the Army requires of soldiers more senior in rank. In any case, this aspect could have recurring benefits in an army that is in constant need of young adults.

The final report revealed that soldiers exposed to resilience training appeared to have a reduced likelihood for a diagnosis for a mental health disorder (Harms et al. 2013).

	Meaning Unit	Sub meaning Unit	Category	Theme
Harms et al. 2013.	The results revealed that exposure to resilience training increased various aspects of Soldier R/PH, which, in turn, appeared to be associated with a reduced likelihood of receiving a diagnosis for a mental health problem (i.e., anxiety, depression, or posttraumatic stress disorder [PTSD]).	MRT training increased Soldier resilience and reduced likelihood for mental health diagnosis.	Resilience training protective against mental health diagnosis.	Preventive
Harms et al. 2013.	The results indicate that resilience training had an indirect negative effect on mental health diagnoses via improving optimism and adaptability.	Resilience training indirectly reduced effect of mental health diagnoses by improving optimism and adaptability.	Resilience training reduced effect of mental health diagnosis.	Reduction in mental health disorder.
Harms et al. 2013.	The analyses reveal that resilience training has a direct negative effect on being diagnosed with a substance abuse problem.	Resilience training directly reduced effect of substance abuse diagnoses.	Resilience training reduced effect of substance abuse diagnosis.	Reduction in substance abuse diagnosis.

Source: Developed by author.

This finding, reduced odds of receiving a diagnosis for a mental health problem, was due to improved aspects of optimism, adaptability, coping, friendship, and character (Harms et al. 2013). These aspects of improved resilience seemed to have a protective effect for those in the treatment condition compared to the control group.

MRT training mediated the likelihood for mental health diagnosis by improving optimism and adaptability. In addition, improved levels of resilience mitigated substance abuse diagnosis. These two conclusions provided evidence that improvements in soldier

resilience/psychological health associated with MRT training may provide beneficial outcomes, specifically in a reduction of the odds of receiving a mental health or substance abuse diagnosis. Even small reductions in mental health and other diagnoses can have a great impact on the readiness of the force over time.

Resilience-Theme Analysis

Table 16 below contains the meaningful text from each article arranged by theme and resilience element. The six core competencies of resilience are self-regulation, self-awareness, optimism, mental agility, strengths of character and connection. Analyzing how the themes fit into one or more competencies of resilience provides an objective measure of how the author's work contributes to the effectiveness of spiritual resilience.

Table 16 shows the Resilience-Theme analysis.

	Currier, Holland and Drescher 2015	Hourani et al. 2012	Borman et al. 2008	Miller et al. 1997	Pearce et al. 2018	Harris et al. 2011	Smith-MacDonald et al. 2017	Lester et al. 2011a	Lester et al. 2011b	Lester et al. 2011c	Harms et al. 2013	Compt Score
Self-regulation	Pos Sprtl Coping	Pos Sprtl Coping; Prevent	Pos Sprtl Coping	Prevent	Reduc in mntl health dis	Reduc in mntl health dis	Reduc in mntl health dis; Prevent	Behavior outcomes		Emotl and soc impmnt; Emotl impmnt	Reduc in mntl health dis; Prevent; Reduc in sub abuse	10
Self-awareness						Sprtl benefits open to all				Emotl and soc impmnt; Emotl impmnt		2
Optimism												0
Strengths of Character	Pos Sprtl Coping	Pos Sprtl Coping	Pos Sprtl Coping						Soc and fimly conn; High perf			4
Mental agility	Pos Sprtl Coping	Pos Sprtl Coping; Prevent	Pos Sprtl Coping	Prevent	Open to sprtl treat	Sprtl discernmt	Prevent				Prevent	8
Connection	Pos Sprtl Coping	Pos Sprtl Coping	Pos Sprtl Coping						Soc and fimly conn			4
Article Score	4	4	4	2	2	3	2	1	2	2	2	

Source: Developed by author.

Findings

The analysis presented above directly answered the secondary research questions presented here:

Secondary Research Question #1. How does the literature describe the relationship between spirituality and psychological resilience? Finding one below presents how the literature describes the relationship.

Secondary Research Question #2. What is the influence of spirituality on psychological resilience as described in the literature? Finding two describes the answer to this question.

The author identified two key findings from the analysis. Finding one: There was one recurring theme, positive spiritual coping, that appeared in three of the previous studies in literature reviewed for this research. Researchers made connections between positive spiritual coping and four of the six competencies of resilience identified in the U.S. Army Comprehensive Soldier and Family Fitness construct. Upon examining articles by Currier, Holland, and Drescher 2015, Hourani et al. 2012, and Bormann et al. 2008, positive spiritual coping emerged as a common theme. These authors wrote about the effect that spirituality has on a veteran's ability to cope with mental health problems. Positive spiritual coping is the ability to use spiritual beliefs or practices to reduce emotional distress, which gives suffering meaning and gives the person the ability to bear up or withstand the suffering. Analysis of these authors revealed the different and powerful connections of positive spiritual coping indicating that through exercising spirituality, veterans can regulate emotions and behaviors (self-regulation), identify and understand problems (mental agility), have faith in one's strengths, talents, and abilities

(strengths of character), and build strong relationships (connection) with other spiritual believers.

The second key finding was the competency of self-regulation contributed to spiritual resilience more than any other competency. After tallying competency scores, self-regulation had the highest score with ten authors indicating spiritual resilience is improved through the competency of self-regulation. When aggregating the information during the analysis the researcher discovered a consistent implication. Most of the authors indicated that spirituality played an essential role in regulating behaviors, thoughts, or emotions for many of the veterans in the different studies.

There was also a third finding related to the overall concept of this paper, though not addressed in the research questions - improving readiness. The author found, as presented in the literature, a relationship exists between spirituality and readiness. Resilient soldiers will remain deployment ready more than non-resilient soldiers. The connections between spirituality and resilience have been seen through this research. One can reasonably state that spirituality exercised by soldiers will improve personal readiness. A key factor in unit readiness is the number of assigned soldiers who are capable of deployment based on certain factors including physical and emotional health. Soldiers who practice spirituality seem to have improved physical and emotional health. Commanders are responsible for maintaining unit readiness. Only units that have a specified percentage of deployable soldiers are considered a ready force for deployment. Units that have more resilient soldiers will therefore be rated at a higher readiness level and contribute to the readiness of the U.S. Army in total.

The author was not able to find explicit statements by any author or researcher stating how spirituality contributed to enhanced unit readiness. This is a gap in the current literature. The gap may exist due, in part, to how the U.S. Army measures resilience readiness. The only measure of resilient soldiers is to quantify how many soldiers within the unit receives resilience training during that reporting period. A commander has no metric to show that spirituality, or any other competency or technique has an effect on unit readiness.

Chapter Conclusion

Spirituality and its effect on soldier resilience is a complex issue involving many facets and variables. While spirituality may be complex, soldiers used positive spiritual coping to mitigate the effects of PTSD and other mental health problems. Using content analysis, the author selected themes from each article to compare against the six competencies of resilience. This analysis answered the secondary research questions. Through content analysis of recent authors' writings on this issue, one can conclude that spirituality has a positive relationship to psychological resilience, particularly self-regulation, by reducing emotional distress.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

Chapter Introduction

The results of content analysis described the relationship between spirituality and psychological resilience within the literature. With this information, the author developed a conclusion and recommendations. The primary research question was answered in the conclusion. The recommendations will help to further develop the concept of spirituality's influence on resilience within the military.

Conclusion

The last research question to answer was the primary research question of “Is spirituality related to psychological resilience within resilience literature?” In view of previous research and from content analysis, the answer is yes, spirituality is related to psychological resilience within resilience literature. Spirituality has a positive relationship to improving a soldier's overall resilience level. From the theme analysis of each article, positive spiritual coping was the most consistent theme. A soldier's ability to use his or her spirituality to either alleviate symptoms of mental health or as a preventive factor in a diagnosis of a mental health problem gives that soldier an advantage over those who do not use spirituality to cope with post-combat stress. Therefore, according to the literature, a healthy spiritual life can improve soldier resilience.

Having a high level of spiritual fitness does not necessarily mean that a soldier will avoid hardships. Nor does it mean that a soldier will be immune to the effects of a traumatic event. To the contrary, spirituality is a resource that facilitates the ability to

make meaning of hardship in one's life. According to the literature, spirituality can help shield or buffer a person from experiencing negative thoughts and emotions of moral injury, survivor's guilt, post-combat stress and other mental health issues (Pearce et al. 2018; Currier, Holland and Drescher 2015; Harris et al. 2011; Miller et al. 1997; Hourani et al. 2012; Blazer 2012).

Recommendations

The U.S. Army could place a more significant emphasis on spiritual fitness in order to improve the resilience of soldiers. With that in mind, commanders must remember that spirituality is uniquely individual and not all service members are open to it. Proselytizing is specifically prohibited by regulation. For soldiers who do want to expand their spiritual fitness, the U.S. Army does offer chapel services and similar programs. However, soldiers who may be curious or have questions about their faith in a higher being may not feel comfortable going to a chapel service or denominational church worship service. Perhaps there is a population of soldiers who would like to investigate how a healthier spiritual life can make them a better soldier.

If the U.S. Army does pursue further development of soldiers' spiritual resilience, chaplains need to be a leader in this endeavor. Chaplains care for the spiritual health of the force. Chaplains, no matter the religion, are to perform or provide for the spiritual needs of the soldier. A chaplain who is able to articulate the many facets of spirituality should conduct the providing aspect of their duties in the form of spiritual resilience facilitation. The training can and should be, as much as possible, with no particular religion expressed or in mind. The focus is on increasing spirituality, not conforming to a

religion. Chaplains can train soldiers on how to use prayer, written teachings, meditation, and other forms of a healthy spiritual life without being specific to a certain religion.

A second recommendation is to continue observation and investigation of the effect that spirituality has on soldier resilience. A similar study to what Lester et al. conducted but with a focus solely on how certain levels of spiritual fitness relates to resilience outcomes could provide a better understanding of their relationship. The studies about treatment therapies to post-combat stress did not include veterans from the most recent wars in Iraq and Afghanistan. This population of veterans should be included in the study of spiritually integrated treatments of post-combat stress. That same population should also be included in a study of how their spirituality influences resilience levels.

Chapter Conclusion

Spirituality has a positive relationship to improving a soldier's overall resilience level. Increasing soldier resilience levels across the U.S. Army not only has benefits to the individual soldier but also has a great impact in the force's ability to stay ready to fight and win the nation's wars. Part of increasing resilience is ensuring each soldier has the ability to increase his or her spiritual fitness through the development and nourishment of his or her spirituality. The U.S. Army should place a more significant emphasis on spirituality to improve the resilience of soldiers. The Army already has the chaplain corps as subject matter experts to conduct this training. Increasing spirituality has shown to have a positive influence on a soldier's resilience level which should be further explored and emphasized in the overall Master Resilience Training program.

APPENDIX A

CONTENT ANALYSIS TABLE

Table 17. Content Analysis				
	Meaning Unit	Sub meaning Unit	Category	Theme
Currier, Holland, Drescher 2015	In particular, these results suggest that understanding the possible spiritual context of veterans' trauma-related concerns might add prognostic value and equip clinicians to alleviate PTSD symptomatology among those who possess spiritual resources or at somehow struggling in this domain.	Spiritual context of trauma concerns add value to alleviate PTSD symptoms among those who possess spirituality	Positive spiritual behaviors to alleviate symptoms	Positive spiritual coping
Currier, Holland, Drescher 2015	Results for these items indicate that veterans who began the program feeling that they were abandoned by God or a Higher Power, punished for perceived acts of wrongdoing or spiritual weakness, and attempting to disengage from God or a Higher Power fared worse in the program.	Negative religious coping fared worse at alleviating PTSD symptoms	Negative behaviors did not improve PTSD symptoms	Negative spiritual coping
Hourani et al. 2012	Moderate spirituality had a significant protective effect only for depression.	Spirituality had a protective influence on depression.	Protective measures	Preventive
Hourani et al. 2012	Findings showed that spirituality did buffer depression and PTSD symptoms but only among those with low-moderate combat exposure. On the other hand, a medium level of spirituality, relative to a high level, was protective of self-reported suicidal ideation/attempt only among those never deployed.	Spirituality had a positive effect on depression, PTSD, and suicidality with low to no combat exposure.	Positive spiritual behaviors to alleviate symptoms	Positive spiritual coping
Bormann et al. 2008	Compared to controls, the intervention group demonstrated a large effect size (d = .72) on self-reported PTSD severity (PCL), whereas clinician-assessed (CAPS) scores improved less dramatically (d = .33). Psychological distress (BSI-18) improved in the mantram group showing a large effect (d = .73) and anger expression (STAXI-2) showed a medium effect (d = .55).	Spiritually based mantram intervention showed improvement for PTSD compared to other PTSD interventions.	Spiritual tools to alleviate symptoms.	Positive spiritual coping
Miller et al. 1997	Compared with a mother for whom religion was not highly important, a mother for whom religion was highly important was 81% less likely to have major depressive disorder at time 10.	Religion importance shown to have protective effect against long term depression.	Religion as a protective effect against depression.	Preventive

Miller et al. 1997	Compared with a daughter whose mother did not consider religion highly important, a daughter whose mother considered religion highly important was 60% less likely to have major depressive disorder at time 10 (odds ratio [OR] = 0.40, 95% CI = 0.1 to 1.2, Wald's $\chi^2 = 2.7$, $p = .09$).	Religion has a protective effect against depression for offspring.	Religion as a protective effect against depression.	Preventive
Blazer 2012	Though this study is the first long-term outcome study on the impact of religion or spirituality on the emergence of depression, it confirms a growing literature, including a previous study by the authors (2–5), that generally supports the benefit of religion or spirituality (usually religious participation) in decreasing the frequency and recurrence of depressive disorders	Growing literature supports the benefit of religion or spirituality in decreasing depressive disorders.	Spirituality decreases depressive disorders.	Reduction in mental health disorder.
Pearce et al. 2018	As such, a spiritually integrated treatment that targets moral injury may reduce one of the barriers to full recovery from PTSD and may provide much needed relief for those who are suffering, particularly those who serve our country and protect our freedom.	Spiritually integrated treatment that targets moral injury may reduce barriers to PTSD recovery and provide relief from suffering.	Spiritually integrated treatment may reduce PTSD.	Reduction in mental health disorder.
Pearce et al. 2018	In a recent multisite study, nearly three-quarters of 427 Veterans indicated that religion was important or very important in their lives, over 80% indicated this for spirituality, and more than two-thirds indicated that they would definitely engage in or be open to engaging in a spiritually integrated treatment such as SICPT.	Nearly three quarters of veterans indicate religious importance in their lives and two-thirds would engage in spiritually integrated treatment.	Majority of veterans would welcome spirituality as a treatment supplement.	Openness to spiritual treatment
Harris et al. 2011	Data supported the hypothesis that the Building Spiritual Strength intervention would reduce symptoms of PTSD among veterans willing to volunteer for a spiritually integrated intervention.	Building Spiritual Strength intervention reduced symptoms of PTSD among veterans in spiritually integrated intervention.	Spirituality decreased PTSD symptoms.	Reduction in mental health disorder.
Harris et al. 2011	The hypothesis that the BSS intervention would be more effective for members of minority ethnic groups was not supported, although a trend of greater benefit for minorities approached significance.	BSS intervention is not more effective for members of minority ethnic groups.	Spiritual benefits not contained to certain ethnic populations.	Spiritual benefits open to all.

Harris et al. 2011	Not all trauma survivors are open to spiritually oriented interventions, even though over 90% of both veterans and the American public believe in a Higher Power (Fontana & Rosenheck, 2004; Shafranske, 2001), and 89% of veterans identify as Christian (Fontana & Resenheck, 2004).	Not all veterans are open to spiritually oriented interventions, although 90% believe in higher power and 89% identify as Christian.	Not all veterans are open to spirituality based interventions to mental health treatment.	Spiritual discernment
Smith-MacDonald et al. 2017	Qualitative feedback indicated that veterans used mantram effectively for relaxing and calming down, letting go of negative feelings, thinking clearly, and diverting attention away from triggering events.	Veterans use mantram effectively for relaxing and calming, letting go of negative feelings, thinking clearly, and diverting attention from triggering events.	Mantram is used to reduce mental health symptoms.	Reduction in mental health disorder.
Smith-MacDonald et al. 2017	At discharge, positive spirituality scores (daily spiritual experiences, forgiveness, private spiritual practices, positive religious coping, organizational religiousness; $\beta = -0.10$ to -0.38) were related to lower symptom severity; negative religious coping exhibited a positive relationship with higher symptom severity.	Positive spirituality scores were related to lower symptom severity; negative religious coping exhibited a positive relationship with higher symptom severity.	Spirituality decreased PTSD symptoms.	Reduction in mental health disorder.
Smith-MacDonald et al. 2017	We identified 43 studies about spirituality and mental well-being in veterans post-deployment. We included 3 RCTs that suggested small to large improvements in PTSD symptomology, depression, and quality of life. The remaining observational and qualitative studies infer that spirituality plays a supportive role in alleviating mental health issues in veterans, whereas also being a potential source of post-combat distress, although only 6 studies had moderate-or-strong quality rating.	Studies infer that spirituality plays a supportive role in alleviating mental health issues in veterans.	Spirituality played a role in lowering mental health issues in veterans.	Reduction in mental health disorder.
Smith-MacDonald et al. 2017	Four studies examined the difference between veterans with PTSD (139 participants) than those without PTSD (142 participants) 3 studies demonstrated significantly lower positive spirituality scores for those with PTSD, whereas one study did not report a difference between groups for attachment to God and feeling loved by God.	3 of 4 studies showed veterans with PTSD scored lower spirituality scores than those without PTSD.	Higher level of spirituality may protect against PTSD diagnosis.	Preventive

Smith-MacDonald et al. 2017	Suicide ideators exhibited poorer spiritual health, increased spiritual distress, fewer religious practices, as well as lower scores for forgiveness, organizational religiousness, and more frequent use of negative religious coping than non-ideators.	Veterans with suicide ideations show poorer spirituality than non-ideators.	Higher level of spirituality may protect against suicide.	Preventive
Smith-MacDonald et al. 2017	Higher scores for positive spirituality (e.g., religious-moral beliefs, extrinsic social religious motivation) were associated with lower depression scores in four studies; two studies did not find a significant association.	4 of 6 studies showed higher scores for positive spirituality was associated with lowered depression scores.	Higher level of spirituality may protect against depression.	Preventive
Smith-MacDonald et al. 2017	Negative spirituality scores were associated with depression in three studies: higher scores for spiritual injury, a negative concept of God, the inability to forgive self and others, and negative religious coping predicted higher depression scores.	Higher scores for spiritual injury, a negative concept of God, the inability to forgive self and others, and negative religious coping predicted higher depression scores.	Negative spirituality was associated with depression.	Negative spiritual coping
Smith-MacDonald et al. 2017	In addition, the results indicate that there are key components of negative spiritual coping which are harmful to the trajectory of mental health diagnoses: guilt, forgiveness, hopelessness, lack of meaning and purpose, fairness/justice, anger, alienation and/negative image of God, and spiritual and moral disintegration.	Guilt, forgiveness, hopelessness, lack of meaning and purpose, fairness/ justice, anger, alienation and/ negative image of God, and spiritual and moral disintegration are harmful to mental health diagnosis.	Negative spiritual coping is harmful to mental health.	Negative spiritual coping
Lester et al. 2011a.	Soldiers who complete suicide report being less spiritual; less satisfied within their family situation; have weaker friendships, if any; are less optimistic and adaptable; show signs of poor coping; and have fewer positive emotions, if any.	Soldiers who complete suicide have less spiritual, emotional, social, and familial resilience.	Soldiers who complete suicide have weaker resilience skills.	Less resilient
Lester et al. 2011a.	In particular, it appears that the four dimensions of Soldier fitness as measured by the GAT are statistically related to negative behavioral outcomes that have strong implications for both individual Soldier fitness and the overall readiness of the force.	GAT scores are statistically related to negative behavioral outcomes that effect individual	Behavioral outcomes have an effect on soldier readiness.	Behavior outcomes

		fitness and readiness.		
Lester et al. 2011b.	Here, we discovered that Brigadier Generals tended to be much more engaged with their work, had stronger friendships, were less lonely, and tended to trust the Army more.	Brigadier Generals tend to have strong social connections with their work, peers, families, and friends.	Senior leaders have strong social and family resilience.	Social and family connections
Lester et al. 2011b.	The officers fortunate enough to be promoted to a high level, to be promoted ahead of their peers, or to be centrally selected for increased responsibility are benefiting in some way from their greater resilience and psychological health, and the real benefits likely far outpace the outcomes examined in this report.	Officers promoted and selected for high level positions benefit from greater resilience and psychological health.	High performers benefit from greater level of resilience and mental health.	High performance
Lester et al. 2011c.	After R/PH scores at Time 1 were controlled for, the Treatment condition did, in fact, score significantly better on Emotional Fitness and five of the nine scales that are used to measure Emotional Fitness. In addition, the Treatment condition scored significantly higher on the Social Fitness dimension and the subscales measuring friendship.	Soldiers with MRT trainers scored significantly better on Emotional and Social fitness scales.	Resilience training can improve emotional and social fitness.	Emotional and social improvement
Lester et al. 2011c.	The results showed that among the R/PH constructs that are positively scored, the Treatment condition improved on Emotional Fitness, good coping, and friendship while the Control condition did not experience significant change. Similarly, the Treatment condition appeared to use less catastrophic thinking over time, while the use of catastrophic thinking did not significantly change in the Control condition from Time 1 to Time 2.	Soldiers exposed to MRT training improved Emotional R/PH scores at a greater rate than Soldiers not exposed to MRT training.	Resilience training can improve emotional fitness.	Emotional improvement
Lester et al. 2011c.	In particular, MRT training was more effective for Soldiers between the ages of 18-24 than it was for Soldiers above the age of 24.	MRT training was more effective for young Soldiers than older Soldiers.	Resilience training effective for young Soldiers.	Effectiveness among youth
Harms et al. 2013.	The results revealed that exposure to resilience training increased various aspects of Soldier R/PH, which, in turn, appeared to be associated with a reduced likelihood of receiving a diagnosis for a mental health problem (i.e., anxiety, depression, or posttraumatic stress disorder [PTSD]).	MRT training increased Soldier resilience and reduced likelihood for mental health diagnosis.	Resilience training protective against mental health diagnosis.	Preventive

Harms et al. 2013.	The results indicate that resilience training had an indirect negative effect on mental health diagnoses via improving optimism and adaptability.	Resilience training indirectly reduced effect of mental health diagnoses by improving optimism and adaptability.	Resilience training reduced effect of mental health diagnosis.	Reduction in mental health disorder.
Harms et al. 2013.	The analyses reveal that resilience training has a direct negative effect on being diagnosed with a substance abuse problem.	Resilience training directly reduced effect of substance abuse diagnoses.	Resilience training reduced effect of substance abuse diagnosis.	Reduction in substance abuse diagnosis.

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