

Bethel University

Spark

All Electronic Theses and Dissertations

2020

Discovering Counseling Methods That Military Chaplains Can Use To Increase Spiritual Resilience

Philip E. Ridley
Bethel University

Follow this and additional works at: <https://spark.bethel.edu/etd>



Part of the [Christianity Commons](#), and the [Religious Thought, Theology and Philosophy of Religion Commons](#)

Recommended Citation

Ridley, P. E. (2020). *Discovering Counseling Methods That Military Chaplains Can Use To Increase Spiritual Resilience* [Doctoral thesis, Bethel University]. Spark Repository. <https://spark.bethel.edu/etd/538>

This Doctoral thesis is brought to you for free and open access by Spark. It has been accepted for inclusion in All Electronic Theses and Dissertations by an authorized administrator of Spark. For more information, please contact kent-gerber@bethel.edu.

BETHEL UNIVERSITY
BETHEL SEMINARY ST. PAUL

DISCOVERING COUNSELING METHODS
THAT MILITARY CHAPLAINS CAN USE
TO INCREASE SPIRITUAL RESILIENCY

A THESIS PROJECT SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS
FOR THE DOCTOR OF MINISTRY DEGREE
IN CONGREGATION AND FAMILY CARE

BY
PHILIP E. RIDLEY
ST. PAUL, MINNESOTA

JUNE 2020

ACKNOWLEDGMENTS

I thank God for answering my prayers regarding attending and completing the Bethel Seminary's Doctor of Ministry program. Throughout this journey, Dr. Justin Irving, Julie Burns, Ceallaigh Anderson, and Terry Stephens, who work in the Doctor of Ministry office always provided sage advice and guidance. These are just a few of the people who are a part of the Bethel team who have provided much-needed assistance, encouragement, and support.

I offer my sincere thanks to my family: my wife, Ginger, who has supported all of my endeavors and made many sacrifices throughout my military career and academic pursuits. Throughout this research project, she and my daughters, Candace and Jocelyn, sacrificed family time so that I could complete this project. I extend additional appreciation to Dr. Katie Friesen-Smith and Dr. Tim Senapatiratne, my thesis advisors, and to my cousin Dr. Janet Sims-Wood, who spent many hours reviewing and advising me on this project. I am grateful for their sacrifices and time invested in me.

Finally, I want to acknowledge one of the behavioral health providers who summarized the military chaplains' value and contribution to the military health and wellness team: "They hold the fragmented of society and military together." This statement validates and encourages all of those who serve and have served as military chaplains.

CONTENTS

ACKNOWLEDGMENTS	2
CONTENTS	3
ABSTRACT	4
CHAPTER ONE: THE PROBLEM AND DATA COLLECTION	5
Assumptions	6
Setting of Project	10
Importance of Project	13
Nature of the Research	15
CHAPTER TWO: BIBLICAL REFLECTION	17
Types of Pastoral Care.....	18
Biblical Basis.....	22
CHAPTER THREE: LITERATURE REVIEW AND ANALYSIS	51
The Value of Spiritual Relationships	52
Current Clinical Practices.....	57
CHAPTER FOUR: RESEARCH METHODOLOGY	80
Qualitative Research.....	81
Overview of the Research Process	82
Data Collection and Analysis	87
CHAPTER FIVE: ANALYSIS AND FINDINGS	89
Knowledge, Skills, and Aptitudes That Chaplains Possess.....	91
Knowledge Skills and Aptitudes That Chaplains Need	97
Methods That Chaplains Can Implement to Increase Spiritual Resilience	99
CHAPTER SIX: EVALUATION AND DISCUSSION	105
Appraisal of the Project Design and Implementation.....	105
Evaluation of Research Data	108
CHAPTER SEVEN: REFLECTIONS	121
APPENDIX: INTERVIEW PROTOCOL	125
BIBLIOGRAPHY	127

ABSTRACT

The research conducted in this project revealed most military chaplains possess innate skills that are valuable to counseling. Combining these skills with proven counseling methods increase service members' spiritual resilience. Military chaplains' empathy and the ability to actively listen to care-seekers is one such innate skill. Empathetic listening builds rapport and creates a safe client-focused environment. Within this safe environment, military chaplains can encourage service members with spiritual or practical wisdom. Additionally, military chaplains can provide assurance and peace through prayer, reading of sacred documents, or administering religious rites. These religious activities connect the care-seeker to their source of faith.

Military chaplains' ability to incorporate the aforementioned skills and capabilities into their counseling methods create a safe client-centered counseling environment. This type of environment is an essential element for implementing the narrative therapy counseling method. Incorporation of narrative therapy into military chaplains counseling sessions can increase service members' spiritual resilience. The narrative therapy method is conducive for military chaplains to use because it is the least technical or scientific counseling method implemented by behavioral health counselors. Narrative therapy provides a structure that empowers the caregiver, including military chaplains to help care-seekers share, understand, and reshape their narrative or personal story.

CHAPTER ONE: THE PROBLEM AND DATA COLLECTION

Military chaplains have academic backgrounds in theology. Once they enter the military, they are required to counsel service members with various spiritual, emotional and personal problems. How do the men and women called to serve as military chaplains perform required counseling and achieve results that increase spiritual resilience utilizing the tools acquired in seminary? This research project addressed this question. The answer to this question revealed counseling methods that military chaplains could implement to increase the spiritual resilience of service members.

In response to this problem, the researcher studied biblical texts to find methods for administering pastoral care and counseling that increase one's spiritual resilience. The researcher reviewed relevant literature regarding psychologically-based counseling methods that effectively increased one's spirituality and resilience. Furthermore, the researcher evaluated the relevant literature to discern if these psychologically-based counseling methods applied to pastoral care or pastoral counseling. Finally, the researcher verified if the psychologically-based counseling methods could be implemented by military chaplains.

This research reviewed counseling methods within the family of psychotherapy. Psychotherapy was chosen because it is a widely used counseling method that addresses the unconscious mind, which many believe is the source of one's emotional or behavioral problem. Knowing the source of one's problem allows that person to implement

restorative healing or behavioral modification methods, which counters the presenting problem. Psychotherapy is often used to assist active-duty military service members who have deployed into a combat setting increase their resilience.

The primary caregivers that were readily available to service members were interviewed during this research. Conducting local interviews increased the probability for face-to-face interviews. These primary caregivers were limited to chaplains, and behavioral healthcare providers assigned to military facilities located on Oahu. These caregivers were assigned to Fleet and Family Service Center and Medical Treatment Facilities. Fleet and Family Service Center is a centrally located facility where service members and their families can go to receive general counseling, advice and resources necessary to offset the challenges of military life.

The researcher is aware of the sacrifices made by military members serving in the Reserve or National Guard. There is no attempt to neglect or belittle the contributions that Reservists or National Guardsmen have made during the last fifteen years of conflict. There may be times throughout this research project where the phrase “active-duty service member” is used or implied. The research conducted by this project focused on active-duty service members or those service members who are presently serving on active-duty orders and are entitled to treatment at local Hawaii military Medical Treatment Facilities

Assumptions

The first assumption revealed the researcher’s bias and belief that God is a spiritual being and is the creator of humanity. Therefore, we are created in God’s image

and are spiritual beings. The researcher's perspective of humans as spiritual beings will be reflected throughout this research project.

One example of this bias was revealed in the researcher's interpretation of the definition of spirituality. The Navy's clinical definition of spirituality is: the part of us that connects us to our state of mind, being and place, and gives us a sense of belonging and purpose. Some people explore their spirituality through a relationship with a higher force, such as God, while others develop their spirituality through a self-directed relationship with their inner self."¹ Within the aforementioned definition of spirituality, it was stated that some people develop their spirituality through a self-directed relationship with their inner self. The researcher believed that as a spiritual being there is an innate desire to connect with other spiritual beings, or higher power. Therefore, exploration of a relationship with a higher force, such as God, is natural. Obtaining and maintaining this relationship provides one with a sense of belonging and increased self-worth. Conversely, maintaining a relationship with one's inner self will not provide that person with the same sense of belonging or self-esteem.

The researcher worked in a military environment where behavioral health is considered a division of healthcare where clinicians focus on counseling and advisement of better alternatives for solving problems incurred by service members and their families. Additionally, behavioral health provides life skills training to service members and their families. These clinics are generally staffed by Licensed Clinical Social Workers (LCSW) or marriage and family therapists. Mental health is considered a division of healthcare where clinicians focus on providing counseling or therapy to

¹ "Achieving Spiritual Resilience," *Navy Pamphlet* (QuickSeries Publishing, 2010).

service members due to medical problems. These clinics are generally staffed by Psychiatrists and Psychologists. Working in this environment led the researcher to assume that all behavioral healthcare givers implement counseling procedures that have been researched and validated.

The process of research and validation provide behavioral healthcare clinicians with a sense of assurance regarding the potential or desired outcome of the counseling procedures administered. The setting of this research project was conducted within the institutions that contribute the most academic knowledge to the field of psychological and pastoral counseling. These institutions are the military and hospital healthcare.

This researcher has targeted the institutions of the military and hospital healthcare because they employ both behavioral healthcare clinicians and chaplains. These two institutions generate a great environment to conduct research that would validate various pastoral counseling methods. Within these institutions, clinicians have conducted researched and validated test results of various implemented pastoral counseling methods. Additionally, these institutions track patients who have participated in these types of counseling programs over time to discern long-term benefits.

Another assumption regarding military chaplains is they are not trained counselors. Most military chaplains are theologically-trained. They have very little, if any psychology or counseling education. Completion of classes in social sciences are not a hiring requirement of the Armed Forces. The first area addressed by this research is the academic curricula of the various seminaries and schools of divinity. These institutions have core curricula that include theology, philosophy, church history, and biblical exegesis. Many seminaries and schools of divinity across our country do not require

counseling classes for graduation or ordination. Counseling classes are generally considered electives.

Next, the Armed Forces require military chaplain candidates to have a minimum of two years of pastoral leadership experience. The preferred form of pastoral leadership for military chaplaincy is to have led a church. Some potential chaplains have acquired their pastoral leadership experience while attending seminary fulltime. Others acquired their pastoral leadership experience after graduation from seminary in fulltime pastorates. Regardless of how the pastoral experience requirement is achieved, supervised counseling experience like Clinical Pastoral Education is not incorporated into this accession requirement.

In pastoral counseling, caregivers draw upon elements of biblical, psychological, sociological, and medical knowledge to guide their patients.² While biblical counseling (also known as Nouthetic Counseling) incorporates the literal interpretation of biblical texts which are applied to one's life in directive ways.³ Many military chaplains are well-equipped to provide biblical counseling exclusively. However, learning how to incorporate elements of psychology and sociology allows the care-seeker to grow holistically. Another outcome from the exclusive use of biblical counseling can cause feelings of shame and guilt in care-seekers. Additionally, pastoral caregivers should acquire psychological knowledge to understand why certain behaviors are occurring and to understand when to refer care-seekers to appropriate behavioral health providers.

² Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville KY: Westminster John Knox Press, 2006), 4.

³ Doehring, 4.

In summary, the military has not included counseling prerequisites in their minimum eligibility requirements. Due to the diverse academic training and pastoral leadership experiences obtained by most military chaplains, they have different approaches and skill levels for providing pastoral counseling, which hinders military chaplains' inclusion and acceptance on various healthcare teams. Mental and behavioral healthcare professionals have licensing organizations that ensure their credibility and acceptance on healthcare teams. Ultimately the standards of practice provided by licensing organizations along with the assurances of utilizing validated practices provide innate credibility to mental and behavioral healthcare providers within the medical community that most military chaplains do not have.

Setting of Project

The research was conducted within the military Medical Treatment Facilities located in Oahu, Hawaii. This island hosts all branches of the armed forces. The combined military representation allowed the researcher to assess effective counseling methods that increase all military personnel's spiritual resilience instead of discerning counseling methods that work within one branch of the armed services.

The state of Hawaii is comprised of eight islands. This research project was conducted on the island of Oahu, Hawaii's metropolitan and most populated island. Honolulu, Hawaii's state capital, is located on Oahu. Honolulu is home to many international businesses and is the largest distribution and shipping port in this state.

Honolulu has a large military presence because of its strategic importance to the nation's defense. The military's presence contributes to the island's large population. Oahu is the headquarters for the world's largest combatant command: United States Indo-

Asian-Pacific Command. This command's area of responsibility includes 36 countries, more than half of the earth's surface and 50 percent of the world's population.⁴ In support of United States Indo-Asian-Pacific Command and many other major commands, there are approximately 145,000 active-duty service members, reservists, national guardsmen and their dependents living on this island.⁵ Included in this number are the leading commanders for each branch of the military and their staff. Another 102,000 Hawaiian residents are employed in direct support of the military, making it Hawaii's second-largest industry.⁶

In 2001, according to the Department of Defense and National Military Family Association, 55 percent of military personnel are married and of those married 56 percent were between the ages 22-29. There were approximately one million military children under 11 years old. Forty percent were 5 years old and younger.⁷ The military "is predominately a young, married force with children."⁸ This data is almost two decades old, these statistics stats are still relevant today. These statistics reflect the urgency of the Department of Defense to help our active-duty service members become resilient and care for their children while living in an environment filled with multiple and reoccurring stressors.

⁴ "Military Presence in Hawaii" The Huffington Post accessed Nov 3, 2017, http://www.huffingtonpost.com/2013/09/26/hawaii-military-presence_n_4000020.html.

⁵ "Military in Hawaii" Hawaii Chamber of Commerce, accessed Feb 21, 2018, <https://www.cochawaii.org/wp-content/uploads/CCH-Military-broch-1g-NEW-LOGO.pdf>.

⁶ "Military in Hawaii" Hawaii Chamber of Commerce, accessed Feb 21, 2018, <https://www.cochawaii.org/wp-content/uploads/CCH-Military-broch-1g-NEW-LOGO.pdf>.

⁷ Karen Peterson, "Long Deployments Stress Military Families" USA Today last modified October 8, 2001, accessed July 7, 2016.

⁸ Karen Peterson, "Long Deployments Stress Military Families" USA Today last modified October 8, 2001, accessed July 7, 2016.

The lifestyle of military personnel can be stressful. Joshua Gerow defines stress as “a complex set of reactions made by an individual under pressure to adapt.”⁹ Our servicemembers face numerous stressors daily. These stressors are compounded because they are suppressed for long periods of time. Instability is one major stressor. Sometimes military training in the field, at sea or with other units in different geographical regions means time away from home. At times military personnel are at home and work long hours until specific mission-essential tasks are complete. The inability to schedule one’s family routine becomes a stressor for the service member and a burden for the spouse.

Being stationed in Hawaii adds other stressors to young active-duty service personnel. The cost of living is extremely high. The Hawaiian Islands are in the approximate center of the world’s largest ocean. Hawaii is over 2,000 miles from the west coast of the United States which produces a sense of isolation in many service members and their families. This sense of isolation is enhanced by the time zones differences between Hawaii and the mainland. The two to six-hour time difference can limit access to service members’ support networks or resources for these young parents, especially when the active-duty service member has to be away from home to train and prepare to deploy. Even more, isolation occurs when the active-duty service member ultimately deploys from home.

Additionally, since the 9/11 terrorist attacks, the United States military has fought in Iraq, and Afghanistan and provided strategic deterrence to Iran, Korea, Syria, and Africa. The operational tempo necessary for maintaining a military presence in each of

⁹ Joshua R. Gerow, *Essentials of Psychology: Concepts and Applications* (New York: HarperCollins College Publishers, 1993), 370.

these countries for the last fifteen years has placed mental, emotional and physical stresses on the service members who volunteer to serve this country. The family members who support these service members experience many of the same mental, emotional and physical stressors.

The rate of military divorces is rising and is becoming a concern for military leadership. Military leadership realizes that the increased operational tempo has placed relational stressors on young service members who must be able to focus completely on the tasks at hand. Wandering minds can have a life-threatening outcome. Stress and concerns resulting from family issues contribute greatly to material and personnel loss encountered while deployed or in combat. Divorce is a universal problem in and out of the military along with its secondary impact on the children of these families. Many of the relational and job-related stressors can cause service members to feel overwhelmed. Sometimes these feelings can contribute to depression or lead to thoughts of suicide. How will these young Americans cope with the stressors of serving in the military? For many, their service resulted in a combat environment. How will they recover when they feel overwhelmed? Cultivating their resilience is one way. Cultivating a resilience based on one's relationship to their deity or faith is a better way.

Importance of Project

The importance of the Project to the Researcher

Chaplains are an embedded resource assigned to the same individual units located where the service members serve. They are more accessible to service members than behavioral health professionals who work in counseling centers, which are centrally located on the base. Military chaplain's proximity in the service member's unit allows

them to function as first responders. Their purpose as an embedded resource is to maintain morale and increase spiritual resilience, not to cure military service members of their emotional or psychology-based ailments. Chaplains achieve their purpose when they learn and use appropriate counseling methods that increase military service members' spiritual resilience. These appropriate counseling methods are the tools military chaplains need to successfully care for service members. This research project is important to the researcher because it discovered counseling methods that were easily implemented by military chaplains. It also helps chaplains develop a toolbox or collection of proven methods necessary to maintain morale and increase the spiritual resilience of service members assigned to their units.

The Importance of the Project to the Ministry Context

The importance of this project to the ministry context is the creation of professional credibility for military chaplains and pastoral caregivers. The researcher is a military chaplain and worked in a military hospital for three years. During that time the researcher provided pastoral care and support to service members who were known as "wounded warriors." These men and women had received traumatic injuries while in combat. In the role of a military chaplain, the researcher counseled service members, their families, and the hospital staff; made referrals to appropriate clinicians; and participated in the multidisciplinary meetings. Over time, the researcher observed a hierarchy within the counseling community. Psychiatrists were afforded credibility equal to medical doctors because they dealt with hard or tangible science. Psychologists were afforded less credibility than psychiatrists, social workers less than psychologists and

chaplains less than all others. Establishing professional credibility is important in the clinical setting.

Professional credibility increases access by the care provider regardless of clinical specialty. A credible caregiver provides input into treatment plans that are accepted and implemented by the attending physicians in charge of the multidisciplinary team. Most importantly, credible caregivers received referrals from other clinicians.

The Importance of the Project to the Academic Community

Chaplains serve in other institutions besides the military. The other major institutions that they serve in are healthcare and prisons. In general, chaplains who serve in the healthcare institution publish most of the literature regarding pastoral care techniques and methods. This researcher intended to discover pastoral care techniques and methods that military chaplains can implement that increase service members' spiritual resilience and share these findings with others in the academic community. Optimistically this researcher hopes that these findings inspire future research in developing counseling methods that chaplains and other pastoral care providers can readily apply when helping their care-seekers.

Nature of the Research

This research project was qualitative in nature and employed a grounded theory design. The researcher gained insights regarding appropriate counseling methods that military chaplains can employ. The insights obtained regarding these counseling methods were gathered through interviews from behavioral healthcare counselors, and active-duty military chaplains.

Overview of Research Project

The researcher began this research project by researching the biblical methods for providing pastoral counseling to those in need. A review of the literature regarding the counseling procedures used by pastoral care and behavioral health counselors that cultivated spiritual resilience in service members who have deployed was conducted. This literary review also explored pastoral counseling techniques implemented by hospital chaplains and other faith-based counselors who worked with patients who have experienced trauma.

Next, the researcher researched qualitative research methods to develop interview questions and an interview guide. The researcher submitted a proposed interview guide for review by the thesis advisor. Once the interview guide was approved, the researcher contacted military chaplains and behavioral healthcare providers and arranged interviews. The researcher evaluated collected data and ascertained appropriate counseling methods for use by military chaplains. The impact of these appropriate counseling methods on military service member's spiritual resilience was assessed. Finally, the researcher documented and reported the findings.

CHAPTER TWO: BIBLICAL REFLECTION

The first sub-problem addressed by this research project was to discover biblical methods for providing pastoral counseling that increases military personnel's spiritual resilience. The prevalent pastoral counseling needs of active-duty service members accessed by the researcher, were overcoming post-traumatic stress disorders caused by emotional and moral traumas. Some of the traumas and stressors experienced by service members are accelerated by unstable personal lives created by high operational tempos. Increasing the service members' spiritual resilience as they recover from numerous combat deployments is critical to maintaining a healthy fighting force.

The researcher believed that serving God through the ministry of chaplaincy is one of the most rewarding vocational roles available and has served as a Navy Chaplain for 17 years. Serving as a chaplain provided an opportunity to utilize their pastoral gifts in a clinical or institutional environment where one could demonstrate God's love to everyone regardless of their faith or socioeconomic status.¹⁰ The researcher's zeal to serve, led to the discovery of the biblical premise for serving as a chaplain. This biblical premise cultivated a counseling philosophy that military chaplains could implement to help active-duty service members increase their spiritual resilience. During this process, the researcher consulted word studies, commentaries, and theological texts to develop a

¹⁰ Naomi K. Paget and Janet R. McCormack, *The Work of The Chaplain* (Valley Forge PA: Judson Press, 2006), 5.

biblical hypothesis to provide pastoral care and assist active-duty service members overcome post-traumatic stress disorder and increase their spiritual resilience.

The biblical premise for serving as a chaplain was found in the book *The Work of a Chaplain*.¹¹ Naomi Paget and Janet McCormick establish that chaplains are to serve all people spiritually, emotionally, and physically regardless of their faith or socio-economic class. They begin their assessment by discussing Matthew 25:31-46.

Types of Pastoral Care

Practical Pastoral Care - Chaplaincy

Paget and McCormick draw their insights from Matthew 25:31-46. In this passage of scripture, Jesus speaks of a king who separates the sheep from goats or metaphorically good people from bad people. Paget and McCormack look beyond the king's judgment and the act of separating good people from bad people to formulate a pastoral care tenet.¹² Jamieson and Fausset's commentary on this passage confirms Paget and McCormick's biblical interpretation.¹³ This tenet is pastoral caregivers are to provide hope plus demonstrate God's love and concern to all mankind regardless of their faith or socio-economic status. The caring and supportive actions performed by chaplains demonstrate Jesus' value for all people, not just those who are deemed good, well off, or who share the same ethnicity and culture.¹⁴ The authors' emphasis on the phrase "all

¹¹ Naomi K. Paget and Janet R. McCormack, *The Work of The Chaplain* (Valley Forge PA: Judson Press, 2006).

¹² Paget and McCormack, 6-7.

¹³ Robert Jamieson, A. R. Fausset, and David Brown, *Commentary Critical and Explanatory on the Whole Bible*, vol. 2 (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 59.

¹⁴ Naomi K. Paget and Janet R. McCormack, *The Work of The Chaplain* (Valley Forge, PA: Judson Press, 2006), 5-6.

people” equates to all people who are members or clients of the institution in which the chaplain serves.

Paget and McCormick also described how a chaplain’s presence is an essential element of caring for others. James instructs those to whom he writes to call for the elders to pray over the sick and anoint them with oil (Jam. 5:13-16). Those who are called to pastor and lead a faith community have a burden to lead and provide a spiritual presence along with a relational presence. Within the institution in which they serve chaplains are the elders, spiritual leaders or pastors the community at large seeks for help during their time of need. Chaplains, like elders, are trusted because of their biblical knowledge and spiritual awareness. They are further trusted because of their consistent presence within the institution and the care-seeker’s life.

Chaplains’ relational presence is demonstrated through daily physical interactions. Some of these interactions may include a spiritual element like prayer or Scripture reading and interpretation. Other daily interactions may include conversation or elements of a formal counseling session. Chaplains’ spiritual presence is demonstrated by the administration of various religious rites that allow their parishioners to connect with their creator and healer, which offer comfort and healing. In James 5:16 the sick are charged to confess sins to one another. Implying that there is a correlation between one’s emotional need to repent and reconnect to their creator. Good Chaplains become intuitive and know when to pray and administer elements of their faith or be emotionally present.

In Matthew 25:40, Jesus responds to his disciples “The King will answer and say to them, “Truly I say to you, to the extent that you did it to one of these brothers of Mine,

even the least of them, you did it to Me.”¹⁵ The implication derived from this verse is that those called to serve God should care for those who are often perceived as “the disenfranchised, the homeless, disabled, uneducated and the terminally ill.”¹⁶

Another tenet derived from Matthew 25 is “chaplains are to serve, assess and provide for the needs of others.”¹⁷ They should be physically present to offer support and nurture. Chaplains’ physical presence stimulates personal interactions and cultivates relationships. Within these relationships, chaplains can assess the physical, spiritual and emotional needs of the care-seekers. Chaplains show God’s love through their nonjudgmental and approachable presence. Chaplains are to serve all people who are residents of their institution or ministry context where they are employed.

Most institutions that employ chaplains are pluralistic and require chaplains to be respectful and understanding of all faith expressions. This makes being present in the lives of the people they serve a challenge. Chaplains are to respect and encourage the care-seeker’s faith while adhering to and honoring the doctrines of their faith.

Incorporating the aspect of presence into a chaplain’s caregiver toolbox facilitates accommodation and defines one side of what this researcher describes as a “ministry of care triangle.” The ministry of care triangle is comprised of one side, which facilitates the religious beliefs of the care-seekers. Many times, this accommodation can be achieved directly by the chaplain. Other times chaplains must facilitate religious accommodation

¹⁵ Unless otherwise noted, all Scripture citations are from *The New American Standard Bible* (La Habra, CA: The Lockman Foundation, 1995).

¹⁶ Naomi K. Paget and Janet R. McCormack, *The Work of The Chaplain* (Valley Forge, PA: Judson Press, 2006), 5.

¹⁷ Paget and McCormick, 7.

for the care-seekers whose faith is different from their own. This facilitation may be in the form of inviting a member of the care-seeker's faith group to administer certain religious rites that are not suitable for the chaplain to administer. The second side of this ministry of care triangle is the chaplain's capability to advise others and advocate for their care-seekers. The last side in this ministry of care triangle is to provide pastoral or biblical counsel to all members of the institution in which they serve. It is this last leg of the ministry of care triangle that this research is focused on.

Paget and McCormick revealed biblical passages that defined the chaplain's role. Understanding these biblical passages enabled the researcher to identify an appropriate counseling philosophy. This counseling philosophy will identify or support an appropriate counseling method that chaplains can employ to increase spiritual resiliency. The takeaway from Paget and McCormick's research is chaplains are to cultivate safe nonjudgmental relationships between themselves and the care-seeker and usher the care-seeker into the presence of God.

Shelly Rambo's journal article, *Trauma and Faith*, provided insight into faith's role in the healing process of overcoming the symptoms of trauma.¹⁸ This article discussed caring methods derived from the healing interaction between Jesus and the hemorrhaging woman depicted in Mark 5:25-34. Rambo's use of this passage of Scripture led the researcher to examine and extrapolate a Biblical tenet that applies to pastoral caregiving and counsel.

¹⁸ Shelly Rambo. "Trauma and Faith: Reading the Narrative of the Hemorrhaging Woman," *International Journal of Practical Theology* 13, no. 2 (2009): 233-257.

In Mark 5, Christ healed three different people based on their acknowledgment of faith in Christ along and their ability to share their story. This chapter describes the Gadarene Demoniac as a man tormented by many spirits, who lived with death and was filled with rage. He displayed many similar symptoms as our combat warriors. Jairus, a synagogue official, was a community leader as well as a loving father trying to save his daughter. He represents the trauma and struggles that many service members' families face. The hemorrhaging woman represents the physical ailments many service members experience. A physical ailment limits service members' capability to perform their jobs or their ability to stay in the military. The uncertainties that arise from physical ailments cause anxiety, frustration or feelings of overwhelmingness.

Biblical Basis

The researcher conducted the biblical interpretation by following a system outlined by William Klein, Craig Blomberg, and Robert Hubbard. Their system for “accurate understanding and correct interpretation involves five essential items: (1) literary context, (2) historical-cultural background, (3) word meanings, (4) grammatical relationships, (5) literary genre.¹⁹ The assessment of Mark chapter five begins with the determination of the original author. Robert Jamieson, A. R. Fausset and David Brown state the “Second Gospel was written by Mark is universally agreed, though by what Mark, not so. The great majority of critics take the writer to be “John whose surname was Mark,” of whom we read in the Acts, and who was “sister’s son to Barnabas.”²⁰ Walter

¹⁹ William W Klein, Craig L Bloomberg, and Robert L Hubbard Jr. *Introduction to Biblical Interpretation*, edited by Kermit A. Eckleberger. (Nashville, TN: W Publishing Group, 1993), 156.

²⁰ Robert Jamieson, A. R. Fausset, and David Brown, *Commentary Critical and Explanatory on the Whole Bible*, vol. 2 (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 64.

Ewell and Robert Yarbrough confirm Jamieson, Fausset and Brown's assertion that John Mark is the author of this Gospel.²¹ R. Alan Cole's assessment of the Gospel's content states that the "evidence provided in the book of Mark does not specifically name or disclose clues to the author's identity."²² Subsequently, Cole determined that there is enough traditional evidence to indicate

that internal comparison suggests to most scholars that this was the first of the gospels to be written, and that tradition unanimously ascribes this gospel to Mark. Tradition is also unanimous that this Mark was the John Mark mentioned in several places in the New Testament.²³

According to Walter Elwell and Robert Yarbrough, Mark was credited by the early church as being Peter's interpreter. They further stated: "Mark recorded Peter's recollections and was striving for accuracy but not tightly connected, strictly chronological narrative."²⁴ These statements support John Mark authorship of this Gospel with Peter's help.

John Mark is the same person who accompanied his uncle Barnabas and Paul on their first missionary journey (Acts 12). Mark is also noted for leaving the first missionary journey unexpectedly. Cole highlighted this fact in the following statement: "Mark had even shared with Barnabas and Saul one 'leg' of the first missionary journey (Acts 13:2-5, to Cyprus) until he turned back in Cilicia (Acts 13:13) and returned to

²¹ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 88.

²² R. Alan Cole, *Mark: An Introduction and Commentary*, vol. 2, Tyndale New Testament Commentaries (Downers Grove, IL: InterVarsity Press, 1989), 25.

²³ Cole, 25.

²⁴ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 88.

Jerusalem, where he presumably remained.”²⁵ Cole noted the tension in Paul’s and Barnabas’ relationship after Mark’s abrupt return home.

After the split between Barnabas and Paul over Mark, Barnabas took Mark back with him to Cyprus (Acts 15:39) and possibly elsewhere, on his own ‘second missionary journey’. Whatever Paul felt about Mark’s departure at the time (Acts 15:38), in much later years Mark appears as associated with Paul (Col. 4:10 and 2 Tim. 4:11), and also as a close junior colleague of Peter (1 Pet. 5:13), presumably in both cases at Rome.²⁶

Cole not only credits John Mark as the author of the gospel of Mark but as the first person to write a gospel.²⁷ Kendell Easley surmised that he wrote this book to provide a written account of Jesus’ life until His return, and to encourage other Christians who faced Roman persecution initiated by Nero.²⁸ Many Bible scholars believe that Matthew and Luke wrote their gospels based on Mark’s gospel.²⁹

In the following sections, the researcher looked at the literary context, the historical-cultural background, word studies and commentaries to discern a counseling philosophy derived from Mark 5 that informs chaplains’ pastoral caregiver counseling techniques.³⁰

²⁵ R. Alan Cole, *Mark: An Introduction and Commentary*, vol. 2, Tyndale New Testament Commentaries (Downers Grove, IL: InterVarsity Press, 1989), 26.

²⁶ Cole, 26–27.

²⁷ Cole, 25.

²⁸ Kendell Easley, *Holman Quicksource Guide to Understanding the Bible* (Nashville, TN: Holman Bible Publishers, 2002), 252.

²⁹ William W Klein, Craig L Bloomberg, and Robert L Hubbard Jr. *Introduction to Biblical Interpretation*, edited by Kermit A. Eckleberger. (Nashville, TN: W Publishing Group, 1993), 322.

³⁰ Klein, Bloomberg, and Hubbard, 156.

Literary Context

Discerning the literary context is step one of the essential elements used in interpreting Scripture. The researcher studied what was said before the selected passage and immediately after the passage. Reading the material before and after the selected passage provides continuity of thought and meanings of keywords.³¹ Additional considerations incorporated in an appraisal of context are to review the writings of the same author, the genre that the selected passage belongs, assess the theme of the book or testament.³² Consider the historical and cultural background when assessing the context. The events of the day that shape the thoughts and concerns of political leaders during Jesus' day, the response of the local community, and the response of the believers. The members of each group were influenced by Mark's writings.

One additional tool that helped the researcher analyze and understand the context of Mark 5 was the *Harmony of the Gospels*.³³ This book allowed the researcher to look at other related gospel accounts simultaneously.³⁴ Reading Matthew and Luke's accounts of the same narrative helped the researcher understand the context and better comprehend the details of what was happening within each narrative.

Robert Thomas and Stanley Gundry's *Harmony of the Gospels* reveals parallel narratives of New Testament Gospels. The researcher used the New American Standard

³¹ William W Klein, Craig L Bloomberg, and Robert L Hubbard Jr. *Introduction to Biblical Interpretation*, edited by Kermit A. Ecklebarger. (Nashville, TN: W Publishing Group, 1993), 156-157.

³² Klein, Bloomberg, and Hubbard, 161-163.

³³ Robert L Thomas and Stanley N. Gundry, *A Harmony of The Gospels: With Explanations and Essays* (Peabody, MA: Prince Press, 2003).

³⁴ William W Klein, Craig L Bloomberg, and Robert L Hubbard Jr. *Introduction to Biblical Interpretation*, edited by Kermit A. Ecklebarger. (Nashville, TN: W Publishing Group, 1993), 327-328.

version for the analysis of Mark chapter five. The three healing events narrated in Mark 5 are also described in Matthew and Luke.³⁵ This parallel format allows the reader to view the Scriptures side by side, and vividly see the similarities and differences contained in each narrative, which helps students better understand the passages that they are studying.

The “Harmony of the Gospels” reveals that Matthew 8:28-34 and Luke 8:26-39 communicate the narrative of Jesus healing a man filled with evil spirits. This narrative begins when Jesus crosses the Sea of Galilee. Mark’s narrative shares a more detailed description of this event. Mark and Luke both agree and record that there is only one man healed in their narrative, while Matthew records that there were two men healed. The “Harmony of the Gospels” also reveals that Matthew 9:20-22 and Luke 8:43-48 recount the narrative of Jesus healing the hemorrhaging woman that Jesus encountered on his way to Jairus’ house. Once more, Mark shares a more detailed narrative than Matthew and Luke. The “Harmony of the Gospels” reveals that Matthew 9:18-19, 23-26 and Luke 8:40-42, 49-56 also tell the narrative of Jesus healing a little girl after he healed the hemorrhaging woman. Mark continues to provide a more detailed narrative, which is interesting since Luke was a doctor and the final two healings are physical. Thomas and Gundry’s work affirm that Mark 5 is the most detailed passage to review for this project.

Mark chapter five is located in the synoptic gospels section of the New Testament. The gospels purpose was to provide written documentation of Jesus’ life and the impact of Jesus’ life on others.³⁶ The gospels literary genre is considered to be

³⁵ Robert L. Thomas and Stanley N. Gundry *A Harmony of The Gospels: With Explanations and Essays* (Peabody, MA: Prince Press, 2003), 88-93.

³⁶ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 90.

biographical in nature without the rigorous chronological structure or documentation.³⁷

Additionally, the gospels have been called Biographical Sermons, because “They tell the story of Jesus’ life and teaching ... but they also contain the elements found in early Christian sermons.”³⁸

Looking specifically at the gospel of Mark the researcher ascertained the author’s theme or central thought. Elwell and Yarbrough correlate Mark’s theme with the other Gospel writers: “The central theme of Mark is the story of Jesus of Nazareth. Mark is concerned to record a description of who Jesus was and the impact of those who came in contact with him...The supernatural nature of Jesus is the central theme of the Gospel of Mark.”³⁹ Easley concisely stated: “The main purpose of this Gospel was to provide a written proclamation of redemption brought about through Jesus with an emphasis suitable for Gentile Christians: Jesus is the perfect servant of the Lord.”⁴⁰ Compiling these statements, the researcher determined that the purpose of the Gospel of Mark is to provide a written narrative of Jesus’ life that reveals His supernatural impact on the people that He encountered. Jesus’ supernatural impact led to their redemption.

According to, Elwell’s and Yarbrough’s previous definition of the central theme for all Gospels and the Gospel of Mark, plus Easley’s specific definition of the central theme for the Gospel of Mark, it is easy to perceive how Mark chapter five fits into the

³⁷ Kendell Easley, *Holman Quicksource Guide to Understanding the Bible* (Nashville, TN: Holman Bible Publishers, 2002), 248.

³⁸ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 72.

³⁹ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 90.

⁴⁰ Kendell Easley, *Holman Quicksource Guide to Understanding the Bible* (Nashville, TN: Holman Bible Publishers, 2002), 250.

narrative shared by the synoptic gospels. Mark chapter five retells the miraculous measures that occurred during three healings; revealing the supernatural nature of Jesus. These three miraculous healings are recorded in Matthew, Mark, and Luke. A fact which aligns the recounting of Mark chapter five into the overall redemptive message of these books of the Bible.

The researcher strived to achieve is an honest interpretation of what Mark was trying to communicate to the readers of his gospel by using this hermeneutical principle. Understanding the context of chapters one through eight helped the researcher extrapolate the message conveyed by John Mark to the original readers of this book along with the readers of today.

Historical-Cultural Background

To further understand the context in which the author is speaking it is necessary to understand the historical-cultural background of the selected text. This knowledge allows one to understand the circumstances in which the author and recipients lived. The knowledge gained from an understanding of the context helped clarify the necessity for the effective communication of the selected passage to its recipients. Being able to understand what the passage means to the original author or context is the researcher's goal.⁴¹

The culture of first and second century Christians was captured by Justo Gonzalez in the first volume of his three-volume work *The Story of Christianity*. He explained that the belief in and worship of Jesus Christ spread throughout the region after his death. The

⁴¹ Henry Virkler, *Hermeneutics: Principles and Processes of Biblical Interpretation* (Grand Rapids, MI: Baker Books 2002), 78.

spread of Christianity was amazing since most first and second century Christians were everyday working-class people. Few were notable or well-respected in their society. The rich or respected members of society worshiped with the rank and file.⁴² Few community leaders who supported the Christian belief system. There was a new faith growing throughout the Roman empire. This faith movement was led by many illiterate working-class believers.⁴³

Gonzalez stated that during the first and second centuries followers of Christ worshiped on the first day of the week, Sunday, to align themselves with Christ's resurrection. Due to this alignment, Christian worship services were celebrations that focused on communion and the Lord's resurrection.⁴⁴ The rich or respected members of society worshiped with the rank and file. Gonzalez further notes that these followers of Christ sometimes held these celebrations in catacombs and cemeteries, but most worshiped in their homes.⁴⁵ During the time of the writing of Mark these worship services consisted of a full meal, with special prayers over the bread and wine. Only those who were baptized could attend these worship services and participate in the communion meal.⁴⁶

⁴² Justo L, Gonzalez. *The Story of Christianity* vol. 1 *The early Church to the Dawn of the Reformation* (New York: Harper Collins 1984), 91.

⁴³ Gonzalez, 91-92.

⁴⁴ Gonzalez, 92-93.

⁴⁵ Gonzalez, 95.

⁴⁶ Gonzalez, 93-94.

“During the time of these worship services, it was almost impossible for an individual Christian to possess a copy of Scripture.”⁴⁷ It was difficult for an individual Christian to learn Scripture or about Christ without attending worship service. This produced an environment where most of the first and second century Christians’ biblical knowledge came from listening to commentated readings of scripture being read before the evening or communion meal.⁴⁸ Having someone with Scripture knowledge within the various first and second century Christians’ worship communities was vital. This person empowered the Christian followers to communicate their faith safely without fear of persecution. This Christian community leader could have been identified as a pastor.

Elwell and Yarbrough’s book *Encountering the New Testament* articulated the background of the major political leaders of the Palestinian region during the life of Christ. Elwell and Yarbrough described the individual personalities of each monarch and the regional sociological and cultural climate associated with each of these leaders.⁴⁹ Easley’s book *The Illustrative Guide to Biblical History* describes the historical chronology of first and second century Christians living in Palestine during Jesus’ life.⁵⁰ Easley’s book corroborates the information shared by Elwell and Yarbrough. The researcher was able to digest the history surrounding first and second century Christians’ lives and began to develop a solid interpretation of Mark chapter five.

⁴⁷ Gonzalez, 94.

⁴⁸ Gonzalez, 94.

⁴⁹ Walter Elwell and Robert Yarbrough *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 50-52.

⁵⁰ Kendell H Easley. *The Illustrated Guide to Biblical History* (Nashville TN: Holman Bible Publishers, 2003), 165-166.

The region in which Jesus lived, traveled and ministered is known as Palestine. This region is the setting of God's story since the beginning of creation. Many dynasties ruled over this region. From 166 B.C. the Maccabean dynasty ruled this region.⁵¹ In 63 B.C. Pompey of Rome captured the city of Jerusalem, ushering in the Roman dynasty. Rome ruled over this region during the time Mark, a disciple of Jesus traveled with Paul, Barnabas, and Peter. This also marked the time after Jesus' death and when Mark authored his namesake book.⁵²

Some Bible scholars believe that the Gospel of Mark was written between 40 A.D. and 60 A.D. These scholars base this date range on the fact that Mark documented Peter's recollections while Peter lived and shared with his protégé⁵³ During that time the Roman Empire controlled the major landmasses surrounding the Mediterranean Sea including Palestine, the region of Jesus' ministry. Tiberius, Augustus, Caligula, Claudius, and Pontius Pilate represented the Roman Empire as territorial leaders from Jesus' birth through the end of Peter's life.⁵⁴ The local leaders during this time Herod the Great, Herod Archelaus, Herod Antipas, Herod Agrippa I, and Herod Agrippa II were appointed by Rome to oversee the territory where Jesus lived and served. After the sudden death of his father Agrippa I, Agrippa II assumed leadership over this region. Due to Agrippa II's young age, he was not given immediate reign over his father's region nor did he assume complete reign over the region. It is during Agrippa II's reign that Mark wrote his book.

⁵¹ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 47.

⁵² Elwell and Yarbrough, 48.

⁵³ Elwell and Yarbrough, 89.

⁵⁴ Kendall H Easley, *The Illustrated Guide to Biblical History* (Nashville TN: Holman Bible Publishers, 2003), 161.

Agrippa II ruled this region more like his grandfather who was very insensitive to the feelings and needs of the Jews.⁵⁵

The Jewish lifestyle and culture thrived during the reigns of Caesars Augustus and Claudius. Walter A. Elwell and Barry J. Beitzel confirm this fact in the following statement. “When Augustus became emperor, he devoted himself to reorganizing his empire. Because of the chaos that had prevailed in the provinces, he took it upon himself to restructure economic and financial policies.”⁵⁶ This statement reveals evidence that Caesar Augustus was a good politician. His reorganization of economic policies provided stability for the Roman Empire. This newfound economic stability allowed the Jewish people to thrive. Another impact on Jewish lifestyle and culture was Augustus’ growing trust in King Herod the Great. Augustus’ confidence in King Herod the Great afforded him more autonomy. King Herod the Great and his grandson Herod Agrippa I were known to favor the Jewish people. These two kings allowed the Jewish people to conduct and participate in their cultural and religious traditions.

Elwell and Beitzel also observed the following “Though Caesar Augustus is mentioned only once in the New Testament, he is known to every reader of the Bible because of the census that he decreed in all the provinces just before the birth of Jesus.”⁵⁷ The same census that brought Joseph and Mary to Bethlehem and fulfilled the prophecy about Jesus’ place of birth. During Caesar Augustus’ 44-year reign he brought economic

⁵⁵ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 51-52.

⁵⁶ Barry J. Beitzel, “The Caesars,” in *Baker Encyclopedia of the Bible* edited by Walter Elwell (Grand Rapids, MI: Baker Book House, 1988), 392.

⁵⁷ Beitzel, 392.

stability to the region, good relationships among its inhabitants, and installed a King who allowed the Jewish to exercise their cultural traditions.

Elwell and Breitzel's review of Caesar Claudius's reign reveals that he too, was sympathetic to the Jewish residents of his territory:

When Claudius became emperor, he faced the task of healing the broken relationships caused by Caligula's madness. He ended the persecution of Jews in the city of Alexandria. Josephus recorded an edict that Claudius sent to Egypt: Tiberius Claudius Caesar Augustus Germanicus, high priest, and tribune of the people, ordains thus...I will, therefore, that the nation of the Jews be not deprived of their rights and privileges on account of the madness of Gaius; but that those rights and privileges which they formerly enjoyed, be preserved to them, and that they may continue in their own customs.⁵⁸

This edict allowed the Jewish people who lived within the Roman Empire to maintain their daily devotional and worship traditions.

This brief review of ruling governors helps one understand that for a long time this region was free to follow the Jewish traditions. The increase of Christian philosophy and Christian believers opposed local religious leaders, economic influencers and threatened to reduce their socio-economic status. The Pharisees and the Sadducees were the two dominant religious groups exerting public influence during Jesus' time.⁵⁹

“Theologically, the Pharisees developed a set of views based on the Old Testament.”⁶⁰

This sect not only based their views on the Old Testament but they tried to implement and honor each element of the Levitical laws. Ultimately, the Pharisees' philosophy and teaching became what is known as Judaism. The Sadducees came into prominence via

⁵⁸ Elwell and Beitzel, 395.

⁵⁹ Walter Elwell and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey* (Grand Rapids: Baker Books, 1998), 56-57.

⁶⁰ Elwell and Yarbrough, 57.

their genealogical connections to the priestly aristocracy. Their belief system did not embrace teachings about angels and spirits, the resurrection, the last judgment, life after death, and the coming Messiah like the Pharisees.⁶¹

Because of Jesus' interpretation and application of biblical laws, accusations of blasphemy, and his acceptance of all people, the local religious leaders and influencers sought to discredit Christ and the Christian movement. John Mark desired to write an account of Christ that demonstrated his redemptive deeds that was permanent and portable. This document would be the foundation of oral traditions, could be copied, delivered, and used in multiple communities; further assisting the growth of the Christian movement. In addition to understanding the background influencing the content and writing of this Gospel the researcher also investigated specific words used in the passage.

Review of Word Studies

The Healing of the Gerasene Demoniac

The healing of the Gerasene demoniac is the first narrative in Mark 5. The phrase “into the country of the Gerasenes” is used in Mark 5:1 and Luke 8:26 is different from the one in Matthew 8:28. In Matthew 8:28 the translation communicates “the country of the Gadarenes (τεν χωραν των Γαδαρηνων). This is the correct text in Matthew while in Mark 5:1 and Luke 8:26 it is “the country of the Gerasenes.”⁶² Analysis of this phrase provides an understanding of the location where this miracle happened and the beneficiary.

⁶¹ Elwell and Yarbrough, 57.

⁶² A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mt 8:28.

“The ruins of the village Khersa (Gerasa) probably point to this site which is in the district of Gadara some six miles southeastward, not to the city of Gerasa some thirty miles away.”⁶³ The location of this encounter between Jesus and the Gerasene demoniac is a topic of discussion for many Bible scholars. They deliberated on how Jesus crossed the Sea of Galilee and immediately met the unclean-spirit-possessed man from Gerasa. This word study helps the researcher and readers understand Mark’s description of this location. Mark’s focus was on where this possessed man is from vice the specific location. Another implication extrapolated from Robertson is the fact that the Gerasene demoniac traveled approximately thirty miles to meet Jesus or get help. This word study examined the living conditions of the Gerasene Demoniac.

Marvin Vincent discusses the demoniac’s living conditions (Mark 5:3). In his analysis of “the dwelling” he states, that this phrase, “gives the sense of settled habitation. Compare our phrase settled down.”⁶⁴ The Gerasene demoniac lived in a place that provided shelter but was culturally off-limits. A place where he was ostracized for residing. These two assertions help one understand that the Gerasene Demoniac was comfortable and made his home in a place that no one wanted to live or spend time. He had mentally and emotionally accepted his living conditions.

Vincent continues the discussion of Gerasene demoniac’s physical and emotional living conditions that contributed to his state of mind by describing “the tombs.” He states:

⁶³ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:1.

⁶⁴ Marvin Richardson Vincent, *Word Studies in the New Testament*, vol. 1 (New York: Charles Scribner’s Sons, 1887), 186.

In unclean places, unclean because of the dead men's bones which were there. To those who did not on this account shun them, these tombs of the Jews would afford ample shelter, being either natural caves or recesses hewn by art out of the rock, often so large as to be supported with columns, and with cells upon their sides for the reception of the dead.⁶⁵

The village of Gerasa was near the shore of the Sea of Galilee. This fact helps the reader understand how Jesus could cross the Sea of Galilee and meet this spiritually oppressed man.

“He was crying out and cutting himself with stones.” This phrase indicates the emotional condition of this man and is captured by A.T. Robertson: “Further vivid details by Mark. Night and day his loud scream or screech could be heard like other demoniacs confer with Mark 1:26; 3:11; 9:26 for deeper understanding.”⁶⁶ This statement reveals the anxiety and inner struggle that occurs in one who lives in isolation and separated from loved ones.

Robertson's analysis of the phrase “My name is Legion” reveals that Jesus had a conversation with the demoniac man and the demons who possessed him. Upon Jesus' inquiry, the demon responded (in Luke, but not in Matthew) with “the Latin word (*legio*). A full Roman legion had 6,826 men (Matt. 26:53). This may not have been a full legion, for Mark 5:13 notes that the number of hogs was “about two thousand.” Of course, a stickler for words might say that each hog had several demons.”⁶⁷ Christopher Church's research indicates that “A Roman legion consisted of between four thousand and six

⁶⁵ Vincent, 186.

⁶⁶ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:5.

⁶⁷ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:9.

thousand men.”⁶⁸. This man was isolated, ostracized, emotionally overwhelmed, and spiritually possessed. Based on Robertson’s and Church’s calculations the Gerasene demoniac was possessed by four to six thousand demons.

“Go to thy house unto thy friends” - (ὕπαγε εἰς τὸν οἶκόν σου πρὸς τοὺς σους). Robertson’s interpretation of this Greek expression is “To thy own folks” rather than “thy friends.” Robertson’s assessment of Jesus’ statement is “Certainly, no people needed the message about Christ more than these people who were begging Jesus to leave. Jesus had greatly blessed this man and so gave him the hardest task of all, to go home and witness there for Christ.”⁶⁹ The Gerasene Demoniac needed help. He needed to be acknowledged for the suffering that he endured during his season of isolation and spiritual oppression. After Jesus healed this man, he told him to go home. Robertson’s assessment reveals how Jesus sent the Gerasene Demoniac to share his story with family and friends.

The Healing of the Hemorrhaging Woman

For she said (ἔλεγεν). Richardson emphasized how the hemorrhaging woman shared her plight, over and over again. Her issue was real, and she never stops sharing her plight as indicated in the following quote. Vincent indicates that his verb is in the imperfect tense meaning “she was saying or kept saying as she pressed through the crowd, either to herself or to others.”⁷⁰ Vincent’s assertion derived from the imperfect tense indicates the desperation this woman was experiencing.

⁶⁸ Christopher L. Church, “Mark,” in *Holman Concise Bible Commentary*, ed. David S. Dockery (Nashville, TN: Broadman & Holman Publishers, 1998), 433.

⁶⁹ A.T. Robertson, Mk 5:19.

⁷⁰ Marvin Richardson Vincent, *Word Studies in the New Testament*, vol. 1 (New York: Charles Scribner’s Sons, 1887), 190.

“Had suffered many things of many physicians” - (πολλα παθουσα υπο πολλων ιατρων). Robertson emphasized this woman’s ongoing plight in the following quote. “A pathetic picture of a woman with a chronic case who had tried doctor after doctor.” Furthermore she “had spent all that she had” - (δαπανησασα τα παρ’ αυτης παντα). Robertson continues describing this woman’s desperate situation both physically and emotionally in his interpretation of the following phrase “Having spent the all from herself, all her resources. The tragedy of it was that she was nothing bettered, but rather grew worse” - (μηδεν ωφεληθεισα αλλα μαλλον εις το χειρον ελθουσα). Robertson elaborates by stating “All of her money was gone, her disease was gaining on her, her one chance came now with Jesus.”⁷¹ Reviewing Robertson’s previous assessments of the Greek language used indicates this woman’s sense of desperation. Part of her desperation was the fact that all of her resources were depleted. She had the time and she had a story to tell. Jesus might be the one person who could help. In her pursuit of Jesus, her faith in him grew.

This woman spent all the money that she had and tried all available resources for twelve years to no avail. She was overwhelmed with frustrations from disappointing outcomes and was very discouraged. Because of these feelings, she was so desperate that she was willing to publicly approach a Jewish man during her time of uncleanness. Local customs prevented women from approaching Jewish men. Local customs also prevented women from public contact during her menstrual cycle. Nevertheless, in

⁷¹ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:26.

desperation, she reached for Jesus' garment. She was ashamed to be seen in public in her present condition. This is the way she is credited with her ultimate expression of faith.

Robertson continues his analysis of Jesus' perspective with the following statement "she thought, perhaps, that the touch of Christ's garment would cure her without his knowing it, a foolish fancy, no doubt, but one due to her excessive timidity." Mark 5:27 Affirms the source of her faith her knowledge gained through hearing. "after hearing about Jesus" the hemorrhaging woman went to meet Him. She went with the expectation of being healed.

"She felt in her body" - (ἐγνώ τῷ σωματι) ... "I am healed" - (ἰαμαὶ Ἰαται).

Robertson's examination of this phrase reveals the healing interaction between this woman and Jesus and is expressed in the aforementioned quotes. Robertson stated that "She knew the (translation of this) verb means she said to herself, (this verb) retains the perfect passive in the indirect discourse. It was a vivid moment of joy for her."⁷²

Summarizing Robertson's work reveals this woman knew based on the literal translation from English to Greek that she was healed permanently. Additionally, the passive tense of the verb reveals that the action happened to her. Physically this woman did nothing to heal herself, emotionally and spiritually she heard about Jesus' miracles and believed that Jesus was her last hope, that he possessed the power to produce miracles. The woman touched the garment that Jesus wore, she physically did not touch Jesus.

⁷² A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:29.

“Jesus perceiving in himself the power from him go out” (την ἐξ αὐτου δυναμιν ἐξελθουσαν).⁷³ During the moment of healing, Jesus immediately acknowledges this healing transaction. Jesus felt power flow from himself to the desperate woman. This woman instantly felt better. “He looked round about” - (περιεβλέπετο). Richardson reflects on Jesus' acknowledgment in the following word study analysis. The verb used here is in the imperfect tense, meaning “He kept looking around for the woman, who had hidden in the crowd.”⁷⁴ Jesus the Son of God knew exactly what had happened and wanted her to publicly acknowledge her healing despite her potential embarrassment.

“Fearing and trembling, knowing” - (φοβηθειςα και τρεμουσα, ειδυα).

Robertson's interpretation states that “These participles vividly portray this woman who had tried to hide in the crowd. She had heard Christ's question and felt his gaze. She had to come and confess, for something “has happened” - (γεγονεν), to her.”⁷⁵ Robertson's interpretation indicates that the hemorrhaging woman was compelled to confess the healing transaction that just occurred.

“She fell down before him” (προσεπεσεν αὐτω). That was the only proper attitude now for the woman when she realized that Jesus knew that she had touched him and that he had healed her.⁷⁶ Robertson's interpretation reveals that not only should the hemorrhaging woman confess but she had to confess with humility. All the truth (πασαν

⁷³ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:30.

⁷⁴ Marvin Richardson Vincent, *Word Studies in the New Testament*, vol. 1 (New York: Charles Scribner's Sons, 1887), 190.

⁷⁵ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:33–34.

⁷⁶ A.T. Robertson, Mk 5:33.

την ἀληθειαν). “Secrecy was no longer possible. She told, “the pitiful tale of chronic misery.”⁷⁷ This woman with the issue of blood tried to honor the local customs by being discreet but, Jesus wanted her to acknowledge her condition and healing publicly.

“Go in peace” - (ὕπαγε εἰς εἰρηνην). Robertson concludes this section of Mark chapter five with the following benediction statement. “Because of the woman’s public confession, she found sympathy, healing, and pardon for her sins. Peace here may have more the idea of the Hebrew, health of body and soul.⁷⁸ So Jesus adds: “Be whole of thy plague” (ἰσθι ὑγιης ἀπο της μαστιγος σου). Continue whole and well.⁷⁹

The Healing of Jairus Daughter

In Mark 5:22 Jairus a Synagogue leader is introduced to the reader. He tried all the local doctors, the newest medicines to heal his young daughter to no avail. This passage of Scripture implies that Jairus became overwhelmed and desperate. He heard of the many miracles performed by Jesus and went to him to ask him to heal his young daughter. Jesus agreed to help unfortunately while Jesus and all of those crowded around him were returning to Jairus’ home the hemorrhaging woman interrupted the journey. Once this woman was healed Jesus resumed His journey to Jairus’ home. In the meantime, a messenger arrived and reported to Jairus that she had died and there was no need to bother Jesus anymore.

“Heard.” (ἀκούσας). Richardson’s analysis of the conversation between Jairus and the messenger is as follows: “The correct reading is (παρακούσας), which may be

⁷⁷ A.T. Robertson, Mk 5:33.

⁷⁸ A.T. Robertson, Mk 5:33.

⁷⁹ A.T. Robertson, Mk 5:34.

rendered either not heeding, or overhearing, which, on the whole, seems the more natural. Disregarding would be more appropriate if the message had been addressed to Jesus himself, but it was addressed to the ruler. Jesus overheard it.⁸⁰ This is the same word that is used in the parallel narrative of Luke 8:50. The present participle, (λαλούμενον), being spoken, seems to fall in with this.”⁸¹ Robertson also addressed Jesus’ overhearing of this conversation. Their inference is: Jesus overheard the conversation but ignored their conclusion and continued his journey to Jairus’ home. Upon arriving at Jairus’s home Jesus discovered a chaotic environment. Many were grieving because of this little girl’s death, while others were grieving in honor of local customs.

“Wailing greatly” - (ἀλαλαζοντας πολλά). Richardson defines “this word as a descriptive word of the hired mourners crying.”⁸² Robertson affirms that this phrase relates to professional mourners and soldiers on entering battle cried (Ἀλαλα). These words depict the chaotic environment that Jesus found upon His arrival at Jairus’ house.⁸³ “Make a tumult” - (θορυβεισθε). Middle voice. Jesus had dismissed one crowd (verse 37) but finds the house occupied by the hired mourners making bedlam (θορυβος) as if that showed grief with their ostentatious noise.⁸⁴

“And they laughed him to scorn” - (και κατεγελων). Robertson's interpretation reveals the cynicism of those in the house via the following statement. “They jeered at

⁸⁰ Marvin Richardson Vincent, *Word Studies in the New Testament*, vol. 1 (New York: Charles Scribner’s Sons, 1887), 190–191.

⁸¹ Richardson, 190–191.

⁸² Richardson, 191.

⁸³ A.T. Robertson, *Word Pictures in the New Testament* (Nashville, TN: Broadman Press, 1933), Mk 5:38.

⁸⁴ A.T. Robertson, Mk 5:39.

him.” They kept it up.⁸⁵ The same words (are used) in Matt. 9:24 and Luke 8:53. The loud laughter was ill-suited to the solemn occasion. Jesus on his part (αὐτος δε) took charge of the situation.⁸⁶ By putting out the professional mourners and supporting the parents.

“That no one should know this (ἵνα μηδεὶς γνοι τοῦτο). This is the third healing narrative and the second time that Jesus instructed the healed or care-seeker to not share how they were healed.

“given her to eat” - (δοθῆναι αὐτῇ φαγεῖν). “Both Mark and Luke note that Jesus ordered food be given to the child” a sign of compassion demonstrated by a genuine caregiver, the Great Physician.⁸⁷ Feeding the little girl is one of the signs indicating that she had overcome death. Similar to Jesus once he returned to his disciples after his death.

Commentaries

The final step of our Biblical reflection seeking a tenet for counseling methods that military chaplains can use to increase service members’ spiritual resilience, is reviewing commentaries. Commentaries contain Bible scholar’s comments and thoughts based on their interpretation of a passage of Scripture. They also provide the reader with additional background information. Many Bible scholars combine their comments into a comprehensive collection covering an entire book of the Bible or the Bible itself. Based on the research of various Bible scholars the researcher reviewed and assessed the intent of Mark 5 and how this chapter influences pastoral caregiving methods.

⁸⁵ A.T. Robertson, Mk 5:40.

⁸⁶ A.T. Robertson, Mk 5:40.

⁸⁷ A.T. Robertson, Mk 5:43.

The Healing of the Gerasene Demoniac Mark 5:1-20

Cole discusses Gerasene demoniac's living conditions and the location where this miracle occurred in the following statement "The difficulty is that Gerasa was forty miles from the lake, and Gadara was only six miles away, but with a deep gorge in between. Mark does not say that the miracle took place in any of these towns, however, but only in the general area where they were situated."⁸⁸ Cole further states that the location of this event is not exact. Church provides a vivid description of Gerasene demoniac's living condition in the following statement. "The Gerasene demoniac pictures the horror of life out of control: isolation, violence, painful cries, self-destructive behavior, and powerlessness of neighbors to intervene or heal. Only Jesus could confront the oppressive forces and leave him "sitting ... dressed and in his right mind."⁸⁹

Cole provides another viewpoint regarding the length of time that the demon-possessed man suffered and the intensity of his inner turmoil. "The demon-possessed man had been ill for a long time just like the hemorrhaging woman mentioned in verse 25. It was in the failure of all human methods that Jesus acted decisively."⁹⁰ Cole expounds by discussing some of the medical treatments the Gerasene demoniac received. The chains were used to restrain or prevent him from hurting others with his uncontrollable behavior. Living in the tombs was a means of isolation to protect the demoniac and the residents.

⁸⁸ R. Alan Cole, *Mark: An Introduction and Commentary*, vol. 2, Tyndale New Testament Commentaries (Downers Grove, IL: InterVarsity Press, 1989), 158.

⁸⁹ Christopher L. Church, "Mark," in *Holman Concise Bible Commentary*, ed. David S. Dockery (Nashville, TN: Broadman & Holman Publishers, 1998), 433.

⁹⁰ R. Alan Cole, *Mark: An Introduction and Commentary*, vol. 2, Tyndale New Testament Commentaries (Downers Grove, IL: InterVarsity Press, 1989), 158.

Mark 5:6 narrates the moment when Jesus asked the man filled with evil spirits “what is your name?” The man filled with evil spirits response came from deep within his soul, from the spiritual infirmity “I am legion.” His response demonstrated the intensity of torment caused by many evil spirits. “Usually, the account only mentions ‘a demon’; ‘seven demons’ is a stage worse, seen in Mary Magdalene's case history (16:9). But this man is, by contrast, filled by a veritable army of militant demons.”⁹¹ Mark 5:15 “They came to Jesus and observed the man who had been demon-possessed sitting down, clothed and in his right mind, the very man who had had the “legion”; and they became frightened.” The phrase “Being clothed and in his right mind” indicated that this man was healed when Jesus cast the many evil spirits into nearby swine.

The researcher’s observation from the aforementioned commentaries is that healing occurred because of the interaction between Jesus, the caregiver, and the demoniac, the care-seeker. The Gerasene Demoniac physically wanted help. He left the tombs where he dwelt to meet Jesus. The one who represented his last hope. The spirits who oppressed this man wanted to survive beyond the impending exorcism. Mark 5:6-8 indicates the internal struggle that this man was enduring. He wanted help and the evil spirits who possessed him want to survive.

⁶ Seeing Jesus from a distance, he ran up and bowed down before Him; ⁷ and shouting with a loud voice, he said, “What business do we have with each other, Jesus, Son of the Most High God? I implore You by God, do not torment me!” ⁸ For He had been saying to him, “Come out of the man, you unclean spirit!

This internal struggle between Gerasene’s spiritual and physical being is similar to the struggle experienced by some service members. The challenge is creating a safe

⁹¹ R. Alan Cole, 160–161.

environment where the service member can ask for help and identify who they were and whom they have become or share their story.

The Healing of the Hemorrhaging Woman Mark 5:25-34

Rambo's article led the researcher to this passage of Scripture. Her goal was to illustrate the power of narrative therapy, yet she indicates that this woman needed to tell Jesus about her circumstances so that Jesus would know and heal her. The researcher sought to discover did Jesus know who touched him and did he desire a verbal affirmation? Cole's perspective is that Jesus knew who touched him and was asking a specific question to a specific person to complete the healing process. Jesus knew that the touch by the hemorrhaging woman healed her physically and he knew that the personal public profession would heal her emotionally. Cole draws his conclusion from the disciples' sarcastic response.

Here is yet another instance of the disciples' expostulation with Jesus for what they regarded as his unreasonableness: compare (Mark) 6:37 with its indignant 'shall we go and buy ... and give it to them to eat?' But Jesus ignored the expostulation in both cases: for the meaning of his question was at once apparent to one hearer at least the woman herself (33).⁹²

Cole detects the sarcasm of the disciples' response and perceives how Jesus ignored their sarcasm and looked directly at the hemorrhaging woman. This scenario implies that Jesus' question was rhetorical. It was an invitation for this woman to share her story.

Cole expounds on his conclusion by stating:

It was not enough to believe in her heart: she must as well confess with her mouth (Rom. 10:9). In front of all the crowd, she must confess, first her great need of healing, and then, the glad fact of her salvation. That is was a costly confession, we can tell from the words *in fear and trembling* (33). For a woman to speak in public before an Asian crowd, and above all to speak of such personal matters,

⁹² R. Alan Cole, 164.

would be very humbling for her, but humility is essential within the kingdom of God.⁹³

She had been already healed by her faith, but open confession brought her a word of confirmation from Jesus, and so a fuller understanding of her own recent experience. Confession brought to her not healing but assurance.⁹⁴

The two previous quotes imply that there is power in a care-seeker's confidence to share their testimony or story. Furthermore, these quotes indicate the power of one's faith in the healing process. The hemorrhaging woman had to believe in the person of Jesus and that he could heal her. Cole's comments affirm that her faith in the person of Jesus, as savior was crucial to her healing.

Local customs prevented women who were menstruating from being out in the community or coming into physical contact with anything that would be touched by a person, a man especially. Cole points out that "Jesus never hesitated to contract ritual defilement by touching a leper, or blood, or the dead, precisely because his touch at once cleansed and revived, and thus, as a Jew would say, removed the 'mother of defilement', their term for the source of pollution."⁹⁵

Jamieson and Fausset's commentary analyzed the conversation documented in Luke to answer the questions, did Jesus know who touched him, was Jesus seeking acknowledgment and public confession to affirm her healing? In response Jamieson and Fausset make the following statement based on Luke 8:46:

Yes, the multitude "*thronged and pressed Him*" —they *jostled against Him*, but all *involuntarily*; they were merely *carried along*; but one, one only—"a certain person—TOUCHED HIM," with the conscious, voluntary, dependent touch of faith,

⁹³ R. Alan Cole, 164.

⁹⁴ R. Alan Cole, 165.

⁹⁵ R. Alan Cole, 168.

reaching forth its hand expressly to have contact with Him. This and this only Jesus acknowledges and seeks out.⁹⁶

The above Jamieson and Fausset's quote indicate that someone intentionally touched him, someone guided by their faith. They touched him on purpose. Plus, their touch allowed a healing virtue to flow from Jesus to this particular person.

The Healing of Jairus Daughter Mark 5:21-24, 35-42

One of the details that Mark 5:22-23 elaborates on is how Jairus who was a Synagogue leader humbly approached Christ. Jamieson observed that most of the synagogue leaders did not believe in Jesus.⁹⁷ This point emphasizes the desperation that this father had to help heal his daughter. Jairus was going against, cultural traditions, his neighbors, and his peers. He demonstrated his humility and reverence by falling at Jesus' feet and begging for Jesus to heal his sick daughter.

Jairus approached and asked Jesus to heal his daughter, and while returning to heal his daughter the hemorrhaging woman interrupted this journey. This interruption must have frustrated Jairus, especially when told of the news of his daughter's death. Jesus works best in the face of despair. Cole is quoted as saying

Human despair was God's opportunity. Jesus had already been shown as Lord of nature; it was necessary that he here be shown as Lord of life and death. This was an important proof of Godhead, for it was supremely fitting that he, who had created life even before sin and death entered the world, should show himself Master of death and the grave.⁹⁸

⁹⁶ Robert Jamieson, A. R. Fausset, and David Brown, *Commentary Critical and Explanatory on the Whole Bible*, vol. 2 (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 72.

⁹⁷ Robert Jamieson, A. R. Fausset, and David Brown, *Commentary Critical and Explanatory on the Whole Bible*, vol. 2 (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 71.

⁹⁸ R. Alan Cole, *Mark: An Introduction and Commentary*, vol. 2, *Tyndale New Testament Commentaries* (Downers Grove, IL: InterVarsity Press, 1989), 166.

This statement reminds the reader that Jesus is the lord of life and death. During this event, He demonstrates proof of this fact to all who gathered around Jairus' home. Cole's commentary discusses this miracle as "an important piece of preliminary evidence for his own resurrection: he who had already conquered death for others would one day burst its bonds himself."⁹⁹ Since Jesus proves through this passage, that He is Lord over life and death. He confirms the basic tenet of the Christian faith that we must believe Jesus, died for our sins and rose on the third day. Cole and Jamieson both capture the lesson of faith that Jesus was trying to instill in Jairus and the many observant witnesses. In verse 36 Jesus overhearing the conversation between Jairus and the messenger, specifically encouraged Jairus to "not be afraid." In each of these narratives, Jesus' healing power was inspired by the care-seekers' faith.

Conclusion

The researcher observed from the aforementioned biblical review of Jesus' interaction with three different care-seekers. Jesus provided access, created a positive and safe environment for a healing relationship to occur. Pastoral caregivers and chaplains can learn and apply Jesus' method of care to assist service members and increase their spiritual resilience.

The Gerasene demoniac represents many of our service members who are spirituality traumatized. Many times, these men and women need help but either look in the wrong place or don't know where to look for help. Nevertheless, when they interact with their unit chaplains, someone that they feel safe with or that projects a spiritual

⁹⁹ R. Alan Cole, 166.

presence will empower service members to reach out and seek help. The pastoral caregiver or chaplain can assist the service member with knowledge of spirituality and with knowledge of how their faith can counter some of the spiritual demons that they are experiencing.

The hemorrhaging woman represents many service members who are impacted by physical ailments. Through this woman's interaction with Jesus, her faith grew, and her faith healed her. Pastoral caregivers or chaplains can reproduce similar interactions when they engage and assist service members. The dialogue developed in a counseling session can help service members understand their faith and how to apply their faith for physical sustainment or healing.

Jairus represents the family members of military service members. These family members experience the same or related traumas and hardships along with their service members. Many times, they need a safe place to understand the spiritual or physical impact of enduring a deployment or reintegration after deployment. Pastoral caregivers or chaplains can facilitate the knowledge and awareness of incorporating one's faith practices to counter various spiritual and physical ailments they face. Pastoral caregivers should be able to help care-seekers find hope in understanding how their present story fits into God's overall narrative for their lives.

CHAPTER THREE: LITERATURE REVIEW AND ANALYSIS

This chapter reviewed the literature of counseling methods used by behavioral health and pastoral counselors that cultivate the spiritual resilience of service members. This research project sought to discover relevant methods presently used by behavioral health, and pastoral caregivers that could be implemented by military chaplains. The knowledge gained from this research will empower military chaplains and equip them to cultivate the spiritual resilience of our nation's service members.

Karl Marlantes is one of our country's service members who wrote a book about his struggles as a combat Marine. This book revealed his need for emotional and spiritual support. As a young Marine, Karl served in Vietnam. He lived in horrific conditions and killed for his country. One evening, while resting at base camp his battalion chaplain approached him, shared some dirty jokes, and gave him a bottle of scotch as a means of emotional support and encouragement. What Karl wanted was spiritual guidance while he struggled with the life and death decisions that he made. He wanted someone that he could confide in, who could relate to his experiences, and who would not judge him while they listened to his story.

Karl's ability to share his story with a chaplain, in a safe environment, would permit him to sense some type of absolution and understanding of the impact of his decisions from a spiritual point of view. This interaction could have sustained him until

his transfer home.¹⁰⁰ This book inspired the researcher to learn how to be a good chaplain. The type of chaplain that helps military personnel recover and re-integrate into a culture or community that does not understand the true military experience or sacrifice that they and their families make.

Wai-luen Kwok asserts that pastoral counselors, teachers, nurses, and other human service workers are embedded counselors that are trusted and readily sought out by people with emotional needs. He declares that having an understanding of a therapeutic counseling method narrows the gap between counseling professionals and pastoral caregivers.¹⁰¹ The application of Kwok's thesis can empower military chaplains to close the professional gap between themselves and behavioral health professionals. The question arising from Kwok's thesis is: what is the best therapeutic counseling method for military chaplains to learn?

The Value of Spiritual Relationships

Beginning with the biblical literary review that generated a counseling philosophy of cultivating safe judgment-free relationships. All chaplains can employ this counseling philosophy based on their academic background. Additionally, this research reviewed literature to discover a counseling method from a clinical perspective that military chaplains can use to enhance service members' spiritual resilience after experiencing combat or emotional trauma.

¹⁰⁰ Karl Marlantes, *What It Is Like to Go to War* (New York Atlantic Monthly Press 2011), 6-7.

¹⁰¹ Wai-luen Kwok, "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology," *Journal of Psychology & Theology* 44, no. 3 (Fall 2016): 203.

In *What It is Like to Go to War*, Karl Marlantes shared his Vietnam War experiences and the pain that he carried with him most of his adult life. After many years of introspection, Marlantes concluded that sharing his experiences with someone who could empathize and understand without providing judgment could have facilitated a smoother and quicker journey from combat to home. This book helped readers visualize the pain experienced by service members who served in combat and the power of sharing one's story with another. Additionally, the author's story helped readers understand the power of safe nurturing relationships in the healing process of those who experience posttraumatic stress or combat.

Marlantes develops the metaphor of "returning home" to illustrate his physical journey home as well as his mental and emotional journey home. "Returning home" not only represents his ultimate physical destination but also a place where he could find peace, rest, and a sense of stability. Because the author did not have someone to share with or to witness his experiences, he had a slow and difficult time returning home.

Marlantes shared the value of making, establishing and maintaining a spiritual or religious foundation. Marlantes' goal was to "help young service members, and their leaders better handle the many psychological, moral, and spiritual stresses of combat."¹⁰² He uses his personal experiences to emphasize the direct correlation of sharing one's experiences, and connecting with their faith, has on safely returning home psychologically, mentally and emotionally. The researcher links Marlantes' observations

¹⁰² Karl Marlantes, *What It Is Like to Go to War* (New York: Atlantic Monthly Press 2011), preface.

to the attributes that chaplains can integrate into their pastoral counseling methods, implemented to increase service members' spiritual resilience.

Kwok discusses the relational benefits obtained by utilizing narrative therapy from a theological perspective in his journal article. He asserted

The Gospel proclaims that individuals are not able to take responsibility and make a new self. Rather it is God's unconditional promises that make individuals into new selves. The Gospel is the alternative live narrative that brings the possibility of hope, joy, liberation, and empowerment.¹⁰³

The gospel provides us an assurance, that if individuals align their life narrative to God's prescribed life narrative, they will find their life purpose, sense of being and self-discovery through faith. These three assurances are the foundation of our faith and provide us with liberation or freedom from sin.

Kwok examined the concept that humans are created to be relational. We are to have relationships with God and each other. Our relationships give us accountability with one another and the freedom to share our story. Kwok's research states, "Christian narratives can be stories of liberation, restoration, reconciliation, and recreation. In this way, Christians can practice narrative therapy without becoming hyper-individualistic."¹⁰⁴ The research shared in this article is readily applicable to this project. It emphasizes the importance of relationships to our wellbeing and the value of the gospel when applied to narrative therapy. There are other implications derived from this research. Christian relationships can facilitate a safe non-judgmental environment for sharing one's story. Also, sincere Christian empathy can facilitate a safe non-judgmental

¹⁰³ Wai-luen, Kwok, "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology," *Journal of Psychology & Theology* 44, no. 3 (Fall 2016): 209.

¹⁰⁴ Kwok, 210.

environment where healthy communication can exist. Chaplains possess the theological knowledge to appropriately share the gospel with care-seekers. Additionally, chaplains possess the skills to cultivate safe relationships that offer protection from judgment.

Shelly Rambo's journal article, *Trauma and Faith*, provided insight into faith's role in the healing process of overcoming the symptoms of trauma.¹⁰⁵ This article focused on the conversation that occurred between Jesus and the hemorrhaging woman in Mark 5:25-34. This narrative demonstrates the power of one's faith in the healing of a woman who was hemorrhaging for twelve years. Rambo delineated and elaborated on the two basic dimensions of one's faith journey that Jesus used: "bodily faith" and "the witness-dimension."¹⁰⁶

The processes that cultivate these two dimensions of faith are highlighted by Rambo. Bodily faith is best exhibited by touch and physical presence. The care-seeker must connect with or feel safe enough to reach out to the caregiver who will, in turn, reach back to the care-seeker with the appropriate empathy. Depending on the care-seeker's emotional state and the trauma to which they are overcoming: the caregiver will discern if and when physical touch is appropriate. Nevertheless, the caregiver can always provide a safe and respectful environment in which the care-seeker can embrace and accept the care that they are receiving.

The witness-dimension is best exhibited through verbal sharing of one's experience and emotional condition. During the witness-dimension, the caregiver must hear and internalize the care-seeker's story to the degree that the care-seeker feels the

¹⁰⁵ Shelly Rambo, "Trauma and Faith: Reading the Narrative of the Hemorrhaging Woman," *International Journal of Practical Theology* 13, no. 2 (2009): 233-257.

¹⁰⁶ Rambo, 240.

caregiver has become a co-witness to the care-seeker's story. During this phase, the caregiver should connect emotionally with the care-seeker through active listening.

One way to incorporate these elements into a safe counseling methodology is through narrative therapy counseling. The narrative therapy counseling method integrates the telling of one's faith journey or personal story before a trauma occurred with reflection and the retelling of their story. This process can produce healing and increased spiritual resilience. Likewise, cultivating the bodily dimension of faith or physical presence leading to a safe physical relationship between caregiver and care-seeker allows them to share their story candidly or in totality.

After reading this article the researcher concluded that chaplains can utilize and incorporate the bodily and the witness-dimensions of faith into their pastoral counseling methodology. Chaplains who are aware of these dimensions and who integrate these methods into their care plan will help their care-seekers understand their sense of being and belonging. One's sense of being and belonging are key elements of spirituality. Allowing a care-seeker to acknowledge and understand their sense of being and belonging will help them grow spiritually.

Sung Joon Jang wrote an article that correlates existential spirituality, religiosity, and anxiety-related disorders.¹⁰⁷ In this article, he defined each of the aforementioned elements. Knowledge of these definitions helps caregivers evaluate a care-seeker's spirituality and religiosity predisposition for dealing with distress. This knowledge allows

¹⁰⁷ Sung Joon Jang, "Existential Spirituality, Religiosity, and Symptoms of Anxiety-Related Disorders: A Study of Belief in Ultimate Truth and Meaning in Life," *Journal of Psychology and Theology* 44, no 3 (2016): 213 – 229.

a caregiver, especially a chaplain to assist a care-seeker in making a connection with their spirituality, and religiosity from their distress.

Jang's research provided a deeper understanding of the distinction between spirituality and religion. He defines spirituality "as an individual's belief in ultimate truth and meaning in life." Within his definition, Jang emphasizes the power and necessity of belief. Belief is the core of existential spirituality.¹⁰⁸ The various situations encountered in one's life allow them to struggle with their ultimate truth or ultimate meaning.

Marlantes' book captures his struggle with ultimate truth and meaning on the battlefield and the impact of his struggle on his life beyond his military service. His story parallels the personal stories of many military service members today. Marlantes wanted help in understanding and resolving his spiritual struggles. He wanted to share his struggle in a safe and nonjudgmental environment. Kwok's research provides the solution to Marlantes and many other military service members' need to share their stories. Narrative therapy is a relational counseling methodology that allows one to share their story in a safe nonjudgmental environment. Additionally, narrative therapy allows one to gain understanding and control of the spiritual and emotional influences that hinder one's spiritual resilience. Jang's, Marlantes', Rambo's and Kwok's works reveal the value of spiritual relationships on the spiritual resilience of military service members.

Current Clinical Practices

The search for a counseling method that is beneficial to service members and appropriate for military chaplains to use requires some knowledge of therapy and

¹⁰⁸ Sung Joon Jang, "Existential Spirituality, Religiosity, and Symptoms of Anxiety-Related Disorders: A Study of Belief in Ultimate Truth and Meaning in Life," *Journal of Psychology and Theology* 44, no 3 (2016): 213-214.

counseling. “Therapy and counseling can be seen as the art of helping people overcome their problems and, more positively helping them grow in mental, emotional and spiritual health.”¹⁰⁹ Paul Meier and his co-authors define the difference between psychotherapy and counseling.

Psychotherapy: is often used to describe the process of helping people who have severe problems...Psychotic disorders and other major psychological problems require intensive treatment by professionals who have spent many years learning to deal specifically with those problems. Counseling, on the other hand, is a more general term referring to the process of helping people with more common problems such as marriage and family difficulties. Counselors may have many years of training as therapists, but they are less likely to be oriented toward severe mental disorders.¹¹⁰

Based on Meier and his co-authors’ definition of counseling and therapy, military chaplains and pastoral caregivers are counselors, not therapists. They assess and advise service members who are experiencing everyday difficulties or problems that are external to themselves.

Psychotherapy

The use of the Meier and his co-authors’ introductory psychology and counseling textbook provided an understanding of the wide range of treatment methods that fall under the umbrella of psychotherapy. They state that psychotherapy is

The oldest recognized systematic approach to explaining and treating psychological problems is classical psychoanalysis.” Modern psychoanalytic theory is derived from Dr. Sigmund Freud’s research conducted in 1933. Freud’s theory places major emphasis on the role of the unconscious and of dynamic forces in mental functioning. For Freud, the goal of treatment is to come to

¹⁰⁹ Paul D Meier, Frank B. Minirth, Frank D. Wichern, Donald E. Ratcliff, *Introduction to Psychology and Counseling: Christian Perspectives and Applications* (Grand Rapids MI: Baker books 1991), 297.

¹¹⁰ Meier, Minirth, Wichern, and Ratcliff, 297.

understand the role of the unconscious mind in current problems. By gaining insight into the unconscious, the individual becomes better able to face reality.¹¹¹

This definition helps the reader understand why therapists need to complete years of specialized training and education. Freud's theory seeks to understand one's unconscious mind and the impact of one's unconscious mind on present behavior or situations.

Joshua Gerow states and confirms in his introductory textbook, that psychoanalysis is based on several assumptions, most of them having to do with the nature of conflict and the unconscious mind. For Freud, one's life is often a struggle to resolve conflicts between naturally opposing forces: instincts for life and instincts for death. The best way to eliminate anxiety is to enter the unconscious, identify the nature of the repressed, anxiety-producing conflicts, bring them into the open and resolve them as best as possible.¹¹²

Meier and his co-authors recall the stereotypical method of identifying repressed anxiety-producing conflicts and resolving them in the following description.

Treatment using classical psychoanalysis usually requires a patient to lie on a couch facing away from the therapist while therapist and patient, using several techniques, or attempts to uncover subconscious conflicts. The patient is asked to talk about what he or she wishes, including memories and feelings. The therapist then asks their patients for their thoughts, fantasies and feelings associated with the problem or material discussed.

¹¹¹ Meier, Minirth, Wichern, and Ratcliff, 301.

¹¹² Josh R. Gerow, *Essentials of Psychology: Concepts and Applications* (New York: HarperCollins College Publishers, 1993), 439- 442.

These thoughts or associations are better known as “free association”.¹¹³ An astute therapist can use these responses to facilitate the patient’s understanding of their unconscious feelings.¹¹⁴

Examination of the psychotherapy model described by Meier and his co-authors demonstrates how the care-seeker and caregiver must establish a trusting relationship to share the various feeling and memories that facilitate open and honest discussions. Meier and his co-authors state: “Psychoanalytic theory states that as patients experience acceptance from the analyst they accept and love themselves more and hence, with a growing self-tolerance their defenses against subconscious conflict diminish.”¹¹⁵

The use of Meier introductory psychology and counseling textbook revealed the various categories of psychological disorders along with the appropriate methods of treatment and counseling. Psychotic disorder is one of the major categories discussed. Care-seekers whose diagnosis aligns with this category of disorder are in some way out of touch with reality.¹¹⁶ Schizophrenia, delusional disorder, stress and adjustment disorders are a part of the psychotic disorder category. Additionally, Meier and his co-authors include post-traumatic stress disorder (PTSD) in this category of disorders. This knowledge helps all military chaplains understand their boundaries. These boundaries will guide them in making referrals.

¹¹³ Paul D Meier, Frank B. Minirth, Frank D. Wichern, Donald E. Ratcliff, *Introduction To Psychology and Counseling: Christian Perspectives and Applications* (Grand Rapids MI: Baker books 1991), 301.

¹¹⁴ Meier, Minirth, Wichern, and Ratcliff, 301.

¹¹⁵ Meier, Minirth, Wichern, and Ratcliff, 301.

¹¹⁶ Meier, Minirth, Wichern, and Ratcliff, 281.

Pamela Holliman reviewed the book *Transforming Wisdom: Pastoral Psychotherapy in Theological Perspective* written by Felicity B. Kelcourse and K. Brynolf Lyon. This review provided another perspective of psychotherapy. Psychotherapy is the use of psychological methods particularly when based on regular personal interaction to help a person change behavior and overcome problems in desired ways. Furthermore, psychotherapy aims to improve an individual's wellbeing and mental health to resolve or mitigate troublesome behavior.¹¹⁷ Kelcourse and Lyon's focus on the use and application of psychology in the psychotherapeutic session vice the Freudian approach removes some of the technical barriers hindering the use of psychotherapy.

Narrative Therapy

Research by Wai-luen Kwok asserts the value of the Narrative Therapy counseling method usage by pastoral caregivers in the following statements. "Narrative therapy can help people to achieve personal transformation by changing their perceived life stories."¹¹⁸ "Some assert that narrative therapy is a powerful way to help people in pastoral care contexts and accept it as a therapy in agreement with Christian faith."¹¹⁹ Freud's approach to therapy was built on the understanding of the unconscious. The psychoanalysts use free associations to interpret their care-seeker's unconscious state mind. This can be a very subjective process based on the caregiver's interpretation. While

¹¹⁷ Pamela J. Holliman, "Transforming Wisdom: Pastoral Psychotherapy in Theological Perspective," *The Journal of Pastoral Care & Counseling* 70, no. 3 (2016): 215.

¹¹⁸ Wai-luen, Kwok, "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology," *Journal of Psychology & Theology* 44, no. 3 (Fall 2016): 203.

¹¹⁹ Kwok, 201.

Kwok's approach to narrative therapy is less subjective. One can share their story and it is their truth.

Michael White and David Epston's book developed the methodology of narrative therapy from the work of social scientists who studied text analogy. White and Epston felt that "... to make sense of our lives and express ourselves, the experience must be "storied" and it is this storying that determines the meaning ascribed to experience."¹²⁰ Essentially, they felt that sharing one's story helps makes sense of one's life. Furthermore, the restating of that story regardless of the format benefits families or individuals. "It is in the performance of an expression that we re-experience, re-live, re-create, re-tell, re-construct and re-fashion our culture."¹²¹ The fundamental research performed by White and Epston provides the foundation for implementing this valuable counseling technique.

Kwok provided an abbreviated and practical summary of the steps involved in conducting narrative therapy in his article.¹²² He shared how narrative therapy begins with the caregiver's invitation for one to share their life story. The caregiver should question and paraphrase care-seekers' life stories to gain clarity. During this newfound-shared experience, the caregiver encourages the care-seeker to define or name their problem, which generates a rich description of their problem or externalizes it. Externalization of the care-seeker's problems creates a shared experience or relationship

¹²⁰ Michael White, and David Epston. *Narrative Means to Therapeutic Ends* (New York: W. W. Norton & Co, Inc., 1990), 10.

¹²¹ White, and Epston, 12.

¹²² Wai-luen, Kwok. "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology," *Journal of Psychology & Theology* 44, no. 3 (Fall 2016): 203-204.

between caregiver and care-seeker. The caregiver has to be mindful that they are helping the care-seeker to reconstruct their story, vice the caregiver trying to reconstruct or guide changes in another's life.¹²³ Thomas Frederick's article confirms Kwok's findings regarding the implementation of narrative therapy.¹²⁴

Malcolm and Ramsey's article highlights the value of using narrative therapy as part of the healing process. The following statement summarizes the good that Malcolm and Ramsey found in narrative therapy.

We have found narrative therapy especially helpful for creating the space and time people require to forgive. Narratives, the stories we tell about lives, are important because they enable us to order the events of our lives, making logical our past, present and future experiences. In situations of unforgiveness, the time has become problematized: the past is too grievous to remember, the present is filled with pain and the future is unimaginable. But narratives not only organize time, but they also give meaning to our experiences of time. Past memories are healed, patience for today is increased and we begin to envision a new future¹²⁵

Vitz states that "Narrative (therapy) paradigm replaces the scientific, problem-solving approach now common in theories of psychotherapy"¹²⁶ Based on this literature review and the previous statements presented by Malcolm and Ramsey and Vitz, infers that Narrative therapy is a part of psychotherapy and narrative therapy is more humanistic and less scientific than psychotherapy. Additionally, narrative therapy is a counseling methodology worthy of investigating further because it builds on relationships and trust

¹²³ Kwok, 204.

¹²⁴ Thomas V. Frederick. "Models of Psychotherapy: Implications for Pastoral Care Practice" *Pastoral Psychology* 58 (2009): 356.

¹²⁵ Lois Malcolm, and Janet L Ramsey. "On Forgiveness and Healing: Narrative Therapy and the Gospel story," *Word & World* 30, no. 1(2010): 25.

¹²⁶ Paul C. Vitz, "Narratives and Counseling, Part 1: From Analysis of Past to Stories About it," *Journal of Psychology* 20, No. 1 (1992): 12.

without the need for scientific problem-solving. Narrative therapy embodies the type of traits conducive for and easily employed counseling methodology by military chaplains.

Cognitive Behavioral Therapy

Rosner reported that Aaron T. Beck the founder of cognitive-behavioral therapy.¹²⁷ “Cognition refers to both the process of knowing and to the product of the act of knowing. Furthermore, cognitive psychology is concerned with the process of knowing in the broadest sense, it includes perception, memory, judgment, language and other factors.”¹²⁸ “Psychotherapists who employ cognitive-behavioral therapy techniques believe that what matters most in a therapeutic session is the client’s set of thoughts, perceptions, attitudes, and beliefs about himself or herself and their environment. The principle here is that to change how one feels and acts, therapy should first change how one thinks.”¹²⁹ Benjamin Bohman’s research brings clarity of understanding to cognitive-behavioral therapy by stating that “In cognitive-behavioral therapy, typical cognitive techniques include problem-solving and cognitive restructuring of irrational beliefs. Typical behavioral techniques include contingency management and exposure to feared stimuli.”¹³⁰

¹²⁷ Rachael I. Rosner, “Aaron T Beck’s Drawings and the Psychoanalytic Origin Story of Cognitive Therapy,” *History of Psychology* Vol 15 no.1 (2012): 1.

¹²⁸ Paul D Meier, Frank B. Minirth, Frank D. Wichern, Donald E. Ratcliff. *Introduction to Psychology and Counseling: Christian Perspectives and Applications* (Grand Rapids, MI: Baker Books, 1991), 133.

¹²⁹ Josh R. Gerow, *Essentials of Psychology: Concepts and Applications* (New York: HarperCollins College Publishers, 1993), 446.

¹³⁰ Benjamin Bohman, Alberto Santi, and Gerhard Andersson, “Cognitive Behavioral Therapy in Practice: Therapist Perceptions of Techniques, Outcome Measures, Practitioner Qualifications, and Relation to Research,” *Cognitive Behaviour Therapy* 46 no. 5 (2017): 392.

There are some similarities between the restructuring of thoughts generated via cognitive-behavioral therapy and the re-authoring of one's story generated via narrative therapy. "However, cognitive behavioral therapy is not a specific treatment but rather an umbrella term for a diverse group of treatments that all have in common the application of cognitive and behavioral techniques, aiming at promoting symptom reduction and behavior change."¹³¹ Those cognitive-behavioral therapists that adhere closely to the cognitive-behavioral therapy treatment manual follow the following pattern.

The initial session established contact and commitment by reviewing information from the intake assessment, explaining the rationale of the treatment and the treatment conditions by making use of the intake information and introducing behavioral activation. The remaining initial sessions follow the following format (a) fostering a therapeutic relationship to facilitate therapeutic work, (b) establishing collaboration in defining and solving problems, (c) clarifying the rationale for cognitive therapy, (d) creating confidence in therapy, (e) keeping the patient motivated to continue therapy often by prompting the first change and (f) establishing agreement on goals.¹³²

Sessions two through four focus on establishing goals, monitoring and changing the patient's activity level. The therapist and patient monitor the various activities that the patient participates in and the impact of these activities on the patient's mood.¹³³

Session five introduces the cognitive therapy rationale, including the first homework assignment with a thought record. After explaining the theory of cognitive therapy and how this might relieve depressive symptoms, the therapist and the client write down a recent event that was reported as upsetting to the client. On this thought record, attention is paid to formulating disturbing cognitions.¹³⁴

¹³¹ Bohman, Santi, and Andersson, 392.

¹³² Frank J. Don, Ellen Driessen, Pieter J. Molenaar, Jan Spijker, and Jack J. M. Dekker. "Early Interventions in Cognitive Behavioral Therapy for Depression: A Study Contrasting a Low-Adherent and a Highly Adherent Case," *Psychotherapy*, Vol 56 no. 1 (2019): 49.

¹³³ Don, Driessen, Molenaar, Spijker, and Dekker, 49.

¹³⁴ Don, Driessen, Molenaar, Spijker, and Dekker, 49.

Following the cognitive-behavioral therapy session format listed above, one will notice that initial therapy sessions were focused more on behavior than cognition. Frank Don and other authors detail the reasoning behind beginning with behaviorism then moving to cognitive exercises in the following statement.

The treatment manual begins with behavioral activation instead of cognitive techniques for mainly two reasons. First, cognitive techniques require more cognitive activity from the client than behavioral activation does. Cognitive capacities are often impaired in most depressed clients and therefore, learning logical reasoning techniques may be asking too much too early in therapy and may result in disappointment and therefore drop out. Second, engaging in more pleasurable activities seems more likely to invoke “quick gains,” contributing to motivation, whereas cognitive techniques generally take longer to produce change.¹³⁵

Building Spiritual Resilience

In an article in the *Journal of Psychology and Theology*, Kari O'Grady, James Orton, Kenneth White, and Nicole Snyder examined the impact of traumatizing events on communities, teams, and individuals. Their research analyzed this impact from a broadened perspective and discovered the need for resilience researchers to incorporate nontraditional methods and collaborating partners into the research and development of resilience theories and treatment plans.¹³⁶ This article helps one to understand the military chaplain's role and their importance to increasing spiritual resilience. The researcher will define resilience, spirituality and spiritual resilience to understand spiritual resilience and how to increase it. O'Grady and her colleagues defined resilience in the following statement “resilience is a process of managing certain protective factors, including the

¹³⁵ Don, Driessen, Molenaar, Spijker, and Dekker, 49.

¹³⁶ Kari O'Grady, James Douglas Orton, Kenneth White, and Nicole Snyder, “A Way Forward for Spirituality, Resilience, and International Social Science,” *Journal of Psychology and Theology* 44, no 2 (2016): 168.

resources, beliefs, and practices of individuals that influence the degree to which people recover following traumatizing disruptions of life.”¹³⁷

This article reveals two different perspectives regarding increasing one's resilience. First, O'Grady and fellow authors examined the hypothesis of resilience as a process instead of a trait. Many researchers and clinicians have embraced the later view of resilience.¹³⁸ Utilizing this new perspective of resilience as a process instead of a trait empowers both the caregiver and the care-seeker. This is because processes can be managed and cultivated whereas traits are inherent and are difficult to change.¹³⁹ Next O'Grady and her colleagues acknowledge protective factors in their definition. These protective factors include one's spiritual or faith-based belief system. The Department of the Navy defines spirituality as:

The part of us that connects us to our state of mind, being and place, and gives us a sense of belonging and purpose. Some people explore their spirituality through a relationship with a higher force, such as God, while others develop their spirituality through a self-directed relationship with their inner self.¹⁴⁰

Sung Joon Jang's definition of spirituality is more concise: “spirituality is an individual's belief in ultimate truth and meaning in life.”¹⁴¹ The combination of the two previous definitions of spirituality and the previous definition of resilience produces a new definition of spiritual resilience. Spiritual resilience is the ability to bounce back after

¹³⁷ O'Grady, 168.

¹³⁸ O'Grady, 167.

¹³⁹ O'Grady, 166.

¹⁴⁰ “Achieving Spiritual Resilience,” *Navy Pamphlet* (QuickSeries Publishing, 2010)

¹⁴¹ Sung Joon Jang. “Existential Spirituality, Religiosity, and Symptoms of Anxiety-Related Disorders: A Study of Belief in Ultimate Truth and Meaning in Life,” *Journal of Psychology and Theology* 44, no 3 (2016): 213.

experiencing a traumatic event using one's internal belief system or one's state of mind that provides one with a sense of belongingness or purpose. The goal of embedded military chaplains is to create an environment of trust which cultivates one's internal belief system, their sense of purpose, and belongingness so that the recovery time after trauma is reduced in our service members.

Military chaplains provide care to service members who are religious and non-religious. Many military service members whose faith is essential to their identity will seek out their unit's chaplain for advice. Most service members, like our society, will not regularly attend traditional religious worship services, but they are open to learning about religion or faith and the potential application of it to their lives, and therefore seek counsel and advice from their unit chaplain.

O'Grady and fellow authors elaborated on the external factors that contribute to one's resilience. Each of us belongs to various social systems. These social systems have norms, expectations, and resources, which influence our capability to bounce back. This thought refers to a definition used earlier in this project, taken from a Navy pamphlet which confirms the value of belonging and relationships in the healing process. This pamphlet further states that spirituality "is the part of us that connects us to our state of mind, being and place and gives us a sense of belonging and purpose."¹⁴² This quote affirms the power and influence of the social systems to which we belong. Furthermore, this quote affirms the value of belonging as a part of our spirituality.

Finally, O'Grady and fellow authors documented the need for psychologists of religion and social scientists to collaborate. The primary reason these authors recommend

¹⁴² "Achieving Spiritual Resilience," *Navy pamphlet* (QuickSeries Publishing, 2010)

collaboration is because psychologists approach problems with a focus on an individual's role or response to a problem, while social scientists look at the system in which said individual resides as the influencer of the problem.¹⁴³ The environment, system or community in which an individual resides exerts a lot of influence both positive and negative on the members of these systems and their response to a problem. A significant member of the community in which service members reside that can exert positive influence is the military chaplain.

Military chaplains are members of the same interconnected social systems as the service members that they serve. They provide insight and understanding of the military system, the human soul along with the various religious systems that influence the service members who seek their help. Military chaplains' knowledge of the aforementioned systems and their membership in the military community allows them to build rapport with the service members that result in positive relationships.

The rapport built between the service member and chaplain creates a sense of belonging through various multiple relationships. These relationships occur between the caregiver or chaplain and the care-seeker or service member. The first relationship is between the chaplain as a mentor or ally, who assist the service members in navigating the various military cultural norms and systems in which they are both members. Next, the relationship is as a confidant, who provides a foundation of security and safety that comforts the care-seeker during counseling. The inherent knowledge and trust accrued by the military chaplain as a caregiver residing in the same work and social systems create a

¹⁴³ Kari O'Grady, James Douglas Orton, Kenneth White, and Nicole Snyder, "A Way Forward for Spirituality, Resilience, and International Social Science," *The Journal of Psychology and Theology* 44, no 2 (2016): 171.

safe environment. This safe environment empowers the care-seeker to learn and manage the processes involved in increasing their spiritual resilience.

Therapies that build through relationship

The following counseling techniques and methods complement military chaplains' core competencies and their ability to create a safe nonjudgmental environment that nurtures relationships. Psychotherapeutic methods of helping people with their problems are highly visible in our culture. Meier, Minirth, Wichern and Radcliff state that "Psychotic disorders and other major psychological problems require intensive treatment by professionals who have spent many years learning to deal specifically with those problems."¹⁴⁴ Post-traumatic stress disorder is included in their definition of psychotic disorders, indicating that those who have not received the proper psychological training should not treat.

Armin Geertz's journal article helps define the origins and philosophy of the religious narrative and developed a foundation for the usage of narrative therapy.¹⁴⁵ He shares how human society depends on communication to help further relationships and knowledge, beginning with symbolism and growing into complex languages that we presently use. He discussed how religious institutions and religion helped to cultivate language and included the connection between communication and relationship in his definition of religion.

¹⁴⁴ Paul D Meier, Frank B. Minirth, Frank D. Wichern, and Donald E. Ratcliff, *Introduction to Psychology and Counseling: Christian Perspectives and Applications* (Grand Rapids MI: Baker books 1991), 297.

¹⁴⁵ Armin W. Geertz, "Religious Narrative: An Introduction," *Bulletin for The Study of Religion* 42, no. 4 (November 2013): 3.

Religion and religious institutions provide a safe haven because of their shared belief systems. Within this safe haven, one can share their story as it regards their faith's religious narrative or as it regards their personal narrative. Geertz summarizes the power of the narrative in the following statement. "Our stories dominate us. They provide identity, morality, class and authority, even models for everyday life."¹⁴⁶ As human beings, we form many relationships within our culture, home, work, and church. We need these relationships to thrive: this article helps to synthesize the power of sharing our narrative and the power of the relationship that occurs during the interaction between the storyteller and the listener.¹⁴⁷

Larry Peers presented a practical application for utilizing narrative therapy in his journal article, "The Problem Trap".¹⁴⁸ In this article, he discussed how a group of individuals can become the care-seeker and become trapped by their story, which may be a problem-saturated story. They feel that their past experiences determine their destiny. Peers explains how narrative therapy procedures were used to change the care-seeker's story to resolve a church conflict or a personal conflict. Peer's article provides an example of how narrative therapy was used to resolve the conflict within the congregation. Throughout the article, he referenced Michael White and David Eptson, the original researchers and developers of narrative therapy.

Some critics of narrative therapy assert that the focus on one's self, as expressed by sharing their story can be hyper-individualized. Kwok discussed the interpersonal

¹⁴⁶ Geertz, 4.

¹⁴⁷ Geertz, 7.

¹⁴⁸ Lawrence Palmieri Peers, "The Problem Trap: A Narrative Therapy Approach to Escaping Our Limiting Stories," *Congregations* 34, no. 1 (Wint 2008):19-22.

relationship that evolves and is required between care-seekers and caregivers who used narrative therapy.¹⁴⁹ He stressed that the caregiver must encourage and create a nonjudgmental atmosphere where the care-seeker feels free to share their story. Within this nonjudgmental atmosphere, the caregiver must remain present and assist the care-seeker in reflecting and evaluating their story. Ultimately the caregiver provides the care-seeker with a sense of accountability and community in which to deconstruct and reconstruct their story.¹⁵⁰ This thought affirms the principle that chaplains function relationally within their institutions. Since the chaplain and the care-seeker are members of the same institution they have shared experiences with which to enter into a healing relationship.

Lois Malcolm and Janet Ramsay wrote about forgiveness and healing. Their article demonstrated how narrative therapy, a psychological tool, and the Gospel help care-seekers achieve forgiveness that leads to healing.¹⁵¹ The authors correlate the use of narrative therapy to Jesus' interaction with the Samaritan woman (John 4:3-30). Jesus demonstrated active listening, which empowered the Samaritan woman to process her story and ultimately change her story. John Darr analyzed Luke 12:13-34 and several other passages in Luke to ascertain how Jesus used narrative therapy to reduce anxiety.¹⁵²

¹⁴⁹ Wai-luen, Kwok. "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology," *Journal of Psychology & Theology* 44, no. 3 (Fall 2016): 206.

¹⁵⁰ Kwok, 206.

¹⁵¹ Lois, Malcolm, and Janet L Ramsey. "On forgiveness and Healing: Narrative Therapy and the Gospel Story," *Word and World* 30, no. 1 (2010): 25.

¹⁵² John A. Darr, "Narrative Therapy: Treating Audience Anxiety Through Psychagogy in Luke," *Perspectives in Religious Studies* 39, no. 4 (Wint 2012): 335-348.

Darr established methods for analyzing Scripture along with practical discussion techniques used within narrative therapy.

These two articles were very applicable to this research because they underscore the benefits of narrative therapy along with the benefits of sharing and applying the Gospel of Jesus Christ to one's life. They developed a foundation for utilizing narrative therapy, which is a psychotherapeutic tool. Finally, these articles emphasized the therapeutic power of active listening. Military chaplains can easily implement these counseling techniques due to their capability to listen and build rapport and their knowledge of theology.

Charles Figley's book *Combat Stress Injury: Theory Research and Management*¹⁵³ was co-authored by William Nash who served as a psychologist in the Navy Medical Service Corps during the major combat conflicts of the early 2000s. These authors were retained by the Department of the Navy as behavioral and mental health consultants. They have counseled sailors and marines who have served on combat deployments. This book was compiled from the work and research of other seasoned experts. "Spirituality and Readjustment" (chapter 14) was written by Commander Mark Smith, a Navy chaplain who completed a combat deployment to Iraq. He documented the need and value of service members sharing their experiences in a safe nonjudgmental environment.¹⁵⁴ The perspectives gained from this research enhanced the knowledge regarding the value of sharing one's experiences and the intervention achieved through relationships to the strengthening of one's resilience.

¹⁵³ Charles R. Figley and William P. Nash, *Combat Stress Injury: Theory, Research, and Management* (New York: Routledge, 2007).

¹⁵⁴ Figley and Nash, 297.

David Benner's book *Strategic Pastoral Counseling* provides pastors and lay leaders who provide pastoral care and counsel with a road map to care for those in need of help. He methodically and strategically defines soul and soul care. Because "Christian soul care" is the foundation in which Benner builds his approach to pastoral counseling. Benner defines the soul "as the whole person, including the body, but with a particular focus on the inner world of thinking, feeling, and willing."¹⁵⁵ Benner derives his definition of care from the Latin word "*cura*" which "contains the idea of both care and cure. Care refers to the actions designed to support the well-being of something or someone. Cure refers to actions designed to restore well-being that has been lost."¹⁵⁶ Soul care, therefore, provides support for one's inner well-being and cure or restorative actions for one's well-being. Benner states that there are "at least five forms of soul care that should be a part of the life of every Christian church: Christian friendship, pastoral ministry, pastoral care, pastoral counseling, and spiritual direction."¹⁵⁷ Benner defines pastoral ministries as corporate activities like preaching, teaching, and leading worship. He defines pastoral care as the ministry of compassion where one Christian provides help and encouragement to another.¹⁵⁸ Furthermore, he delineates pastoral counseling as a part of pastoral care. Pastoral counseling and pastoral care differ due to two distinctions.

¹⁵⁵ David G. Benner, *Strategic Pastoral Counseling: A Short-Term Structured Model*. 2nd ed. (Grand Rapids, MI: Baker Academic, 2003), 14.

¹⁵⁶ Benner, 14.

¹⁵⁷ Benner, 16.

¹⁵⁸ Benner, 18-20.

Pastoral counseling is parishioner driven and it typically has a problem focus.¹⁵⁹ Benner defines pastoral counseling in the following quote.

Strategic pastoral counseling is a brief, structured counseling approach that is explicitly Christian and that appropriates the insights of contemporary counseling theory without sacrificing the resources of pastoral ministry...Strategic pastoral counseling is brief and time-limited, holistic, structured, involves assigned work between sessions, and is church-based, spiritually focused, and explicitly Christian.¹⁶⁰

This definition emphasizes the inclusion of religious elements of pastoral care that make it unique from other forms of pastoral care discussed so far. Benner amplified his definition of pastoral counseling by adding a different definition for the pastor or pastoral caregiver in the following quote.

The role of the pastor is to listen, focus, and direct the process while attending to both the parishioner and the Holy Spirit. The role of the Spirit is to guide the process and both individuals in ways that move the parishioner toward a deeper engagement with God and a richer appropriation of the fullness of the life of the Spirit in the midst of present life circumstances.¹⁶¹

Benner's definition of strategic pastoral counseling provides an overview of the type of pastoral care and counsel that theologically trained military chaplains can readily implement. It lays a foundation that governs the personal interaction between caregiver and care-seeker. Additionally, theologically trained military chaplains are comfortable including and relying on the Holy Spirit in daily life situations. Therefore, the inclusion of the Holy Spirit in the counseling process assists these chaplains as they advise and enter into a caring professional relationship that leads to increase spiritual resilience.

¹⁵⁹ Benner, 20.

¹⁶⁰ Benner, 47.

¹⁶¹ Benner, 51.

Aaron Fuller, who is a pastor and a Reserve Naval Chaplain, wrote a journal article about Ministry to service members and their families.¹⁶² Also, Harold Green a pastor of a church located near Nellis Air Force Base wrote an article about how Churches can assist military families in *The Journal of Family Ministry*.¹⁶³ Both of these articles answered the question: what is the church's role in helping service members and their families? Fuller concludes with the following statement. "The question, then, when it comes to ministry to and with those who serve in our armed forces is this: What is the great need of the person standing before me?"¹⁶⁴ Fuller recommends engaging and building rapport with the service member and through this relationship, the service member's needs can be met through available church resources. Green conducted similar research near Nellis Air Force Base. His research affirmed Fuller's conclusion and contributes six practical steps that local churches can implement to assist service members and their families as needed with church resources. These articles reveal the value of personal interaction or relationships to service members' or their families' spiritual resilience.

Athen's research on "Religion, Spirituality and Trauma: An Introduction" in the *Journal of Psychology and Theology*;¹⁶⁵ provided an overview of some of his research. This article referenced another article written by himself and Donald Walker, which is

¹⁶² Aaron Fuller. "Ministry to Service Members and Their Families: Seeing the Person," *Word and World* 34, no. 4 (Fall 2014): 408-410

¹⁶³ Harold Green. "Ways Churches Can Assist Military Families," *Journal of Family Ministry* 5, no. 3 (1991): 19-23.

¹⁶⁴ Aaron Fuller. "Ministry To service Members and Their Families: Seeing the Person," *Word and World* 34, no. 4 (Fall 2014): 408-410.

¹⁶⁵ Jamie Athen, Donald F. Walker. "Religion, Spirituality, and Trauma: An Introduction," *Journal of Psychology and Theology*. 40 no 4 (2012): 255 – 256.

“Future Directions for the Study and Application of Religion, Spirituality and Trauma.”

This research discussed the necessary training required for therapists and counselors to best care for care-seekers who have experienced trauma. Walker and Athen state

At a minimum, students in Christian psychology and counseling programs that are preparing students to work with trauma need to be taught the following evidence-based treatments, Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) and Psychological First Aid. In addition to being prepared to use secular best practice models, student therapists should also be trained on how to competently address religious and spiritual issues and to utilize spiritual interventions within the context of these and other trauma models.¹⁶⁶

Friedli’s work in *Political Theology*; revealed how churches and mental health agencies should partner to produce stronger communities. Friedli further states that “research on social capital that suggests the importance of strong communities and the potential significance of looking at communities in terms of indicators of mental wellbeing: social inclusion, life skills, participation, tolerance and trust.”¹⁶⁷ Together churches and their religious leaders and mental health professionals could reaffirm each other's professional knowledge and talents while strengthening the community.

Conclusion

The research in this chapter reviewed psychotherapy, narrative therapy and cognitive behavioral therapy as potential clinical therapies that could be implemented by theologically trained military chaplains. Holliman’s book review reveals that there is a need to cultivate a safe environment and a safe relationship in a psychotherapeutic

¹⁶⁶ Donald F. Walker, and Jamie D. Athen “Future Directions for the Study and Application of Religion, Spirituality, and Trauma Research,” *Journal of Psychology and Theology* 40, no. 4 (2012): 352.

¹⁶⁷ Lynne Friedli. “Social and Spiritual Capital: Building Emotional Resilience in Communities and Individuals,” *Political Theology*, no 4 (May 2001): 63.

session. The creation of both facilitates the treatment of emotional disorders where the patient is encouraged to talk freely about personal experiences especially childhood.

Malcolm and Ramsey's article highlights the value of using narrative therapy as part of the healing process. While Vitz states that "Narrative (therapy) paradigm replaces the scientific, problem-solving approach now common in theories of psychotherapy"¹⁶⁸ Additionally, narrative therapy is a counseling methodology worthy of investigating further because it builds on relationships and trust without the need for scientific problem-solving. It is the least technical of the three reviewed clinical counseling methods and produces positive and desired outcomes. The narrative therapy counseling is an evidence-based counseling method that embodies the type of traits conducive for military chaplains' use.

"Cognitive behavioral therapy has a strong evidence base to support its efficacy and effectiveness for a range of psychological problems, particularly anxiety disorders."¹⁶⁹ Focuses on the learning or cognitive aspect of mental processing or the conscious aspect of mental processing. Cognitive-behavioral therapy is a part psychotherapy family of counseling methods and utilizes scientific problem-solving techniques. Making this counseling method less appropriate for military chaplains to utilize as a counseling methodology to increase service members' spiritual resilience.

This literature review revealed the pros and cons of psychotherapy, narrative therapy, and cognitive-behavioral therapy. Each of these requires the establishment of a

¹⁶⁸ Paul C. Vitz, "Narratives and Counseling, Part 1: From Analysis of Past to Stories About it," *Journal of Psychology* 20, no. 1 (1992): 12.

¹⁶⁹ Benjamin Bohman, Alberto Santi, and Gerhard Andersson. "Cognitive Behavioral Therapy in Practice: Therapist Perceptions of Techniques, Outcome Measures, Practitioner Qualifications, and Relation to Research," *Cognitive Behaviour Therapy* 46 no. 5 (2017): 392.

caregiver and care-seeker relationship to be effective. Additionally, this literature review confirmed the value of positive pastoral relationships. Two journal articles that showed the best way for churches to help military service members was through assessing their needs through relationships. In Figley's book, Commander Mark Smith, a Navy Chaplain, discussed the restorative value of creating a safe environment during post-deployment assessments.

CHAPTER FOUR: RESEARCH METHODOLOGY

This section of the research project analyzed data collected during the literature review with data collected by interviews with caregivers who work in military behavioral healthcare and military chaplains. These interviews were conducted to verify psychologically-based pastoral care methodologies that theologically trained military chaplains can implement to effectively increase one's spiritual resilience. The research was conducted within the military community, specifically military Medical Treatment Facilities located in the Honolulu, Hawaii area. To address this problem, the researcher chose a grounded theory approach with a qualitative method.

Grounded Theory

This research employed a grounded theory strategy. Creswell stated that grounded theory

is a strategy of inquiry in which the researcher derives a general, abstract theory of a process, action, or interaction grounded in the views of the participants... Two primary characteristics of this design are the constant comparison of data with emerging categories and theoretical sampling of different groups to maximize the similarities and differences of information.¹⁷⁰

This research was conducted with two groups of caregivers. Both groups care about military service members and strived to provide the best care possible. Members of these groups know the consequences of emotionally unhealthy service members on their performance and their families. Interviewing these professionals affording the researcher

¹⁷⁰ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2009), 13.

the ability to collect and compare great collected data. Analysis of this data allows the researcher to discern a general theory through the data gathering process.

Qualitative Research

During this step, the researcher studied the various research methodologies and chose to use a qualitative research method. Starcher stated that

The researcher is the one who interacts with the participants to gather data and construct an understanding of the phenomenon being studied. Personal engagement is important to rigorous data collection because qualitative researchers are not extracting factoids about people; they are seeking a deep understanding of participants' perceptions of a phenomenon as manifested in their context.¹⁷¹

This statement reveals two reasons why the qualitative research method was chosen.

First, the researcher is empowered to engage the participants to understand the phenomenon and ascertain an understanding of the participant's perceptions based on their context. Furthermore, the qualitative research method produces findings expressed by using descriptive language. This language helped the researcher understand the counseling environment and the knowledge, skills, and abilities required for successful counseling. The quantitative research method produces findings, as the name implies, that are expressed in numbers.¹⁷²

Target Audience

The researcher interviewed caregivers from two distinct groups: military chaplains from multiple branches of the armed forces and counselors from the behavioral health specialties employed by the Department of Defense. These two groups of

¹⁷¹ Richard L. Starcher, Leanne M Dzubinski, and Jamie N Sanchez, "Rigorous Missiological Research Using Qualitative Inquiry," *Missiology* 46, no. 1 (2018): 55.

¹⁷² Starcher, Dzubinski, and Sanchez, 51.

professionals, care about and care for the well-being of military service members.

Information derived from their interviews provided the researcher with data to analyze.

The researcher's goal was to learn what counseling methodologies that military chaplains and pastoral caregivers can implement and why certain techniques are better than others. Finally, the researcher desires the data produced by this research project to reveal avenues that garner theologically trained military chaplains and chaplains in general credibility. The type of professional credibility that comes with utilizing evidence-based counseling methodologies.

Overview of the Research Process

This project consisted of four major steps first the development of an informed consent form, formulation of interview questions, recruitment of participants, and interviews. After the interviews were conducted, they were documented and translated into viable data needed to answer the question driving this research project. Each of these steps will be discussed in the following paragraphs.

Informed Consent

In 1932, the Public Health Service, working with the Tuskegee Institute, began a study to record the natural history of syphilis in hopes of justifying treatment programs for blacks. It was called the "Tuskegee Study of Untreated Syphilis in the Negro Male." The study initially involved 600 black men – 399 with syphilis, 201 who did not have the disease. The study was conducted without the benefit of patients' informed consent. Researchers told the men they were being treated for "bad blood," a local term used to describe several ailments, including syphilis, anemia, and fatigue. In truth, they did not receive the proper treatment needed to cure their illness. The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects. The advisory panel found nothing to show that

subjects were ever given the choice of quitting the study, even when this new, highly effective treatment became widely used.¹⁷³

The aforementioned narrative highlights one of the many deceptive and unethical research projects that were conducted during the early twentieth century. To protect the participants from any emotional or physical harm associated with participating in a research project, the need has risen to inform and advise these participants of these risks. Informed consent has risen out of a “concern to avoid, or at least identify and articulate, potential risks to human subjects. Risks associated with participation in social scientific research include exposure to physical, psychological, or social injury.”¹⁷⁴ Berg defines informed consent as “the knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation.”¹⁷⁵ Creswell’s research states that “the researcher develop an informed consent form for participants to sign before they engage in the research. This form acknowledges that participant’s rights will be protected during data collection.” Creswell also indicates that participants understand that they can freely withdraw from the study at any time.¹⁷⁶ This clause is in addition to Berg’s previous definition of informed consent.

¹⁷³ “The Tuskegee Timeline,” Google Tuskegee Syphilis Study, accessed Nov 13, 2019, <https://www.cdc.gov/tuskegee/timeline.htm>.

¹⁷⁴ Bruce L. Berg, *Qualitative Research Methods: for the Social Sciences*, 7th ed. (Boston, MA: Allyn and Bacon, 2009), 87.

¹⁷⁵ Berg, 87.

¹⁷⁶ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2009), 89.

Formulation of Interview Questions

The researcher carefully constructed interview questions and formed an interview guide. Starcher and others conducted research to support missiologists by helping them develop standardize rigorous research methods. Starcher and others,

discuss seven elements of rigor in qualitative inquiry: 1) a way of seeing: constructing embedded understandings, 2) a way of framing: utilizing scholarly literature, 3) a way of learning: gathering data personally, 4) a way of understanding: analyzing data inductively, 5) a way of persuading: crafting trustworthy findings, 6) a way of persuading: writing rich and thick descriptions, and 7) a way of discussing: re-engaging the theoretical literature dialogically.¹⁷⁷

Starcher and others provided an in-depth description of each of the seven elements of rigorous qualitative inquiry. Element number three: “a way of learning: gathering data personally”, discusses interview methodology and techniques. These researchers state that:

interviews generally fall into three categories: structured, semi-structured and unstructured. A structured interview resembles an oral survey with open-ended questions: the same questions are asked in the same order for every participant. This approach can be useful primarily when the topic is straight forward and multiple researchers are working on the project. However, the lack of flexibility and inability to follow the participant’s ideas means that this type of interview often yields shallow or superficial data. Semi-structured interviews do have a set of general questions planned, but the interviewer may ask them in any order, skip some questions and ask different questions. In this approach, the researcher is free to follow the participant’s lead or pursue an unanticipated, but relevant, topic that arises in the conversation. Most qualitative researchers find this approach to be ideal. Finally, interviews can be unstructured. In this scenario, the researcher may simply ask an opening question on the topic of interest and then continue asking follow-up questions based on the participant’s response. It closely resembles the type of everyday conversations that people have in daily life.¹⁷⁸

¹⁷⁷ Richard L. Starcher, Leanne M Dzubinski, and Jamie N Sanchez, “Rigorous Missiological Research Using Qualitative Inquiry,” *Missiology* 46, no. 1 (2018): 51.

¹⁷⁸ Starcher, Dzubinski, and Sanchez, 57.

The researcher used the semi-structured interview strategy to conduct interviews. Berg provided amplifying information regarding the appropriate uses of each of the aforementioned interview strategies.¹⁷⁹ He expounds on Starcher's definition of interview strategies by incorporating the interviewee's or subject's perspective. In summary, researchers using standardized format assumes that vocabulary and wording of interview questions will be understood by all interviewees and will elicit thoughts, opinions, and attitudes about study-related issues. Researchers using unstandardized format anticipate interviewees may not have the same interpretation or understanding of predetermined interview questions. Therefore, they allow the interviewer flexibility to ask different interview questions or ask interview questions in a different order than prescribed.

Based on Starcher's and Berg's research this project will incorporate the semi-structured strategy of interviewing. The researcher will be the interviewer and will know how to accurately assess and guide the interviewees in a discussion of the project's topic. Also, all members of the targeted audience for interviewees will have some form of graduate education and understanding of questions being asked. The semi-structured interview strategy allows the researcher the freedom to develop a plan with predetermined interview questions plus flexibility to "to follow the participant's lead or pursue an unanticipated, but relevant, topic that arises in the conversation."¹⁸⁰ Additionally, Creswell corroborates and expounds on appropriate qualitative interview techniques listed above in both of his textbooks: *Research Design: Qualitative,*

¹⁷⁹ Bruce L. Berg. *Qualitative Research Methods: for the Social Sciences*, 7th ed. (Boston, MA: Allyn and Bacon, 2009), 105-107.

¹⁸⁰ Richard L. Starcher, Leanne M Dzubinski, and Jamie N Sanchez. "Rigorous Missiological Research Using Qualitative Inquiry," *Missiology* 46, no. 1 (2018): 57.

Quantitative and Mixed Methods Approaches¹⁸¹; and *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*.¹⁸² Creswell's research reveals the detail steps in developing a structured scripted interview protocol or guide.

Creswell recommends that researchers implementing qualitative research should develop a solid purpose statement to guide the development of their interview questions. Creswell states "From the broad general-purpose statement, the researcher narrows the focus to specific questions to be answered or predictions based on hypotheses to be tested."¹⁸³ Berg substantiates this process by advising the qualitative researcher to begin with "conceptual areas that may be relevant to overall topic under investigation."¹⁸⁴ Therefore, the researcher began the process of developing a broad general purpose statement by dissecting the statement of the problem found in chapter one. The new general-purpose statement is, discover counseling procedures or methodologies that theologically trained military chaplains can implement to increase the spiritual resilience of individual service members who have deployed into a combat environment.

Creswell states that "Research questions assume two forms: a central question and associated sub-questions."¹⁸⁵ Creswell further defines the central question as "a broad question that asks for an exploration of the central phenomenon or concept in the study."

¹⁸¹ John W. Creswell. *Research Design: Qualitative, Quantitative, and Mixed Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2009), 183.

¹⁸² John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2013), 163-166.

¹⁸³ John W. Creswell. *Research Design: Qualitative, Quantitative, and Mixed Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2009), 129.

¹⁸⁴ Bruce L. Berg. *Qualitative Research Methods: for the Social Sciences*. 7th ed. (Boston, MA: Allyn and Bacon, 2009), 111.

¹⁸⁵ John W. Creswell. *Research Design: Qualitative, Quantitative, and Mixed Approaches*. 3rd ed. (Thousand Oaks, CA: Sage Publications, 2009) 129.

For example, “What is the broadest that I can ask in this study.”¹⁸⁶ Creswell recommends that a researcher “ask one or two central questions followed by no more than five to seven sub-questions.” Additionally, Creswell recommends that research questions begin with “what” or “how” to convey an open and emerging design. An interview protocol or guide was developed for this project based on Creswell’s example¹⁸⁷ and is listed in Appendix A.

Table 4.1: Research Participants (N=11)

Code	Gender	Age	Ethnicity	Education	Years in Profession
MC1	Male	50	Caucasian	D. Min*	23
MC2	Male	56	Hispanic	D. Min*	24
MC3	Male	49	African American	Th. M	19
MC4	Male	40	Hispanic	M. Div	9
MC5	Male	55	Caucasian	M. Div*	20
CB1	Female	47	Caucasian	MSW	20
CB2	Female	35	Caucasian	MSW	10
CB3	Female	28	Caucasian	MSW	3
CB4	Female	30	African American	MSW	4
CB5	Female	32	African American	MSW	6
CP1	Male	58	Caucasian	Ph.D.	20

Legend: MC Military Chaplain – CB Civilian Behavioral Health – CP Civilian Pastoral Care - * Multiple graduate degrees

Data Collection and Analysis

Data collected during the interview phase of this research project will be stored in an Excel spreadsheet and evaluated based on a coding process. Starcher and others, define coding, as the process of transforming the various forms of collected qualitative data, into words, which facilitates detailed analysis.¹⁸⁸ These researchers further state that

¹⁸⁶ Creswell, 129.

¹⁸⁷ John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2013). 165.

¹⁸⁸ Richard L. Starcher, Leanne M Dzubinski, and Jamie N Sanchez. “Rigorous Missiological Research Using Qualitative Inquiry,” *Missiology* 46, no. 1 (2018): 58.

The analysis process involves two basic tasks: attaching codes and composing memos. Codes are simply descriptive labels attached to pieces of verbal (or audio/visual) data. A piece of data could be a few words, a phrase, a sentence, or even a paragraph. The goal in attaching a code is to give the piece of data a meaningful label so that later you can group all data pieces that have the same or similar label. Memos, little by little, construct a bridge between codes and the final write up of the study's findings.¹⁸⁹

The code utilized for this project is based on four categories in which the central questions and sub-questions were derived. These four categories formed descriptive labels that assisted in analyzing collected data. The four categories were knowledge, skills, aptitudes, and hindrances. The content of the participants' answers and keywords utilized by interviewees revealed knowledge, skills, aptitudes, and hindrances necessary to safely and properly implement the counseling methods best suited for theologically trained military chaplains.

Based on the information received during the interview or data gathering phase this researcher identified and verified the practical counseling techniques and methodologies that can be safely administered by military chaplains and pastoral caregivers. During this step, the researcher analyzed and collated the obtained data and analyzed trends revealed during these interviews. Finally, this researcher documented and reported this project's findings in chapter five.

¹⁸⁹ Starcher, Dzubinski, and Sanchez, 59.

CHAPTER FIVE: ANALYSIS AND FINDINGS

Discovering a counseling method that military chaplains could use to increase the spiritual resilience of service members was the researcher's goal. Implementing a grounded theory research strategy allowed the researcher to discover this method based on the views of the participants interviewed in this study. The participants interviewed belonged to one of two groups. The first group was civilian behavioral health counselors who worked for the Navy. The second group was active-duty military chaplains from the Army or the Navy.

The civilian behavioral health counselors interviewed were 100 percent female, 60 percent Caucasian and 40 percent African American. Their average age was 34 years old and they have an average of eight and a half years of counseling experience. The lone pastoral counselor in this group was a 58-year-old Caucasian male, with 20 years of experience. The military chaplains interviewed were 100 percent male, 40 percent Caucasian, 40 percent Hispanic and 20 percent African American. On average they were 50 years old with 19 years of experience.

One interesting demographic observation made by the researcher revealed that all pastoral caregivers interviewed were male, and all behavioral health counselors interviewed were female. The researcher tried to interview two Hawaii based female military chaplains one was in the process of deploying and the other was in training, both declined to participate in this interview. Plus, there was no male behavioral health

counselors available during this research. The proposal implied that researcher would conduct all research in Hawaii. Since the researcher transferred and no longer living on the island of Oahu access to behavioral health counselors living in Hawaii was limited.

Interviews were conducted in-person or through phone calls. The researcher asked open-ended questions designed to gather detailed and descriptive thoughts from professional behavioral healthcare providers about pastoral care. The information gained from these interviews were entered into an Excel spreadsheet. This spreadsheet allowed the researcher to see the various answers provided by the interview questions in a linear format. The linear format helped the researcher analyze acquired information and remain objective during data interpretation.

The acquired data revealed that many military chaplains possess knowledge, skills, and aptitudes that enable them to provide pastoral care and general counseling. These military chaplains contribute to the military's behavioral healthcare team to increase military service members' spiritual resilience. The collected data revealed that some military chaplains possess an awareness of the knowledge, skills, or aptitudes needed to conduct therapeutic long-term counseling methods that increase military service members' wellbeing or spiritual resilience. But, most of these exceptional chaplains do not have the supervised training or licensure to officially administer these methods. Furthermore, the remainder of military chaplains do not have the foundation to conduct therapeutic long-term counseling methods. Most military chaplains can conduct general counseling and advisement.

Knowledge, Skills, and Aptitudes That Chaplains Possess

Military chaplains possess certain knowledge, skills, and aptitudes that enable them to conduct pastoral care and general counseling. Analysis of Central Question two: “what are your thoughts regarding pastoral care or counseling inclusion in the treatment plan to help military service members become more spiritually resilient?” concluded that theologically trained chaplains know about human spirituality.

A review of the data collected by this question affirms that all people have a spiritual component. Being able to acknowledge and support our service members’ spirituality as needed is a primary reason to incorporate pastoral care and counseling into service members’ treatment plan. Another, aptitude that evolved out of this discussion was the ability to cultivate and maintain relationships. All participants agreed that pastoral care should be included in the treatment plans to help service members become more spiritually resilient.

Definition of Pastoral Care and Counseling

Review of the data collected by central question two’s sub-question: “what is the difference between pastoral care and counseling?” This sub-question disclosed that pastoral care and pastoral counseling are two different entities and that the inclusion of these entities into a service member's treatment plan helped them become more spiritually resilient. The general feedback from this sub-question was summarized by CB2 “pastoral care is more spiritual counseling and more objective.” CB3 and CB4 felt that pastoral care included counseling regarding the care-seeker’s religious beliefs or practices.

Each of the behavioral health counselors addressed the aspect of confidentiality or privilege communication as an essential feature of pastoral care. The researcher assumed that the interviewees responses would include some aspect of administering religious rites or supporting one's spirituality. However, their perspective of pastoral care was built on their knowledge of personal communications with military chaplains. Military chaplains have the highest level of protected communication exchanged during a counseling session. Military service members are also aware of the protected communication afforded by their chaplains. Military chaplains are not mandatory reporters. The benefit of this protected or privileged communication is that it produces a safe zone for counseling. This safe zone helps build the rapport that facilitates relationships. Likewise, this safe zone allows the military chaplain to advise care-seeker of appropriate courses of action or resources to address their situation. CB4 confirmed this sentiment with the following comment "chaplains provide privilege communication and a safe haven."

The behavioral health counselors interviewed acknowledged privilege communication as a part of pastoral care that made military chaplains first responders. CB2 added, "chaplains are key components because our service members are more comfortable with chaplains because they offer a different type of care." Some of CB2's opinion that military chaplains offer a different type of care is derived from the concept of privilege communication. The remainder is from the fact that military chaplains do not adhere to formal counseling standards of practice, like most behavioral health providers. For instance, military chaplains do not have to take notes or limit their time to 50-minute sessions. MC2 agreed with CB2's perception of the chaplain's counseling freedoms.

Another factor that made military chaplains first responders was their proximity to service members and their families. MC2 spoke about how military chaplains were embedded or assigned resources within most larger units or commands. Whereas most civilian behavioral healthcare givers are centrally located on the base. If a service member's unit does not have a chaplain, there is always a chaplain on-call and available within the region or the base.

MC1 and MC5 discussed another aspect of pastoral care. These participants shared that pastoral care can include prayer, Scripture reading, religious rituals, and counseling. These components of pastoral care can provide the service member a sense of connectedness to themselves and a higher power. MC4 elaborates "Chaplains provide the love of God and scripturally based wisdom." MC5 shared that "The source of chaplains and pastoral caregivers' counseling authority is scripture." MC2 prays before and while conducting counseling sessions to be able to share a word from God when appropriate. MC5 seeks God's Holy Spirit to assist and guide their counseling sessions.

Engagement of Spirituality

CB1 explains why pastoral care's inclusion in the treatment plan adds value to the process by sharing the following thoughts "service member's care should be client-centered." If the caregiver is unable to relate to, or properly discuss the service member's spiritual issues, they should refer to a pastoral caregiver. MC5 speaks of the whole person concept as well. CB1 continued their thought by stating that "many psychotherapists are not trained to discuss or pursue the service member's spiritual realm." CB1 emphasizes the importance of spirituality by sharing, "spirituality is one of the five pillars of wellness." These pillars were further defined as five main aspects of personal health

which are: physical, emotional, social, spiritual, and intellectual. One needs to achieve a healthy balance of each to be considered well.

MC3 shared that pastoral care is needed if the goal of the institution is to provide holistic care. MC3 develops the concept of holistic care by discussing the Bio-Pscho-Social model.

When caregivers see clients: some of their situations are medical and providers need to be ready and knowledgeable of making referrals. Emotional conditions that are not spiritual can be treated by mental or behavioral health providers. On the other hand, some emotional conditions are spiritual and affect the emotional roots of personal and relational problems, these conditions need the intervention of pastoral caregivers.

Discussion of this model and the five pillars of wellness demonstrates that each individual has a spiritual component that influences their health and wellness.

Acknowledgment of this spiritual component uncovers the complexities involved in treating and properly diagnosing a service member's emotional or physical condition. It requires a team of specialists to include chaplains to properly care for all individuals especially those who serve in the military. MC1 commented on central question four, that chaplains are experts on biblical knowledge and its application to the lives of people. They can address the spiritual lives of people and help them understand their value, love, and identity through faith.

Cultivate and Maintain Healthy Relationships

MC3 describes spirituality as a general term that relates to a person's interconnectedness to themselves and others. They clarify by stating "spirituality is a connection to something bigger than self. Spirituality creates purpose, fulfillment, peace." MC2 sees the value of incorporating chaplains into service members' treatment plan from a pastoral care and relational point of view. MC2 discussed the pastoral caregiver concept

of shepherding. Most military chaplains are first trained to become pastors therefore shepherding is an innate aptitude for many of them. The concept of shepherding is similar to that of mentoring. Shepherding is very relational and evolves out of the counseling rapport and post-counseling care that many chaplains naturally provide. This relationship or rapport assures the service member that they matter. The time spent in pastoral counseling is not exclusively about diagnosis and treatment. It is client-centered because the provider genuinely cares for the client. Shepherding produces healthy relationships between caregiver and care-seeker, care-seeker and themselves, and the care-seeker and their spiritual source. The resulting relationships can increase one's spirituality and spiritual resilience.

Central question four discovered other aptitudes that empower chaplains to create and maintain relationships. Most participants interviewed agreed that knowledge of military culture was an important aptitude for counseling military service members. MC1 and MC4 remarked chaplains can establish and maintain relationships because they are usually older with life experience. These life experiences enable chaplains to maintain and foster professional relationships between themselves and care-seekers, or care-seekers and their significant others. Also, chaplains' life experiences allow them to understand and advise service members about their personal and family relationships. Using life experiences acquired in the military increases cultural knowledge. MC2 said that military chaplains must understand the culture because chaplains are a part of the culture. MC1 and MC3 discussed some other aptitudes necessary for counseling: empathy, active or reflective listener, focused on the needs of individuals, and able to provide unconditional positive regard.

Pastoral Care and Counsel During Times of Crisis

Military chaplains' aptitude for building healthy relationships through spiritual or religious practices make them extremely valuable as first responders. CB1's perspective concerning the difference between pastoral care and counseling was that "pastoral care addresses spirituality and the big question." Further clarification allowed CB1 to reflect on a time when they served as a critical incident counselor on the mobile crisis team. Each team had a chaplain and these chaplains brought a calming element to the chaos of the moment. They were able to share hope with various clients through spiritual counseling. Plus, they were available to provide hope and support to other team members. CB1 has seen chaplains do the same in hospital settings.

Central question four: "what are your thoughts regarding how military chaplains contribute to the military's health and wellness team?" Produced positive feedback from behavioral healthcare givers regarding military chaplains serving as first responders. CB3, MC3, and MC5 said that chaplains have a big impact on the first responders. Their presence is not exclusively for the patients but is needed and appreciated by the healthcare providers during crises. Furthermore, during times of grief and loss chaplains are primary sources of care. CB5 said "Chaplains are necessary! During crises, they provide good advice and resources to the hospitalized or the grieving." CB5 provided the best quote regarding Military chaplains' contribution to the military healthcare team "They hold the fragmented of society and military together" This quote has a dual meaning to the researcher. Military chaplains maintain the relationship between the military and many service members who come from dysfunctional or fragmented homes.

Also, military chaplains are many times the inspirational source which helps all service members remind calm and keep it together.

The participants revealed how spirituality is an innate part of each of us. It should be acknowledged by caregivers who are trained in this realm. Furthermore, they acknowledged that the ability to receive privileged communication creates a safe zone, and the administration of sacred rituals are parts of pastoral care performed by military chaplains. All participants shared that pastoral counseling or general counseling is short-term and includes presence, prayer, Scripture readings, religious rituals, and counseling. The most important contribution of military chaplains to the health and wellness team is their availability, flexibility and listening skills which support their relational skills.

Knowledge Skills and Aptitudes That Chaplains Need

These interviews revealed the capabilities of military chaplains. Sub-question one under central question four reveals the knowledge skills and aptitudes necessary to counsel service members. CP1 shared that successful counselors need knowledge of psychology, understanding of relationships or systems, knowledge of models or theories, able to collate information about people. Skills: need a heart for people, a good listener, a desire to help people. Aptitude: able to remove personal biases. The remainder of behavioral health providers felt that there were no special skills required other than empathy and general knowledge of the military lifestyle. CP1 concurred with their response by stating “A sense of what it is like to be owned by the government. A real personal experience with the military.” CB1 states that a good clinician joins their client where they are to listen and learn. CB2 adds that successful counselors know various counseling methods, which ensures the caregiver the flexibility to meet the client’s needs.

The military chaplains' response to sub-question one under central question four, centered around having an understanding of human nature. MC1 and MC3 added neglect personal agenda and self-awareness. They both indicated that clinical pastoral education as a means of acquiring academic knowledge and approximately 1600 hours of supervised training. This residency is an avenue for pastoral counselors to gain an accredited certification. MC5 took a more religious approach regarding the aptitudes need to counsel service members. They shared a good counselor needs the confidence to yield to God's Holy Spirit's guidance. Personal study both biblical and professional help build this confidence. MC5 continued their observation stating that military chaplains need an understanding of marital and relationship dynamics, compassion, and willingness to engage with service members.

Sub-question two under central question four was asked to discern the limitations of military chaplains. This sub-question asked, "what are the hindrances to military chaplains implementing your preferred counseling method?"

The behavioral health providers agreed that chaplains need appropriate training in various counseling methods. While interviewing CB4 the researcher asked if chaplains could be self-taught through personal research and reading. Their response was yes. CB4 clarified their response with the following statement, academic knowledge is only a part of being a licensed and independent provider. The other part is experience gained under supervision. Supervision occurs when counselors complete a state-mandated amount of counseling hours which are reviewed and critiqued by a licensed supervisory provider. This process ensures counseling competence through academic accomplishment and practical experience to become licensed or certified in a particular method.

CP1 confided that one of the biggest hindrances that they faced during their career was professional prejudice. CP1 shared that they had experienced discrimination and constraints to their counseling practice. Once they were not allowed to counsel as a pastoral counseling provider even though they were licensed by the state of Maryland. Another example of perceived prejudice is the lack of professional referrals. There were times when service members presented issues of moral injury or theological concerns to psychologists or psychiatrists who would not refer to pastoral counselors or military chaplains. These are the issues that are appropriate for chaplains to handle.

CP1 stated that pastoral counseling is ambiguous to psychiatrists and psychologists. They do not understand how pastoral counseling is conducted or the end goal of such counseling. Since consistent standards of practice have not been established in this field. They raise the following questions: how will military chaplains handle these cases? Will they use recognizable and validated techniques while counseling? Will they apply Scripture literally, causing the counselee to experience shame or guilt? CP1 realizes that the aforementioned concerns are valid and will require exposure to more professional pastoral counselors to alleviate.

Methods That Chaplains Can Implement to Increase Spiritual Resilience

Therapy and Counseling Definitions

To discern appropriate counseling methods that chaplains could implement. The researcher asked participants sub-question one listed under central question one. Central question one was chosen because it is associated with psychotherapy. This question asked, “what is the difference between therapy and counseling?” CB1 responded counseling is therapy light: dealing with life issues. Therapy is in-depth in dealing with

personality issues. Therapy is long-term producing the biggest change. Therapy requires specialized training. CB5 concurs with the previous definition stating counseling is brief resulting in less severe diagnosis. Counseling generally deals with life stressors while therapy deals with more severe illnesses like depression. CP1 agrees with the behavioral health specialists and added the following details. Counseling and therapy use similar skills. Therapy produces a change in emotional and physical ailments like depression or worldview, emotional wellbeing. Therapy utilizes the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-V) and includes knowledge of psychological pathology. Counseling: may or may not diagnose and treat disorders it is the least in-depth.

MC1's response to the question of what is the difference between therapy and counseling was, therapy is administered by professionally trained psychologists or psychiatrists with therapeutic or measured results. MC2 shared that as chaplains we do more short-term counseling. We provide guidance and advise service members that have a particular problem. Therapy discerns their problem and helps the client to solve problems. Therapy is usually long-term, lasting twelve weeks or more. MC3 provided a more detailed response. Therapy is usually focused on treating disorders like emotional and mental problems per DSM-V and using evidence-based treatment plans. Counseling is similar. It identifies goals and treatments leading to desired outcomes. Depending on the approach counseling is a partnership and not always illness related. Counseling could be considered coaching. MC5 elaborates on the concept of counseling can be coaching in the following comment. Counseling is listening and helping a person process what is going on in their lives. MC5's approach to counseling is to educate and encourage.

Therapy is a different kind of treatment. It is listening and talking as well as specialized training to exploring feelings and emotions with an understanding of psychiatric disorders. MC4 said therapy deals more with physical or mental conditions. Counseling working more with life skills and coping, walking with a person. Therapy addresses and administers medication for a specific issue or problem like addiction or trauma.

Methods Implemented by Military Behavioral Health That increase

Sub-question four, under central question one: “what are your thoughts regarding the most beneficial counseling method used to increase the spiritual resilience individual service members who have deployed into combat?”

All the behavioral health providers thought that the best method to increase one’s spiritual resilience should be client-centered. CB1 thinks the preferred method should empower and equip the service member to search for their answers to “the big question”, and then apply it to their lives. CB1 amplifies their thoughts with the following statement. “People who view God as parental and grew up with bad parents resist religion. Cognitive behavioral therapy can help remove or change distortions. Furthermore, cognitive behavioral therapy addresses anxiety and depression.” CB3 and CB5 think that implementing a strengths-based approach to therapy helps the care-seeker focus on the positive aspects of their lives. This method motivates care-seekers positively and facilitates a connection and a relationship between the provider and those who are vulnerable either emotionally or spiritually. CB4 shared that mindfulness-based cognitive therapy could build spiritual resilience. Mindfulness-based cognitive therapy is a modified form of cognitive therapy that incorporates mindfulness practices such as meditation and breathing exercises. CB4 also spoke about positive psychology and this

method's ability to help the care-seeker define meaning and purpose. This method empowers the care-seeker to alter their moods and connect to a positive higher power. Additionally, this method allows one to begin to give and receive love, empathy, understanding, and value kindness. This method is similar to CB3 and CB5 strengths-based methods. CP1 states that cognitive behavioral therapy can incorporate Scripture as a means to reframe one's cognitive way of processing. Just like narrative therapy can use Scripture to help the care-seeker change their narrative or re-story.

MC4 thinks that narrative therapy or cognitive Behavioral therapy helps one increase their spiritual resilience. These methods can incorporate an understanding of the spiritual component into a treatment plan. Counseling based on the Christian perspective requires reliance on God or spiritual source. MC4's treatment approach begins with the care-seekers' narrative and moves toward cognitive behavioral therapy. MC4 believes this approach could alleviate 90 percent of the problems presented by military service members seeking care. Approximately, ten percent of problems presented by service members need prescribed medications or intense therapy. MC4 believes the military does it backward, they prescribe medications striving for quick recovery and return to service, vice long-term healing processes. MC2 said that the best methods are the ones that help people examine meaning and purpose. MC1 commented that cognitive behavior therapy generates a new way of thinking. MC3 corroborates the behavioral health counselors' thoughts regarding the best method to increase spiritual resilient is a client-centered approach with the following comment "not everything fits everyone. It is important for a provider to know their client and implement the proper tools and methods for their client."

In-Depth Look at Cognitive Behavioral and Narrative Therapies

During the interview, the researcher asked the participants to “describe their thoughts regarding narrative and cognitive behavioral therapies inclusion in Psychotherapy” to appreciate their value as counseling methods. All the behavioral health counselors interviewed stated that the best method used is the one that fits the client’s needs. CB 3 stated that most of the Fleet and Family Support Centers utilize some form of cognitive behavioral therapy. Fleet and Family Support Centers are non-medical facilities that house many of the behavioral health and support resources for the Navy. CB1 clarifies their viewpoint of client-centered with the following thought “change happens in therapeutic relationships.” During the counseling relationship, the caregiver understands the care-seekers’ needs. This understanding guides the counseling method used to achieve the desired outcome. “There is no one, be all end all, counseling method” CB2 comments that both methods are good and cognitive behavioral therapy is preferred. This method teaches skills that help people get better. Narrative therapy is good for treating traumas and childhood abuses. CB5 applies cognitive behavioral therapy as a short-term solution-focused therapy. They use “active behavior consequences or “ABCs” as a means to change individual thought processes.” CP1 thoughts regarding these two counseling methods are: cognitive behavioral therapy overlaps with narrative therapy by the way one changes their narrative or re-story. Many times, various counseling methods are utilizing the same core principles with different names. The assessment of these two methods provided from military chaplains’ point of view concurred with those views presented by the civilian behavioral health providers.

These interviews revealed that cognitive and narrative therapies are effective counseling methods implemented to increase spiritual resilience in military service members. Cognitive and narrative counseling methods facilitate opportunities for care-seekers to re-frame or change their perspectives regarding present life or past traumas. Military chaplains would need academic and supervised experiential training to employ these methods.

Military chaplains can employ pastoral care and general counseling methods to increase the spiritual resilience of military service members. Military chaplains' ability to cultivate relationships through empathy, privileged communication, and the administration of sacred rituals are parts of pastoral care. Furthermore, their availability and flexibility of care enhance their contribution to the healthcare and wellness team.

CHAPTER SIX: EVALUATION AND DISCUSSION

Appraisal of the Project Design and Implementation

The researcher served as a Naval Chaplain assigned to various units to include a Naval hospital. Therefore, the subject of this project was near and dear to the researcher's heart. The passion for this project was twofold: first, to find out what counseling methods a military chaplain could safely implement to increase the spiritual resilience of service members. Next, the researcher wanted to ascertain or validate the contribution of military chaplains to the military's behavioral and mental healthcare team. Both of these pursuits increased the researchers' personal development and provided a contribution to academia.

Scope of the Thesis

First, the researcher would scale down the scope and choose one purpose for this project. One approach would be researching how military chaplains should counsel or research the value that military chaplains bring to the military health and wellness team. Another broad aspect of this project attempted to correlate the benefits of any counseling method to the increase of one's spiritual resilience. Spiritual Resilience is hard to quantify. If spiritual resilience is a process like Kari O'Grady asserted, it would be difficult to measure. The researcher believes that if spiritual resilience was measured it would have to be measured over an extended period of time. The time that it would take to properly measure spiritual resilience is beyond the scope of this dissertation.

The final aspect that the researcher would scale down is to focus exclusively on behavioral health counseling vice behavioral and mental health. During the course of this research, the researcher discovered how military medicine distinguishes behavioral health from mental health. Mental health treats the physical or biological aspect. These professionals focus on the brain and the neurological systems that affect service members' behavior. Behavioral health treats the service members' response to, and interpretation of past or present life experiences that affect their behavior.

Each of the aforementioned aspects of this project has a wealth of documented research and could easily become an individual dissertation. Throughout this research project, it was hard to digest the wealth of available information. At times it became problematic for the researcher to maintain focused or conduct research in a linear manner.

Field Research

The researcher felt that the interview questions should have been scaled down to focus on military chaplains' knowledge, skills, aptitudes, and hindrances to conduct counseling. Central question number three should be deleted. This interview question was written to verify the inclusion of spirituality in treatment plans and elaborate on the definitions of spirituality and resilience. The responses were textbook, or typical of active counselors and therapists who work in a military environment. These responses did not produce any new thoughts that enhanced this research. Therefore, the researcher stopped asking central question number three after interviewing about 50 percent of the participants.

Participants

The research project naturally scaled down the number of participants. Initially, the researcher planned to interview ten military chaplains and ten behavioral health professionals who were employed by the Department of Defense. Due to the holiday season, approximately half of the intended interviews were conducted. Based on experiential knowledge military service members who are not deployed work fewer hours during the holidays to rest and spend more time with family. The geography changed when the researcher retired from the Navy and relocated to Maryland.

The chaplains interviewed were all Hawaii based and represented both the Army and the Navy. The clinical counselors interviewed were all civilians. 83 percent of the clinicians interviewed were behavioral health with masters of social work degrees and state licensure. One clinician was a pastoral care counselor with a Ph. D. and Maryland state licensure based in Washington, D.C. Washington, D.C. is a region that has similar military demographics to the island of Oahu in Hawaii regarding joint or inter-service interactions. It is home to “150,000 active-duty service members, reservists, and retired military personnel, their family members and civilian workforce.”¹⁹⁰ The active-duty service members represent all the military branches. Another similarity between Washington, D.C. and Hawaii is the sense of isolation. Many of the clinicians interviewed reported that service members and their family experienced feelings of isolation while living in the Washington, D. C. region.

¹⁹⁰ “Mission, headquarters, Demographics” accessed Dec 27 2017, https://www.dcmilitary.com/base_guides/joint_base_myer-henderson/missions_hq_demographics/

Evaluation of Research Data

This section covers a brief review of each of the three sources of research data. The overall findings from each section will be discussed.

Review of Biblical Reflection

The bulk of the biblical reflection focused on Mark chapter five. This passage of Scripture was selected for analysis because of Rambo's research. Rambo's research introduced the researcher to the use of the narrative therapy counseling method when treating trauma, which was derived from this passage Scripture. The biblical interpretation of this passage formed the initial philosophy of counseling. This philosophy guided the researcher and this research towards the best counseling methods to research.

Jesus' Example of Pastoral Care

In Mark 5 both the demoniac and the hemorrhaging woman had been sick for a long time. Jesus was their last resort and only hope for healing. Both of these patients were beyond mankind's capability to help. The researcher perceived the demoniac as representing service members that suffers from psycho-social-spiritual needs. The hemorrhaging woman represented service members with spiritual needs. They publicly asked for help. Jesus, the ultimate caregiver, was able to connect with each care-seeker and empower them to share their story or needs. Their faith and trust in Jesus allowed them to share and be healed.

Jairus was overwhelmed due to his daughter's major illness. He sought out Christ to heal her. The researcher perceived Jairus represents the parents, spouses, and children who love their service member and are impacted by their service members' emotional

health. They also needed to find a safe place to share their story, be healed and strengthen spiritually.

The demoniac and Jairus were emotionally sick. The hemorrhaging woman and Jairus' daughter was physically sick. These three narratives illustrate the overwhelming hopelessness that physical, emotional, and spiritual illnesses can cause. The healing comfort that comes from the appropriate pastoral care can remove the feelings of overwhelming hopelessness. Each person was provided a safe place. They were allowed to be heard and healed through their unique and personal expressions of faith. Sometimes these safe places are public instead of private. This thought is indicated in (Mark 5:32-33) where Jesus asked for a public testimony after this healing event. Jamieson and Fausset clarify Jesus' question in the following quote. "(Jesus asked) not for the purpose of summoning forth a culprit, but, as we shall presently see, to obtain from the healed one a testimony to what He had done for her."¹⁹¹

The reader of Mark observes Christ quickly moving from one event to another. It is easy for the reader to assume that Christ was responding to the care-seeker's needs without foreknowledge during these encounters. One thing to remember, as the Son of God, Christ was never caught off guard. He merely used these encounters or opportunities to allow those in need of help to express their faith and share their story. Each person depicted in this passage of Scripture demonstrates the symptoms and characteristics of anxiety and stress similar to those portrayed by active-duty service members or members of their family. The challenge is to minimize their anxieties and

¹⁹¹ Robert Jamieson, A. R. Fausset, and David Brown, *Commentary Critical and Explanatory on the Whole Bible*, vol. 2 (Oak Harbor, WA: Logos Research Systems, Inc., 1997), 72.

increase their spiritual resilience to achieve spiritual and physical fitness. They needed more.

The conclusion derived from the three healing narratives described in Mark chapter five led the researcher to deduce that pastoral caregivers and military chaplains should be relational. Military chaplains like other pastoral caregivers must be able to provide a safe environment where the care-seeker can connect to their caregiver, share their story and acknowledge their faith. The inference gleaned from the biblical reflection of this passage of Scripture supports the philosophy derived from Naomi Paget and Janet McCormick's book *The Work of a Chaplain* and Shelly Rambo's journal article.

Providing Practical Pastoral Care

Data collected in chapter two delineated two roles of pastoral care. First, there is a practical side of pastoral care or chaplaincy. Naomi Paget and Janet McCormick's book provides answers to the question should one serve in the church or an institution. They define and discuss all forms of chaplaincy. One of the key elements of chaplains providing pastoral care to their care-seekers is care or support. They based their philosophy on the following statement. "The caring and supportive actions performed by chaplains help demonstrate Jesus' value for all people, not just those who are deemed good, well off, or who share the same ethnicity and culture."¹⁹²

The other key element that supports Paget and McCormick's philosophy for delivering quality pastoral care is presence. Chaplains should be physically present to offer support and nurture. Chaplains' physical presence stimulates personal interactions

¹⁹² Naomi K. Paget and Janet R. McCormack, *The Work of The Chaplain*. (Valley Forge, PA: Judson Press, 2006), 5-6.

and cultivates relationships. Within these relationships, chaplains can assess the physical, spiritual and emotional needs of the care-seekers. Furthermore, chaplains show God's love through their nonjudgmental and approachable presence.

Mark 5:25-34 depicts the relational interaction between Jesus and the hemorrhaging woman. This narrative demonstrates the power of one's faith in their healing process along with the power of a safe healing environment. The pastoral caregiver or chaplain is responsible for creating guided opportunities for the care-seeker to assess, discuss and incorporate their faith into their present life. These types of discussions can only occur in a safe environment, which is also the responsibility of the caregiver.

The biblical interpretation of Mark 5:25-34 disclosed the subtle nuances that lay a foundational for pastoral care. The hemorrhaging woman believed that Jesus could heal her, and she felt comfortable enough to approach him. One of the best indicators of her faith was she publicly answered Jesus' question, "Who touched me?" Women during this era, did not speak publicly, especially when they were menstruating.

Jesus demonstrated a good clinical approach to counseling. First, be approachable and then care enough to ask the tough questions. Being approachable means more than availability. It means cultivating a level of trust between caregiver and care-seeker or creating a safe zone between the two. This approach allows the care-seeker to feel in control of their care. Furthermore, this approach demonstrates the value of safe relationships during the healing process.

Review of literature

Sung Joon Jang's research provided a deeper understanding of the distinction between spirituality and religion. He defines spirituality "as an individual's belief in ultimate truth and meaning in life." Within his definition, Jang emphasizes the power and necessity of belief. Belief is the core of existential spirituality.¹⁹³ The various situations encountered in one's life allow them to struggle with the ultimate truth or meaning. This literary review began were chapter two stopped, looking at the value of spiritual relationships. Kwok discusses the benefits of utilizing narrative therapy. Kwok also states that humans are designed to be relational. We are to have relationships with God and others. Rambo in "Trauma and Faith: Reading the Narrative of the Hemorrhaging Woman" asserts that bodily faith and witness were the common elements leading to healing in these three narratives.¹⁹⁴ Bodily faith and witness faith dimensions form the core elements used in narrative therapy. Being able to share one's story in a safe environment leads to healing. Military chaplains provide a safe environment for service members to build rapport, which ultimately allows the care-seekers to share their stories and acknowledge their faiths. This is one of the advantages of pastoral care.

Marlantes could benefit from Jang's knowledge of spirituality and Kwok's knowledge of the narrative therapy counseling method. If Marlantes could have experienced a safe nonjudgmental relationship, he could share his story. He might have returned home sooner and emotionally healthier.

¹⁹³ Sung Joon Jang, "Existential Spirituality, Religiosity, and Symptoms of Anxiety-Related Disorders: A Study of Belief in Ultimate Truth and Meaning in Life," *Journal of Psychology and Theology* 44, no 3 (2016): 213-214.

¹⁹⁴ Shelly Rambo, "Trauma and Faith: Reading the Narrative of the Hemorrhaging Woman," *International Journal of Practical Theology* 13, no. 2 (2009): 233-257.

The researcher was aware that military chaplains could not use psychotherapy to conduct counseling. Therefore, it was not the goal of this project to gather data on all the aspects of psychotherapy but gain a general understanding of this method of counseling. Meier and other authors defined psychotherapy as a counseling method based on Sigmund Freud's research. For Freud, the goal of treatment is to come to understand the role of the unconscious mind in current problems. By gaining insight into the care-seeker's unconscious, the individual becomes better able to face reality.¹⁹⁵

Narrative therapy is one of the clinical methods that was researched. Kwok states that "Narrative therapy can help people to achieve personal transformation by changing their perceived life stories."¹⁹⁶ This method of counseling is good for individuals and groups. The advantage "Some assert that narrative therapy is a powerful way to help people in pastoral care contexts and accept (pastor care) as a therapy in agreement with Christian faith."¹⁹⁷ The narrative therapy counseling method makes it easy for a pastor or chaplain to incorporate the care-seeker's religious and spiritual practices into counseling sessions. Utilizing the care-seekers' religious and spiritual practices may help them as they re-tell or re-shape their story.

Cognitive behavioral therapy is the last clinical counseling method researched by this project. Bohman's research brings clarity of understanding to cognitive-behavioral

¹⁹⁵ Paul D Meier, Frank B. Minirth, Frank D. Wichern, and Donald E. Ratcliff, *Introduction to Psychology and Counseling: Christian Perspectives and Applications* (Grand Rapids MI: Baker books 1991), 301.

¹⁹⁶ Wai-luen, Kwok. "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology," *Journal Of Psychology & Theology* 44, no. 3 (Fall 2016): 203.

¹⁹⁷ Kwok, 201.

therapy by stating that “In cognitive-behavioral therapy, typical cognitive techniques include problem-solving and cognitive restructuring of irrational beliefs and typical behavioral techniques include contingency management and exposure to feared stimuli.”¹⁹⁸

The researcher observed that all three of these counseling methods focused on finding and changing the source of one’s problems. These counseling methods acknowledge that life experiences, especially traumas, impact human beings deeply. Caregivers need to know what techniques produce certain results. They need to feel comfortable with various therapies and cultivate their one go-to therapy. The proper use of either of these three counseling methods provide avenues for changing one’s perspective on their life experiences and will help them increase their spiritual resilience.

To accomplish the aforementioned the caregiver has to create and maintain a safe nonjudgmental environment to the care-seeker. This type of environment will build a trusting relationship. A healthy relationship will allow the care-seeker to grow and heal. Finally, the military chaplain must acquire academic training to safely use either of these three counseling methods.

To fulfill this research project’s purpose and understanding of resilience was needed. Kari O’Grady and fellow authors provided a solid definition of resilience. Their hypothesis of resilience concludes that resilience is a process instead of a trait. Many

¹⁹⁸ Benjamin Bohman, Alberto Santi, and Gerhard Andersson, “Cognitive Behavioral Therapy in Practice: Therapist Perceptions of Techniques, Outcome Measures, Practitioner Qualifications, and Relation to Research,” *Cognitive Behaviour Therapy* 46 no. 5 (2017): 392.

researchers and clinicians have embraced the later view of resilience.¹⁹⁹ Utilizing this new perspective of resilience as a process instead of a trait empowers both the caregiver and the care-seeker. This is because processes can be learned, managed and cultivated whereas traits are inherent and are difficult to change.²⁰⁰ O’Grady and fellow authors’ hypothesis empowers many counselors to use their preferred counseling method to change their care-seeker’s perspective regarding their life experiences. Changing the care-seekers’ perspective could lead them to change their coping processes leading to increased resilience.

Review of Field Data

In the military environment, pastoral care is provided by military chaplains. In the following evaluation, all pastoral care and pastoral counseling will reflect the care and counsel which is administered by military chaplains. The data collected during field research disclosed the need for pastoral care and counseling and defined the elements that comprise pastoral care and counseling within the military setting. Additionally, the field research disclosed how the role of healthy relationships increased the spiritual resiliency of service members. Finally, the field research revealed training necessary to conduct counseling that diagnosed and treated ailments that impacts service members’ emotional wellbeing and behavior.

¹⁹⁹ Kari O’Grady James Douglas Orton, Kenneth White, and Nicole Snyder, “A Way Forward for Spirituality, Resilience, and International Social Science,” *The Journal of Psychology and Theology* 44, no 2. (2016): 167.

²⁰⁰ O’Grady, 166

Pastoral Care and Counseling

Some of the participants interviewed shared that spirituality is a component or aspect of human beings. Addressing and maintaining a balance between the spiritual, emotional, social, physical, and intellectual aspects of one's life is essential for good health. Other participants viewed spirituality as a general term that relates to a person's interconnectedness to themselves and others, or as a connection to something bigger than themselves, like a guiding light or moral compass. Spirituality creates purpose, fulfillment, and peace. Military chaplains know about human spirituality. The behavioral health counselors interviewed indicated that they did not have the knowledge to address spiritual and religious concerns. When service members indicated that they wanted to address and acknowledge the spiritual aspect of their lives, these counselors referred members to military chaplains. Being able to acknowledge and support service members' spirituality is a primary reason to incorporate pastoral care and counseling into service members' treatment plan.

Pastoral care and the counseling was not well defined to the behavioral health providers that were interviewed. They felt this ambiguity limited chaplains' usage and inclusion in a service member's treatment plan. These counselors loosely defined pastoral care as counseling concerning a care-seeker's religious beliefs or practices. They spoke about a unique aspect of military chaplaincy that the researcher never correlated to pastoral care. This was the aspect of confidentiality or privilege communication as an essential feature of pastoral care. Privileged communication was a feature of counseling that behavioral health providers could not provide. These counselors were required by law to report certain behaviors or circumstances.

The military chaplains interviewed shared that pastoral care included prayer, Scripture reading, religious rituals, and counseling. These components of pastoral care can provide the service member a sense of connectedness to themselves and a higher power. They continued by defining pastoral counseling as a part of pastoral care. These chaplains elaborated that their counseling was short-term. Mostly one session, and never more than three sessions.

Counseling as it relates to pastoral care can be summarized as assessing and advising. Throughout the field research, pastoral caregivers or chaplains were referred to as first responders. This is because chaplains are members of the same units as their service members. Additionally, chaplains are considered first responders because of privileged communication. Service members know they can discuss their situations in confidence and receive good advice. Pastoral care providers need to be in tune with the service member to know where they are, what they need, and how their needs can be properly met. Pastoral caregivers need to understand where in the Bio-Psycho-Socio model their service member's concern lies to properly advise or refer as needed.

Pastoral Care and Healthy Relationships

Chaplains' freedom from standards of practice and their flexibility to support service members in unique ways help these service members feel more comfortable. Military personnel feel a sense of peace when they are sharing their concerns and problems with someone who is not documenting this experience. Military personnel have a fear that the documented sessions can become evidence in legal proceedings that may negatively impact their career.

The statement “Chaplains offer a different type of care,” known as presence, is true. Many chaplains spend hours assisting service members out of their office. They wait, in waiting rooms with families at hospitals while their loved ones receive medical treatment. The most important contribution of chaplains to the health and wellness team is their availability, flexibility and listening skills which support their relational skills.

The field research revealed a pastoral caregiver concept of shepherding. The concept of shepherding is similar to that of mentoring. Shepherding is very relational and evolves out of the rapport built during counseling sessions. This relationship or rapport assures the service member that they matter. Shepherding produces healthy relationships between caregiver and care-seeker, care-seeker and themselves, and the care-seeker and their spiritual source. These resulting relationships help to increase one’s spirituality and spiritual resilience.

The participants stated that chaplains establish and maintain relationships because they are usually older with more life experience. The demographics data collected on all participants confirm this statement. Also, chaplains’ life experiences allow them to understand and advise service members about their personal and family relationships.

Through these interviews, the researcher discovered the impact of pastoral or shepherding relationships. Spiritual growth is achieved and maintained through personal interactions. The researcher believes that maintaining and fostering these intentional relationships is an aptitude or a gift. This gift is not only used to enhance relationships between themselves and care-seekers, or care-seekers and their significant other, but ultimately assist the care-seeker to establish or cultivate a relationship with God or the service member’s spiritual sense of wellness, belonging, or higher power.

Training Needed to Diagnosis and Treat

The field research revealed that chaplains need appropriate training and licensure in various therapeutic and counseling techniques. Licensure requires academic training and supervised experience. Supervision occurs when counselors complete a state-mandated amount of counseling hours which are reviewed and critiqued by a licensed supervisory provider. This process ensures counseling competence through academic accomplishment and practical experience.

Participants agreed that successful counselors need knowledge of psychology, understanding of relationships or systems, knowledge of models or theories, can collate information about people, have a heart for people, be a good listener, and able to remove personal biases. The military chaplains interviewed indicated that Clinical Pastoral Education was a means of acquiring the aforementioned knowledge or skills in an academic setting. This residency is an avenue for pastoral counselors to gain an accredited certification, which generates approximately 1600 hours of supervised experience.

The field research revealed that military chaplains make a huge contribution to the military behavioral health team. Their contribution positively impacts the spiritual resilience of service members and their families. Military chaplains do this by cultivating healthy relationships. These relationships grow because of their flexibility and accessibility. Chaplains are accessible because they are an embedded resource and their privilege communication makes them excellent first responders. During crises, military chaplains can deescalate the stress and emotional trauma that care-seekers experience. They provide a calming support to staff and service members. Military chaplains are

flexible because they are not bound by counseling standards of practice which allow them to accommodate their care-seeker as needed. Military chaplains possess a caring empathic heart. Their love and concern for people empower them to create and sustain positive relationships.

CHAPTER SEVEN: REFLECTIONS

During the course of this project, the researcher grew professionally in the form of increased professional knowledge, increased confidence in personal competence, and calling. The researcher served as a chaplain at various commands in different capacities within the Navy for 17 years. Throughout most of his career, the researcher felt he was fulfilling his purpose and walking according to his calling. This feeling resulted from the rapport with service members and feedback regarding their progress. These times provided sustainment and encouragement to continue serving.

There were other times when the researcher felt their value as a military chaplain was based on institutional customs. There was no appreciation for God or himself. These feelings occurred during his tenure at the Navy hospital. Where his colleagues were doctors, psychiatrists, and behavioral healthcare providers. These professionals rarely referred service members seeking care to a military chaplain, even those service members who had a moral injury, religious or spiritual concern. However, serving at a hospital taught the researcher about the healing process used in a clinical setting and inspired the researcher to ask the following questions. Does one's faith contribute to the healing process? Do chaplains or pastoral caregivers influence the healing process? The researcher saw God's hand at work healing our wounded warriors, their families, and the staff. This project was the researcher's opportunity to explore the ministry of clinical chaplaincy and pastoral care plus develop strategic approaches to his ministry. This

knowledge increased professional confidence as a chaplain, future pastoral caregiver, and member of a civilian healthcare team.

The data collected produced relevant knowledge of clinical counseling. The researcher better understands the background and theory behind the topics of psychotherapy or psychoanalysis, narrative and cognitive-behavioral therapy. The researcher's true growth came from the empirical data collected during interviews regarding pastoral care. Pastoral care can be seen as an umbrella that covers religious elements like prayer, the reading of sacred documents, and worship opportunities. Pastoral counseling is also under the umbrella of pastoral care and is generally short-term counseling. It may or may not include specific outcomes. It does include advising whether from experiential knowledge or scriptural authority and assessment. Learning about the various elements of pastoral care and counseling helped the researcher understand how to incorporate and master these elements to become a better chaplain.

The collection of this data increased the researcher's confidence. Confidence grew because of the review of documented research. Review of these documents was inspiring because of the quantity that many have contributed to the knowledge base of pastoral care. Additionally, this documented research provided the researcher with the assurance that he had administered pastoral care properly. Most importantly, the researcher reviewed data that affirmed that the presence of God and His Holy Spirit is important to the care-seeker and pastoral care process.

There are two areas that the researcher would like to research in more depth, pastoral counseling and shepherding. One of the interviewed military chaplains reminded the researcher of the value of a basic pastoral concept, known as shepherding or making

disciples. Shepherding involves building relationships with and mentoring parishioners or new believers as they navigate the challenges of life. Military chaplains are embedded resources with open access to fellow service members assigned to the same unit. Military chaplains can and should leverage their relational skills. These relational skills can increase the spiritual resilience of service members.

During this research, the researcher saw several books and articles focusing specifically on client-centered pastoral counseling based on active listening. Active listening is an essential aspect of building rapport with clients and addressing their deeper concerns instead of their symptoms.

The journey through the Bethel Doctor of Ministry program was unique. The researcher began this journey while serving on active duty in the Navy. The conclusion of this journey occurred while the researcher transitioned from active-duty Navy living in Hawaii to civilian life in Maryland. During this time the researcher experienced numerous military obligations that prevented consistent attendance and study time. Nevertheless, God made a way to complete the necessary courses required to graduate.

Throughout this journey, Dr. Irving encouraged the students to complete the process, not the program or degree. God used this process to refine and edify the students. Dr. Irving also shared “if God leads us to the D. Min. program, He will help us complete the program.” This saying provided the researcher encouragement during times of doubt. The researcher’s faith grew with the completion of each class. Interacting with fellow students further enhanced the learning experience and helped the researcher become a better minister. Analyzing information and doing research prepared the researcher to conduct, assess and analyze future ministry decisions and projects.

Appendix
Interview Protocol

APPENDIX: INTERVIEW PROTOCOL

Interview Protocol Project: Discerning Appropriate Counseling Methodologies for
Implementation by Theologically Trained Military Chaplains

Time of Interview: _____ **Date:** _____ **Type:** _____

Interviewee Name / Title: _____

Introduction of self

Introduction of project and project's purpose

Questions:

Ice Breaker: Briefly describe your background and relationship with the military.

Central Question #1:

What are your thoughts regarding psychotherapy and its application to help military service members become more spiritually resilient?

Sub-Questions

- What is the difference between therapy and counseling?
- Describe your thoughts regarding narrative therapy and cognitive behavioral therapy inclusion in psychotherapy?
- What special knowledge, skills and aptitudes are necessary to employ psychotherapy?
- What are your thoughts regarding the most beneficial counseling method used to increase the spiritual resilience of individual service members who have deployed into combat?

Central Question #2:

What are your thoughts regarding pastoral care or counseling inclusion in the treatment plan to help military service members become more spiritually resilient?

Sub-Questions

- What is your definition of pastoral care or counseling?

Central Question #3:

What are your thoughts regarding spirituality's inclusion in a mental or behavioral healthcare setting?

Sub-Questions

- What is your definition of spirituality? (one's sense of significance and belonging)
- What is your definition of resilience? (trait or process)
- What are your thoughts regarding service members achieving a state of spiritual resilience?

Central Question #4:

What are your thoughts regarding how theologically trained military chaplains contribute to the military's health and wellness team?

Sub-Questions

- Describe the knowledge, skills and aptitudes that necessary to counsel service members.
- Describe if any the hinderances to a military chaplain implementing your preferred counseling method?

Is there anything else you would like to add to this interview regarding the chaplain's role as it relates to increasing spiritual resilience of active military members?

BIBLIOGRAPHY

- Athen, Jamie, Donald F. Walker. "Religion, Spirituality, and Trauma: An Introduction." *Journal of Psychology and Theology* 40 no. 4 (2012): 255-256.
- Beitzel, Barry J. "The Caesars." In *Baker Encyclopedia of the Bible*, edited by Walter Elwell, Grand Rapids, MI: Baker Book House, 1988.
- Benner, David G. *Strategic Pastoral Counseling: A Short-Term Structured Model*. 2nd Edition, Grand Rapids, MI: Baker Academic, 2003.
- Berg, Bruce L. *Qualitative Research Methods: for the Social Sciences*. 7th edition, Boston, MA: Allyn and Bacon, 2009.
- Bohman, Benjamin, Alberto Santi, and Gerhard Andersson. "Cognitive Behavioral Therapy in Practice: Therapist Perceptions of Techniques, Outcome Measures, Practitioner Qualifications, and Relation to Research." *Cognitive Behaviour Therapy* 46 no. 5 (2017): 391-403.
- Church, L. Christopher. "Mark." In *Holman Concise Bible Commentary*, edited by David S. Dockery Nashville, TN: Broadman & Holman Publishers, 1998.
- Cole, R. Alan. *Mark: An Introduction and Commentary*. Vol. 2. Tyndale New Testament Commentaries. Downers Grove, IL: InterVarsity Press, 1989.
- Creswell, John W. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 3rd ed. Thousand Oaks, CA: Sage Publications, 2013.
- Creswell, John W. *Research Design: Qualitative, Quantitative, and Mixed Approaches*. 3rd ed. Thousand Oaks, CA: Sage Publications, 2009.
- Darr, John A. "Narrative Therapy: Treating Audience Anxiety Through Psychagogy in Luke." *Perspectives in Religious Studies* 39, no. 4 (Wint 2012): 335-348. *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed May 5, 2018).
- Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*. Louisville KY: Westminster John Knox Press, 2006.
- Don, Frank J., Ellen Driessen, Pieter J. Molenaar, Jan Spijker, and Jack J. M. Dekker. "Early Interventions in Cognitive Behavioral Therapy for Depression: A Study Contrasting a Low-Adherent and a Highly Adherent Case." *Psychotherapy* 56, no. 1 (March 2019): 48-54.

- Easley, Kendell H. *Holman Quicksource Guide to Understanding the Bible*. Nashville, TN: Holman Bible Publishers, 2002.
- Easley, Kendell H. *The Illustrated Guide to Biblical History*. Nashville TN: Holman Bible Publishers, 2003.
- Elwell, Walter, and Robert Yarbrough, *Encountering the New Testament: A Historical and Theological Survey*. Grand Rapids: Baker Books, 1998.
- Figley, Charles R, and William P. Nash. *Combat Stress Injury: Theory, Research, and Management*. New York: Routledge, 2007.
- Frederick, Thomas, V. "Models of Psychotherapy: Implications for Pastoral Care Practice" *Pastoral Psychology* no. 58 (2009).
- Friedli, Lynne. "Social and Spiritual Capital: Building Emotional Resilience in Communities and Individuals." *Political Theology*, no 4 (May 2001): 55-64.
- Fuller Aaron. "Ministry To service Members and Their Families: Seeing the Person". *Word and World* 34, no. 4 (Fall 2014): 408-410.
- Geertz, Armin W. "Religious narrative: an introduction." *Bulletin for The Study of Religion* 42, no. 4 (November 2013): 3-9. *ATLA Religion Database with ATLASerials, EBSCOhost* (accessed May 5, 2018).
- Gerow, Josh R. *Essentials of Psychology: Concepts and Applications*. New York: HarperCollins College Publishers, 1993.
- Green Harold. "Ways Churches Can Assist Military Families." *Journal of Family Ministry* 5, no. 3 (1991): 19-23.
- Gonzalez, Justo L. *The Story of Christianity: The early Church to the Dawn of the Reformation*. Vol. 1 New York: Harper Collins, 1984.
- Gruenler, Gordon Royce. "Mark," *Evangelical Commentary on the Bible*. Vol. 3, *Baker Reference Library* Grand Rapids, MI: Baker Book House, 1995.
- Holliman, Pamela J. "Transforming Wisdom: Pastoral Psychotherapy in Theological Perspective." *The Journal of Pastoral Care & Counseling* 70, no. 3 (2016): 215.
- Jamieson, Robert. A. R. Fausset, and David Brown, *Commentary Critical and Explanatory on the Whole Bible*. Vol. 2 Oak Harbor, WA: Logos Research Systems, Inc., 1997.
- Jang, Sung Joon. "Existential Spirituality, Religiosity, and Symptoms of Anxiety-Related Disorders: A Study of Belief in Ultimate Truth and Meaning in Life" *Journal of Psychology and Theology* 44, no. 3 (2016): 213-229.

- Klein, William W., Craig L. Bloomberg, and Robert L. Hubbard Jr. *Introduction to Biblical Interpretation*, edited by Kermit A. Eckleberger. Nashville, TN: W Publishing Group, 1993.
- Kwok, Wai-luen. "Narrative Therapy, Theology, and Relational Openness: Reconstructing the Connection Between Postmodern Therapy and Traditional Theology." *Journal of Psychology & Theology* 44, no. 3 (Fall 2016): 201-212. *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed May 5, 2018).
- Leedy, Paul D., and Jeanne Ellis Ormond. *Practical Research: Planning and Design*. 8th ed. Upper Saddle River: NJ, 2005.
- Litz, Brett T. *Early Intervention for Trauma and Traumatic Loss*. New York: Guilford Press, 2004.
- "Military in Hawaii" <https://www.cochawaii.org/wp-content/uploads/CCH-Military-broch-1g-NEW-LOGO.pdf> (accessed Feb 21, 2018)
- "Military Presence in Hawaii" http://www.huffingtonpost.com/2013/09/26/hawaii-military-presence_n_4000020.html (accessed Feb 21, 2018)
- "Mission, headquarters, Demographics"
https://www.dcmilitary.com/base_guides/joint_base_myer-henderson/missions_hq_demographics/ (accessed Dec 27, 2017)
- Meier, Paul D., Frank B. Minirth, Frank D. Wichern, and Donald E. Ratcliff. *Introduction to Psychology and Counseling: Christian Perspectives and Applications*. Grand Rapids MI: Baker books, 1991.
- Marlantes, Karl. *What It Is Like to Go to War*. New York: Atlantic Monthly Press, 2011.
- Malcolm, Lois, and Janet L. Ramsey. 2010. "On forgiveness and healing: narrative therapy and the gospel story." *Word & World* 30, no. 1: 23-32. *ATLA Religion Database*, EBSCOhost (accessed May 24, 2018).
- Navy Pamphlet. "Achieving Spiritual Resilience." QuickSeries Publishing. 2010.
- O'Grady, Kari, James Douglas Orton, Kenneth White, and Nicole Snyder. "A Way Forward for Spirituality, Resilience, and International Social Science" *Journal Of Psychology and Theology* 44, no 2 (2016): 166-172.
- Paget, Naomi K., and Janet R. McCormack. *The Work of The Chaplain*. Valley Forge, PA: Judson Press, 2006.
- Peers, Lawrence Palmieri. "The problem trap: a narrative therapy approach to escaping our limiting stories." *Congregations* 34, no. 1 (Wint 2008): 19-22. *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed May 5, 2018).

- Peterson, Karen. "Long Deployments Stress Military Families" USA Today October 10, 2001. usatoday30.usatoday.com (accessed July 7, 2016).
- Rambo, Shelly. "Trauma and Faith: Reading the Narrative of The Hemorrhaging Woman." *International Journal of Practical Theology* 13, no. 2 (2009): 233-257.
- Robertson, A.T. *Word Pictures in the New Testament*. Nashville, TN: Broadman Press, 1933, Mk 5:1.
- Rosner, Rachael I. "Aaron T Beck's Drawings and the Psychoanalytic Origin Story of Cognitive Therapy." *History of Psychology* 15, no.1 (2012): 1-18.
- Starcher, Richard L., Leanne M Dzubinski, and Jamie N Sanchez. "Rigorous Missiological Research Using Qualitative Inquiry." *Missiology* 46, no. 1 (2018): 50-66.
- Thomas, Robert L., and Stanley N. Gundry. *A Harmony of The Gospels: With Explanations and Essays*. Peabody, MA: Prince Press, 2003.
- Vincent, Richardson Marvin. *Word Studies in the New Testament*. Vol. 1 New York: Charles Scribner's Sons, 1887.
- Virkler, Henry. *Hermeneutics: Principles and Processes of Biblical Interpretation*. Grand Rapids, MI: Baker Books, 2002.
- Vitz, Paul C. "Narratives and Counseling, Part 1: From Analysis of Past to Stories About it" *Journal of Psychology* 20, no. 1: 11-19.
- Walker Donald F., and Jamie D. Athen. "Future Directions for the Study and Application of Religion, Spirituality, and Trauma Research." *Journal of Psychology and Theology* 40, no. 4 (2012): 349-353.
- White, Michael, and David Epston. *Narrative Means to Therapeutic Ends*. New York: W. W. Norton & Co, Inc., 1990.