Spiritual Aspects of Canadian Armed Forces Veterans' Transition to Civilian Life: An Exploratory Study

by

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Abstract

Canadian Armed Forces (CAF) veterans' experiences of military to civilian transition (MCT) have been of increasing interest. Successful transition to civilian life following military service is beneficial to veterans themselves, their families and the community at large. CAF veterans who have successfully transitioned often report positive health and well-being, relationships, and careers, while those who report difficult transitions seem to experience poorer mental and physical health, income struggles, and personal relationship issues. Well-being factors identified as having an impact on successful MCT include health, financial security, life-skills, housing, employment or meaningful purpose, cultural and social environment, and social integration.

With the Canadian Armed Forces and Veterans Affairs Canada (VAC) being increasingly interested in facilitating successful transition, attention has been directed to both these factors and various domains (i.e., physical, psychological, emotional, relational, social, and spiritual) that intersect with them. While much attention has been given to several of these factors and domains, less understood is the role of spiritual and religious (S/R) health and well-being in successful MCT. The purpose of this master's thesis was to determine the broad understanding of spirituality from a veteran context, in order to explore (1) ways in which S/R factors contribute to facilitators, or are obstacles to MCT, and (2) recommendations to better support current and future veterans as they embrace MCT using S/R strategies.

This thesis contains two studies. First, a scoping review was conducted to map emerging evidence-based and grey literature on the S/R effects of MCT. Using thematic analysis, several key findings emerged regarding spiritual, religious and existential impacts: a) positive and negative mental health outcomes; b) veterans' abilities to adapt their military identity, meaning-making and self-transformation; c) the need for spiritual care and chaplaincy; and d) the contribution of faith-based organizations and community support. Second, a qualitative descriptive research study was conducted with 15 Canadian veterans to better understand their perspectives around spirituality and health; gain insight into their lived experience and ongoing impacts to their S/R health; and glean lessons learned and suggestions about S/R strategies that might help policy makers, service providers and future members with MCT.

Keywords: spiritual, religious, well-being, health, military to civilian transition, post-service, released from service, veteran

Preface

Based on this thesis, two chapters are being submitted to peer-reviewed journals for publication. In both manuscripts, Hope Winfield led the conceptualization and study design, and was responsible for drafting the manuscripts. The research project, which is part of this thesis, received ethics approval from the University of Alberta Ethics Board as " Spiritual Aspects of Canadian Armed Forces Veterans' Transition to Civilian Life: An Exploratory Study", No. PRO00106377. Hope Winfield was responsible for conducting the analysis and interpretation of data with guidance from her supervisor, Dr. Suzette Brémault -Phillips, and her committee members Dr. Lorraine Smith-MacDonald and Dr. Joanne Olson.

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List of Abbreviations

CAF- Canadian Armed Forces

CAF- TG - Canadian Armed Forces Transition Group

CAIPS - Canadian Army Integrated Performance Strategy

CMOP-E – Canadian Model of Occupational Performance – Enabling Occupation

DAOD – Defence Administration Orders and Directives

FBOs - Faith Based Organizations

LASS – Life After Service Survey

MCF – Military Christian Fellowship

MCT - Military to Civilian Transition

MI - Moral Injury

MO CWL – Military Ordinariate Catholic Women's League

QD – Qualitative Descriptive Method

RCChS - Royal Canadian Chaplain Services

RPG - Rocket Propelled Grenade

SFI – Spiritual Fitness Inventory

S/R - Spiritual/ Religious

SCAN - Second Career Assistance Networks

THW-SF – Total Health & Wellness - Strategy Framework

USAPHC – U.S. Army Public Health Command

VAC - Veterans Affairs Canada

Chapter 1

Overview of Thesis

Background

Throughout history, the cost of military service has always come at a great personal price. One of the great legacies of World War I was the initiation of rehabilitation programs to support injured veterans in obtaining new skills and using their abilities to integrate back into society (Stagni et al. 2015). These initial programs, while extremely effective at the time, were still limited and lacked a full understanding of the challenges faced by veterans returning to civilian life after combat. In particular, these initial programs failed to address what we would now term mental and psychosocial challenges. As such, advances in veteran care after World War II became increasingly inclusive of mental health ramifications such as “battle fatigue” within neuropsychological and physical rehabilitative services (Conti, 2014). Since then, as modern soldiers, sailors and air personnel have adapted to new types of warfare (e.g., new technologies, increased threats, asymmetric warfare, complex humanitarian operations), so too has modern medicine tried to confront these new associated challenges. As war becomes more complex, so do the solutions and rehabilitative programs needed to deal with the aftermath. Most recently, research on war injuries has brought attention, awareness and an understanding of the morally injurious events, spiritual struggles, and existential challenges military members may endure as a result of modern warfare.

Canadian Armed Forces Medical Model

The Defence Team Total Health and Wellness Strategic Framework (THW-SF) is the current medical model that is being used in the Canadian Armed Forces (CAF). Inclusive of the new challenges faced by modern soldiers, the THW-SF has expanded to include a biopsychosocial-spiritual model of care, which focuses on the total health of military members through a person-centered approach (Doherty et al., 2019). Using this biopsychosocial-spiritual model of care, has created a shift away from past dichotomous "free from illness" definitions of health, to definitions that include a continuum, whereby, wellness or health is at one end, and illness or disease at the other (Doherty et al., 2019). While such a move is laudable, this shift has not been without challenges. Health, wellness and well-being are often used interchangeably (Doherty et al., 2019).

Despite universal definitions being missing, health can generally be defined as not simply an achievement of a *state* of biopsychosocial-spiritual functioning, but includes the importance of the *ability to live in a certain way* in order to manage one's-self (Doherty et al., 2019). Similarly, wellness encompasses eight mutually interdependent dimensions: physical, spiritual, intellectual, emotional, social, financial, vocational, and environmental that impacts how one can live life fully, enabling the best kind of person that circumstances and potential can allow (Stoewen, 2017). Finally, well-being is most commonly identified in terms of a subjective sense of contentment, happiness or quality of life (Thompson, 2017). Common to all of these conceptualizations, however, is the assertion that human flourishing is complex and interconnected, and that all human beings are considered to have a spiritual dimension which is integral to their overall functioning.

What is the Spiritual Domain?

Due to the multi-layered construct and diverse meaning of spirituality across disciplines, health research often lacks a universal and operationalized definition of spirituality (Zinnbauer et al., 2001). Instead, it has been found that researchers often adopt personal understandings of spiritual and religious terms in ways that they themselves define these concepts (Zinnbauer et al., 2001). While significant attempts have been made to try to address this gap in the research, struggles and disagreements continue around the language of spirituality. In particular, a key issue is related to definitions which span from viewing spirituality as being specifically related to religious ideas, to spirituality as solely in a humanistic paradigm that is not associated with religion in any way (Hill et al., 2000). For the purposes of this thesis, and in the absence of a universally operationalized definition of spirituality, the definition from the Mission Ready Canadian Army Spiritual Fitness Model was selected, given its relevance and use in Canadian military-oriented spiritual research:

> "Spirituality guides the way we understand our life journey: its path and its practices. It gives meaning and purpose to our lives, and is often expressed or experienced through religion, philosophy, or a rule of life. It is central to the development of moral character, values, and beliefs, and is intrinsic to how we experience self, others, and community. Our spirituality is informed by our world and life view and is most often understood as a means through which we can connect, both privately and with others, to the source of that which is Sacred and/or greater than ourselves". (Canadian Army Integrated Performance Strategy [CAIPS] Appendix 4 – Spiritual Fitness Domain)

As noted in this definition, spirituality is not associated with a specific religion. Rather, the CAIPS definition highlights that spirituality is central to all religions, as all religions include teaching on what is sacred or transcendent as contained within their specific beliefs, practices and rituals (Koenig, 2012). However, this definition also allows for a humanistic or existential approach to spirituality. This highlights that spirituality is a distinct domain and not simply an extension of the psychological or social domains. Due to the overlap, and to be inclusive for the purposes of this thesis, religious, spiritual and existential aspects of human functioning will be referred to as S/R (spiritual/religious).

Spiritual/ Religious Fitness, Resiliency and Struggles

As S/R is at the center of who a person is (i.e., their being), it would naturally follow that spirituality would touch upon other factors such as fitness, resiliency, and the ability to cope through life's struggles. To support an understanding of these concepts, the following definitions are offered**.** *Fitness* can be defined in terms of having the capability to perform required tasks (Doherty et al., 2019). Specifically, spiritual fitness involves four key constructs: 1) spiritual worldview, 2) personal S/R practices or ritual, 3) support from a S/R community and 4) S/R coping (Yeung & Martin, 2014). *Resiliency* is the process that enables individuals to return to previous levels of functioning when met with adversity (Doherty et al., 2019). Therefore, spiritual resilience could be defined as the ability to sustain one's sense of purpose through beliefs or values while encountering stress, trauma or hardship (Manning et al., 2019). As with any dimension of human experience, S/R holds the potential for both joy and difficulties. Spiritual struggles are reflected in the literature as being conflicts and negative emotions around the sacred (Exline, 2013), are interpersonal in nature (Pargament, 2007), and may include

tensions within oneself or moral issues with supernatural forces such as God or the devil (Bockrath et al., 2021). The summation of S/R health, wellness, well-being, fitness, resilience and struggles is what makes a person who they are and impacts how they function in life; what is unclear is how these internal S/R factors impact MCT and how veterans move through the transition process.

Military to Civilian Transition (MCT)

The military to civilian transition (MCT) "denotes the specific process and timing of contemplating, planning, processing, getting out and adjusting to the end of military service and resumption of civilian life and roles" (Shields et al., 2016, p.13). For some members, the MCT is easier than for others. The findings from the Canadian 2019 Life After Service Survey found that 39% of veterans (up from 33% in 2016) expressed difficulties adjusting to civilian life, and only 53% felt they had a sense of community belonging (Sweet et al., 2020). Research to better understand veteran MCT challenges are also emerging around the world. Lord Ashcroft conducted the Veterans Transition Review that highlighted education, employment, housing and well-being as key problems when members leave the UK Armed Forces (Ashcroft, 2014). An American study showed that veterans who experienced emotional or physical trauma while serving, or suffered a serious injury were at a higher risk for difficulty readjusting to civilian life (Morin, 2011). One literature review noted that loss was a common problematic internal process among veterans (regardless of nationality): loss of meaning and purpose, identity, and belonging within the military culture and community (Romaniuk & Kidd, 2018). RAND Europe explored how resiliency may shape veterans' MTC, and concluded, that resiliency can help veterans adjust and address challenges. Nevertheless, they also found that a "can do" and institutionalized tough

attitude became a barrier to seeking help which could negatively impact MCT outcomes (Cox et al., 2018).

While researchers in many countries continue to explore why some veterans find MCT easier than others, no internationally agreed-upon standardized model of MCT nor definitive criteria of what constitutes a successful transition appear within the literature (Tam-Seto & English, 2019). In Canada, the success of MCT among transitioning members is gauged within the joint Canadian Armed Forces/ Veteran Affairs Canada (CAF/VAC) well-being framework, This framework includes seven domains: 1) *Employment/ meaningful activity*: veteran engaging in activities meaningful to them; 2) *Finances*: veterans are financially secure; 3) *Health*: veterans are functioning well physically, mentally, socially, and spiritually; 4) *Life skill and preparedness:* -veterans can adapt, manage and cope within civilian life; 5) *Social integration:* veterans engage in mutually supportive relationships and in their communities; 6) *Housing and physical environment*: veterans are in safe affordable housing; and 7) *Cultural and social environment:* veterans are understood and valued by Canadians (Thompson et al., 2016).

Several key advantages are associated with this Canadian framework. Notably, it offers some direction for service providers and policy makers to identify possible interventions and outcomes measures that support these post-service well-being outcomes. Besemann et al. (2018) noted that this framework also shows the interconnected influence of one domain on another. For example, a member might prematurely leave the military to support a sick spouse. This decision may impact financial security, housing, loss of military community, access to programing/support and current social networks. Possible S/R struggles can arise with a member experiencing competing values, such as giving up their calling and identity as a military person,

to adopt a new role of caregiver which may be equally valued in terms of S/R marital commitments. However, while this model enables an assessment of outcomes, it does not address key individual internal processes, such as individual prioritization of conflicting S/R realities that may predicate decisions, contextualize experiences and realities which a person may or may not have control over, or contribute to meaning making or healthy adaptation.

Spiritual, Religious and Existential Aspects of MCT

It has been well-documented in research that spirituality can be a key factor in helping individuals cope with major life events and transition (Koenig, 2012; Maley et al., 2016; Zarzycka & Puchalska-Wasyl, 2019). According to a biopsychosocial-spiritual model of health, just as people have a past physical and psychological history, so too does everyone have a spiritual history which cannot be separated from other aspects of the person (Sulmasy, 2002). As such, each person is affected differently by their spiritual history, and this history can broadly either result in positive outcomes (S/R coping, resilience, increased well-being) or maladaptive use of S/R (struggles, moral injury, decreased well-being).

Identification of specific S/R aspects of MCT is limited in the evidence-based literature. One study measured religious faith by how often a veteran attended religious services (Morin, 2011). It was found that recently released veterans who attended service at least once a week are 24 percent more likely to say that their MCT was easy than those who never attended services (Morin, 2011). While only constituting one study, this study does illustrate the potentially important and yet understudied dimension of S/R to the MCT process. More understanding is therefore needed regarding S/R impacts to members over their life journey, while in service, and specifically when they enter the MCT.

Theoretical MCT Framework

As current MCT models are lacking, one model which may help to conceptualize MCT is the Canadian Model of Occupational Performance and Engagement (CMOP-E). According to the CMOP-E, all rehabilitation is client-centered and identifies occupational performance in two levels: 1) *lower-level performance r*efers to the building blocks of human functioning including mental, physical, spiritual, socio-cultural components; and 2) *higher levels performance* refers to an individual's day to day activities such as self care, productivity and leisure. Together, these two levels are then integrated with each other and with the environment in which individuals' function (Chan & Lee, 1997).

Spirituality, which is found at the center of the CMOP-E model, is of vital importance. Spirituality is seen as the core essence of the individual, which enables a person to connect with others, or enables humanity to seek meaning and purpose (Wilson, 2010). Since spirituality manifests itself in the *way* people do things as well as *why* and *how*, activities associated with S/R practice such as attendance at prayer services may provide tangible outcomes to access not only the S/R dimension, but also other dimensions of health, wellbeing, resilience and performance (Wilson, 2010). As such, the CMOP-E Model may provide a conceptual link currently missing between S/R, other health domains, occupational and social functioning, and environmental factors contained within the CAF/ VAC model (Smith-MacDonald et al., 2018).

The CAF/VAC model, combined with the CAF TH&WS and the CMOP-E, places the individual at the centre. The S/R domain derives meaning regarding what a person does (i.e., occupations) within a given environment. Smith-MacDonald et al. (2018) note that addressing the spiritual domain from the viewpoint of S/R processes (i.e., struggles, question, wounds) could help military members "address fractured worldviews, core beliefs, and relationships, and

facilitate movement toward recovery, reconciliation, and restoration" (p. 5). This perspective would also offer a construct by which MCT can be understood and the THW-SF and the CAF/ VAC well-being domains aligned to support a cohesive understanding of a person's journey from joining the military, within service, and then finally, to post-service life.

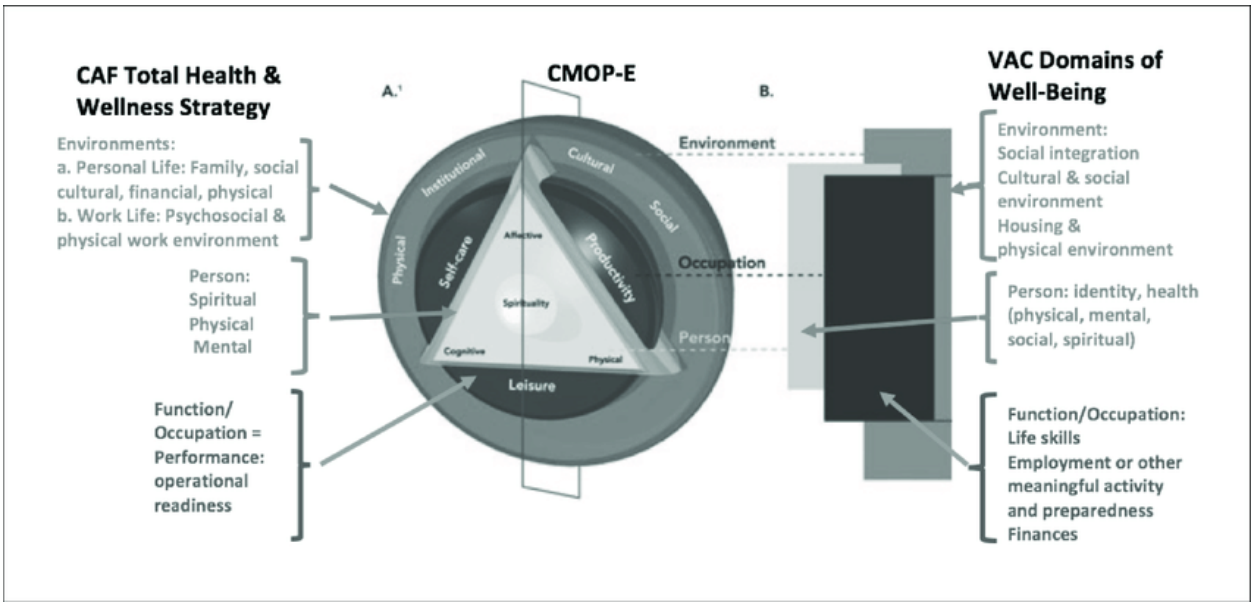


Figure 1:
Alignments between the DND/CAF Total Health and Wellness Strategy, CMOP-E and VAC Domains of Well-Being (Smith- MacDonald et al., 2018).

In addition to gaps associated with the conceptual models and studies related to the MCT, Canadian research regarding any potential S/R aspects of MCT is lacking. As a result, Canadian veterans' perspectives about spiritual and existential aspects that impacted their military careers and transitions back to civilian life are unclear. Additionally, the impact of the MCT on veterans' experiences around finding new meaning and purpose (e.g., anew calling), changes in moral values or personal philosophies due to service and exposure to potentially morally injurious events, or addressing aspects of life that needs reconciling (e.g., addressing guilt or shame and finding peace) are unknown.

Given the potentially significant role S/R may have on a veterans' MCT, this gap in the research seems particularly problematic and worthy of immediate attention. Accurately capturing diverse veterans' voices regarding S/R impact on their innermost being is essential to ensuring policy, programs and well-being for future members and veterans such that they are resilient for the inevitable MCT journey. Gaining insight into Canadian veterans' personal experiences and perspectives about the S/R domain, lasting repercussions to their MCT due to service, and post-service well-being using a person-centred evidence-based approach, could shed new light on why some veterans adapt to MCT better than others.

Purpose

The purpose of this study was to explore the unique S/R needs of Canadian veterans and the impact of the spiritual health and well-being dimension on their experience during the MCT journey.

Objectives

This study explored (1) the role of spirituality in a veteran's well-being during the MCT; (2) how spirituality or spiritual aspects support the MCT; (3) how spiritual struggles may impact the MCT; and (4) recommendations related to spirituality that veterans offer to better prepare for the MCT. These objectives were explored through the following research questions.

Research Questions

1) How do veterans understand spirituality and the impact of this domain on their well-being?
2) How do spirituality or spiritual aspects (i.e., S/R community, personal practices, spiritual pathways or disciplines) facilitate resiliency, coping and veterans' ability to transition back to civilian life?

3) How do negative spiritual aspects (e.g., spiritual struggles, moral injurious events) impact veterans' resiliency and their MCT?
4) What S/R support mechanisms do veterans identify that were key to their MCT process, or missing from their experience and that can help future veterans?

Thesis Outline

This thesis identifies key aspects of S/R health and well-being from Canadian veterans' perspectives. Each section of this thesis seeks to address a component of the above questions. As part of this manuscript-based thesis, Chapters 2 and 3 contain independent documents as identified by their research question. Some of the information presented in each chapter may have concepts and content repeated in subsequent chapters.

Chapter 1 provides background information on the current model of military health within Canada, the CAF/VAC model of wellbeing; a review of S/R literature; and the CMOP-E model of person, environment and occupations. As spirituality is the center of the CMOP-E model, linkages between veteran health and MCT will be made.

Chapter 2 provides a scoping review on the role of S/R in the MCT. The review searched nine multidisciplinary databases and uncovered 59 articles, studies, and grey literature within the inclusion criteria. The results illustrated that (1) S/R impact veteran health outcomes particularly in the area of mental health; (2) S/R can impact veteran identity, meaning making and self-transformation; (3) there is a need for S/R community support; and (4) contextualized S/R therapeutic care may be beneficial for veterans struggling with MCT. This study identified crucial gaps, such as a lack of Canadian veteran perspectives of the S/R domain and potential recommendations to S/R post-service health and well-being provision.

Chapter 3 focuses on a qualitative exploratory study. The purpose of this study was to give an opportunity for Canadian veterans' voices to be heard regarding their perspectives on the S/R domain, aspects of military service that have impacted the S/R domain, ways in which the S/R domain was used in their MCT, and what can be in place to make the MCT easier for those struggling. The results of this exploratory study indicate that spirituality and S/R well-being is a central concept for Canadian veterans, which they identified through personal pathways, participation, and practices. Service members identified S/R significant events (positive and negative) that contributed to ongoing S/R challenges and coping mechanisms which factored into their MCT. Veteran participants were able to further identify specific supports to their S/R well-being that facilitated MCT and circumstances that led to S/R struggles and were obstacles to a smooth MCT. Participants provided further recommendations regarding S/R support for all phases of MCT.

Chapter 4 provides a brief synopsis of key research finding, study strengths and weaknesses and possible future clinical implications. Copies of the recruitment poster, focus group and interview reflection questions, support numbers and informed consent forms have been supplied within appendices at the end of this thesis.

Contributions

This research emerged through the collaborative efforts of my supervisor Dr. Suzette Brémault-Phillips, and committee members Drs. Lorraine Smith-MacDonald and Joanne Olson, who provided support for the concept design and invaluable guidance throughout the scoping review, support and guidance throughout the research project design and execution, as well as assistance in editing all written work contained in this thesis.

Chapter 2

Military Veteran's Post-Service Spiritual and Religious Well-Being: A Scoping Review

Introduction

Within Canada, approximately 4,000 to 5,000 regular force members and a comparative number of reserve force members are released from the Canadian Armed Forces (CAF) every year (Thompson & Lockhart, 2015). For these individuals and their loved ones, this journey will be met with different outcomes based on diverse and interrelated constructs that can impact a veteran's health and well-being after service. The findings from the Canadian 2019 Life After Service Survey found that 39% of veterans expressed difficulties adjusting to civilian life, and only 53% that felt they had a sense of community belonging (Sweet et al., 2020). Even though the last decade has seen an increase in veteran research, it has been noted that "the processes and experiences of transition for Armed Forces veterans are not well understood, and research is only beginning to unpack associated issues" (Cooper et al., 2018).

Military to Civilian Transition

The military to civilian transition (MCT) "denotes the specific process and timing of contemplating, planning, processing, getting out and adjusting to the end of military service and resumption of civilian life and roles" (Shields et al., 2016, p.13). To date, there is no international standardized model of MCT within the literature nor definitive criteria of what constitutes a successful MCT (Tam-Seto & English, 2019). According to Scholessberg's Adult Transition Theory (1981), transition can be seen in terms of changes to routines, relationships and roles, whereas, Bronfenbrenner's (1979) transition model focuses on ecological aspects that cross individual, interpersonal, and community systems. Recently, in the United States, these

models have been combined by Castro and Kintzle (2014) to create the Military Transition Theory (MTT) that highlights three interrelating phases of the transition process: (1) approaching military release; (2) managing the transition; and (3) assessing the transition (Whitworth et al., 2020). This process driven model provides a framework that is not solely focussed on outcome measures. Whitworth et al., (2020) goes a step further to suggest a Success in Transition Model (SIT) that recognizes the need for a tailored individual approach to address the whole person (i.e., sense of purpose, relationships, health) and incorporates training and resources based on individual needs at all phases during the transition. To date, no comprehensive and holistic MCT model (such as the above) has been adopted in Canada.

Within the CAF, transition has been defined as, "…the period of reintegration from military to civilian life and the corresponding process of change that a serving member/veteran and their family undertake when their service is completed" (Canadian Armed Forces Transition Group [CAF-TG], 2018). This process of change has yet to be clearly defined under the CAF-TG. However, the outcome of a successful MCT can be gauged within the joint CAF/VAC well-being model. This model requires veteran engagement in seven domains to be classified as having a successful MCT: 1) *Employment/ meaningful activity*: veteran engaging in activities meaningful to them; 2) *Finances*: veterans are financially secure; 3) *Health*: veterans are functioning well physically, mentally, socially, and spiritually; 4) *Life skill and preparedness:* veterans can adapt, manage and cope within civilian life; 5) *Social integration:* veterans engage in mutually supportive relationships and in their communities; 6) *Housing and physical environment*: veterans are in safe affordable housing; and 7) *Cultural and social environment:* veterans are understood and valued by Canadians (Thompson et al., 2016).

In contrast to the joint CAF/VAC well-being model, Blackburn (2016) recommended a Canadian Military-Civilian Transition Process Model (M-C TP) that defined institutional responsibility, recommended standardized programing and identified crucial support during the pre-release phase, the CAF and VAC release phase, and the post-release phase to result in better MCT outcomes. While adoption of this model would provide much benefit, it still falls short of framing the internal human processes (e.g., identity, meaning and purpose, emotional, cultural, spiritual, moral, relationships) at play throughout the MCT.

One under-researched aspect is the role of spiritual and religious (S/R) health and well-being within Canadian military/ veteran populations. Canada's Defence Policy, Strong Secure and Engaged (2017) set the groundwork for new inclusive and person-centered approaches to service delivery. This includes the CAF/ VAC Post-service Well-being Model (Thompson et al., 2016), the Total Health and Wellness Strategy (Doherty et al., 2019), and the Spiritual Resiliency and Well-Being Strategy (Royal Canadian Chaplain Services, 2020). Common to these Canadian strategies is a biopsychosocial-spiritual (BPSS) model of health and well-being, which embraces a diverse humanistic approach. Central to this BPSS approach, is how the spiritual domain may impact physical health, mental health, social integration, and assist with meaning-making, resilience and human flourishing. True integration and acceptance of the BPSS model, however, requires a multidimensional and comprehensive view of the spiritual domain. It has been well-documented in medical and rehabilitation research that spirituality and religion (S/R) can be a key factor in helping individuals cope with major life events and transition (Koenig, 2012; Maley et al., 2016; Zarzycha & Puchalska-Wasyl, 2019).

Spiritual and Religious Aspects of the MCT

In the absence of a universal operational definition for spirituality, contextual approaches have identified spirituality in terms of a search for existential meaning (Doyle, 1992) and feelings, thoughts, experiences and behaviours that arise from the search for the sacred (Hill et al, 2000). Spilka (1993) observed that spirituality can also be understood within three constructs depending on the individual: a God-orientated spirituality, a world-orientated spirituality stressing relationship with nature, or a humanistic spirituality stressing human potential. While diverse, these definitions point to spirituality as being the lens through which individuals perceive their personal worldview (e.g., beliefs, values, morals), sense of self, what matters most, and connection with self, others and a transcendent reality. As such, while spirituality is not necessarily associated with a religion, many people many people find pathways to these spiritual aspects through specific religious beliefs, practices and rituals (Koenig, 2012).

Although some studies have treated religion and spirituality as synonymous, they are separate but interrelated concepts. Religion can be defined in contrast to spirituality by each religion's boundaries around particular beliefs and practices (Miller & Thoresen, 2003). In this respect, Miller and Thoresen (2003) delineate religion within a social context and spirituality at an individual level. Such a view, however, should not be seen as indicating that one's religiosity is not experienced internally, nor that one's spirituality is not expressed externally or in community. Rather, ideally both of these concepts may be mutually beneficial, supportive, and cohesive within a person's life. Due to the overlap and to be inclusive of both the spiritual and religious aspects of the "spiritual" domain will be henceforth referred to as S/R.

Within MCT research, more clarity is needed to understand how S/R health impacts relationships with others, the ability to integrate and find support in a new community, the way

veterans discern a new mission in life, and possible S/R influences on meaning making regarding past morally injurious or other situations that has caused spiritual struggles while in service.

Purpose

This scoping review was designed to systematically explore the current state of the literature regarding veteran spiritual health and how it relates to military to civilian transition (MCT) and post-service well-being.

Material and Methods

Study Design

This six-stage scoping review used methods as outlined by Arskey and O'Malley's (2005), and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018).

Stage 1: Identifying the Research Question

Three core concepts were identified in this scoping review: 1) veterans; 2) spirituality/ religiousness/ morality/ existentialism; and 3) veteran's military civilian transition. The key research question was: *"What is the current state of the literature regarding veteran spiritual health and well-being during and following the military to civilian transition?".*

Stage 2: Identifying Relevant Studies

A health research librarian was engaged to assist the team in refining a search strategy in order to facilitate locating appropriate literature. Searches were conducted in February 2021 using the following multidisciplinary databases: MEDLINE (Medical Literature Analysis and Retrieval System Online) (OVID interface), APA (American Psychological Association) PsycINFO (Ovid interface), CINAHL (Cumulative Index of Nursing and Allied Health Literature) Plus with Full Text (EBSCOhost interface), Military & Government Collection

(EBSCOhost interface), Academic Search Complete (EBSCOhost interface), Religion and Philosophy (EBSCOhost interface), SocINDEX – with full text (EBSCOhost interface), Directory of Open Access Journals (EBSCOhost interface)and Scopus (EBSCOhost interface). Attention to diverse terminology around transition and definitions of veterans were incorporated into the search strategy as various English-speaking countries employ very different terms (Shields et al., 2016). A full list of search terms used in searching the databases can be found in Appendix A.

Example of terms used: *((religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) and (((return* or re-entry or reentry or reintegration or transition* or retirement) adj6 (civilian* or veteran*or ex-military or ex-servicemember*)) or ((retirement or release) adj5 (military or veteran or army or armed forces or navy or air force or service member))))*.

Stage 3: Selecting the Studies

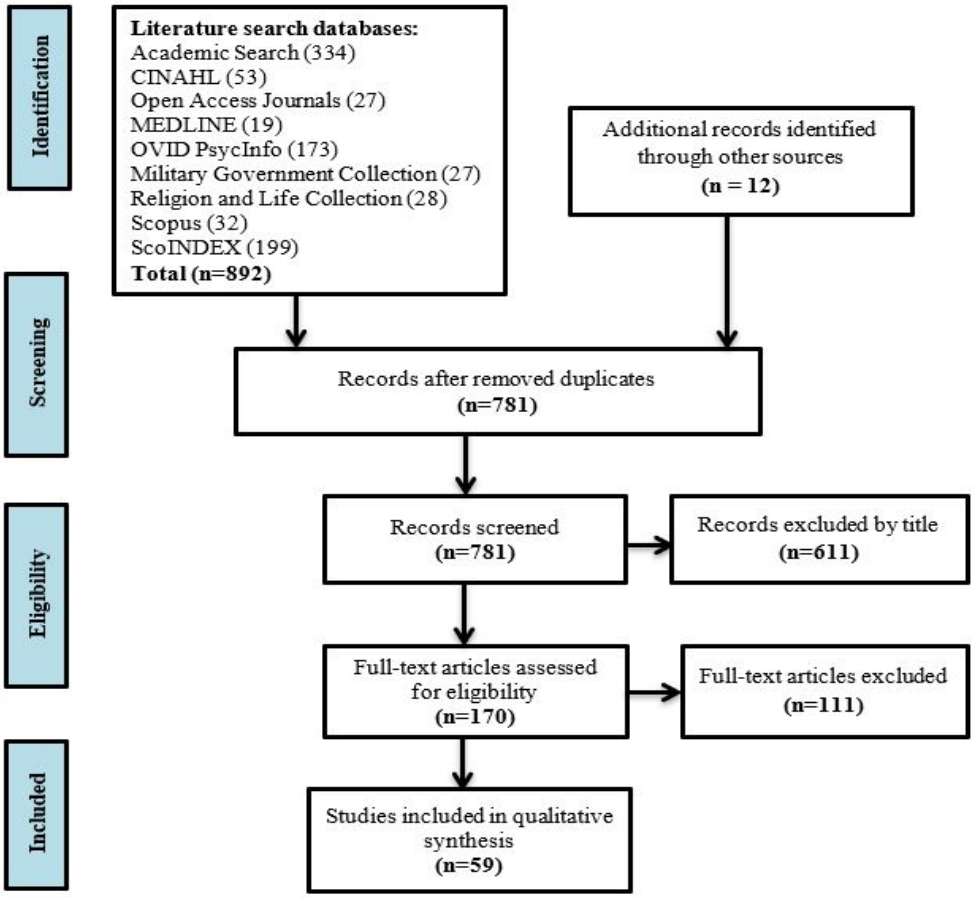
The goal of this scoping review was to provide an overview of current peer-reviewed literature (quantitative, qualitative, or mixed methods studies) and grey literature that could answer the research question. Selection criteria was devised a-priori and refined post-hoc to allow for familiarity within a diverse collection of literature. Inclusion criteria were the following:

- Literature published from January 2000 to February, 2021;
- Literature published in English;
- Theoretical papers; studies with mixed, qualitative and mixed methods design; and grey literature;
- Studies that included a spiritual/religious/moral or existential health and well-being focus for a successful military-to-civilian transition;
- Studies that focused on a veteran population (i.e. soldiers who were post-release).

This scoping review included studies regardless of nation, provided that it met the above inclusion criteria. Literature that specified sample participants were currently serving were omitted from the study because they were unrelated to MCT. As well, validity studies that focused on spiritual psychometrics were excluded.

Relevant articles were identified and references hand-combed to identify additional literature not captured within the electronic sweep. Professional networks were engaged as they provided access to additional resources. Two reviewers independently scanned the titles and abstracts to determine which articles would be further assessed. Consensus was met regarding each of the articles included in the current review (Figure 2).

Figure 2:
PRIMA Search Strategy



Stage 4: Charting the Data

Two reviewers developed the extraction form for collecting relevant aspects of the data useful for answering the research question: author(s), date and type of publication, country of study, study design (if applicable), purpose of the study, and the CAF/VAC Well-being MCT domain that the study touched upon (Table 1). Information was tabulated for analysis. Each relevant article was examined deductively based on inclusion criteria and information was thematically analyzed and summarized in order to identify spiritual, religious, moral or existential aspects of veteran well-being post-release. In cases of disagreement, one of the researchers acted as a third rater.

Stage 5: Collating, Summarizing and Reporting the Finding

Determination of sources to be included in this review and thematic analysis was conducted systematically. Two reviewers independently scanned initial database titles and abstracts to determine applicability for further assessment. Literature meeting inclusion criteria is identified in Table 1. Only those articles which have been directly cited in the thematic synthesis are included in the reference list. Thematic analysis was conducted using Braun and Clarke's (2006) procedure: (1) all manuscripts were read and initial ideas for codes were recorded; (2) manuscript content was systematically and manually coded; (3) initial codes were grouped into potential themes; (4) preliminary themes were reviewed and refined; and (5) finalized codes were tabulated under themes with corresponding excerpts and linked to a CAF/VAC domain of post-service well-being.

Stage 6: Consulting Subject Matter Experts

Several subject matter experts outside the study review team were invited to provide insight and recommendations regarding the search approach and validate the search strategy (Arksey & O'Malley, 2005).

Results

Overview of Included Studies

The initial search strategy identified 892 records, with 12 additional records identified through other sources. After duplicates were removed, the remaining 781 publications were subject to title screening which resulted in 611 articles being removed. The 170 remaining articles were screened for relevance and eligibility, with 59 articles remaining. (Figure 2). Publications spanned disciplines of psychiatry, psychology, social work, nursing, religion & theology, pastoral counselling, military health and sociology. The majority of the studies were conducted with American veterans, with only 14 studies exploring veteran populations from other nations (Iranian veterans, (n=3), Australian veterans (n = 3), Swedish veterans (n=4), Bosnia and Herzegovina veterans (n=1), British (n=1), Croatian (n= 1), and Canadian veterans (n=1). Articles spanned qualitative, quantitative, and mixed method research, and included theoretical papers, literature reviews and non-published grey literature (e.g., dissertations and news articles).

Thematic Analysis

The thematic analysis resulted in identification of four overall themes related to: 1) S/R impact to total health outcomes; 2) S/R impact to internal processes; 3) the need for S/R community support; and 4) contextualized S/R therapeutic care.

Theme 1: Spiritual/Religious Impact to Total Health Outcomes

The impact of S/R on specific post-traumatic injuries and other health related issues revolved around the following five key topics: 1) military sexual trauma (MST); 2) post-traumatic stress disorder (PTSD); 3) moral injury; 4) suicidal behavior and 5) physical pain and spiritual coping.

Military Sexual Trauma

The importance of taking into account S/R concerns when supporting veterans with sexual trauma were noted in four studies. Two dissertations (Bell, 2019; Robinson, 2020) and two quantitative studies (Chang et al., 2001; Chang et al., 2003) were found, which explored veteran S/R coping and *military* sexual trauma. Bell's (2019) dissertation explored the impact of spiritual coping among women veterans with MST and impact to MCT. Similarly, Robsinson (2020) noted that there is a gap in the literature on S/R factors that are gender-specific including around MST and how it impacts the post-release MCT process. A quantitative study by Chang et al., (2001) found that female veterans MST survivors who regularly attended religious services reported better mental health outcomes and less depressive symptoms, even after controlling for social support. When a similar study was conducted with male veteran survivors of sexual trauma, and it was found that subjective religiosity attenuated positive association between sexual assault and depression (Chang et al., 2003).

Post-Traumatic Stress Disorder (PTSD)

The connection between spiritual well-being and PTSD symptoms was addressed in eight studies: (Bormann et al, 2012; Currier et al., 2014; Currier et al., 2015a; Currier et al., 2016a; Fontana & Rosenheck, 2004; Hasanović & Pajević, 2015; Koenig et al., 2018; Sherman et al., 2015). Fontana & Rosenheck (2004) were the first to discover that some veterans' increased

pursuit of mental health services was due to weakened religious faith and guilt. Further exploration has since shown that veterans could be relying on spirituality either adaptively or maladaptively (Currier et al., 2015a). When used maladaptively, religiosity was inversely related to severe PTSD symptomology (Koenig et al., 2018) and religious moral belief scores were negatively correlated with severity of PTSD symptoms (Hasanović & Pajević, 2015).

Adaptive use of spirituality resulted in positive correlations among quality of life, forgiveness and spirituality coping (Currier et al., 2016a) specifically, in the area of forgiveness, which was uniquely linked to a decrease in PTSD symptoms in veterans (Currier et al., 2014). Sherman et al. (2015), argued that attention needs to be given to spiritual issues among trauma survivors as trauma survivors often attempt to reconcile trauma experiences within their S/R beliefs; careful consideration of S/R needs to be taken into account during the assessment and treatment of PTSD.

Moral Injury

Moral Injury is considered to be an injury to the mind, brain, body and spirit that arises as a result of exposure to al life event, or violation of deeply held moral expectations for oneself and the world (Nash, 2019). Eight studies explored the S/R components of moral injury (MI) (Currier et al., 2019; Currier et al., 2015b; Frankfurt & Frazier, 2016; Griffin et al., 2019; Grimell & Nilsson, 2020; Jameson et al., 2020; Nash, 2019; and Sullivan & Starnino, 2019b). While studies spanning across disciplines have yet to find consensus on an operational definition of "moral injury" (Drescher et al., 2011), many veterans reject the notion that their readjustment difficulties post-service are due to mental illness and resonate more with MI and existential contributors (Buechner, 2020). Jamieson et al., (2020) in their concept analysis noted that moral codes are intrinsically part of the human condition and that it is questionable if MI can ever be

completely avoided, especially in military and veteran populations. Frankfurt & Frazier (2016) also noted that not all veterans will have MI; rather, some may deal with their guilt in S/R ways, including volunteerism, or other means. It should be noted that the literature exploring MI was lacking a connection with faith-based moral orientation systems or explicit discussion of the impact of MI on the S/R dimension.

An Integrated Moral Distress (MD) Model and MI continuum that seeks to incorporate the breadth and depth of moral challenges potentially experienced by military personnel and veterans was proposed by Grimell and Nilsson (2020). On one end, *internal conflicts* based on moral integrity/conscience may move to the other side of the continuum and become acute *moral stressors* (constraint, transgression, violation, omission, or conflict) depending on the context, intensity, and nature of these moral stressors. Ongoing occurrences of moral stressors could then result in a range of reactions including: rage, anger, frustration, resentment, anxiety, embarrassment, guilt, sadness, grief and depression, powerlessness, helplessness, self-blame, and loss of self-worth (Grimell & Nilsson, 2020).

A biopsychosocial-spiritual approach to prevent and recover from moral challenges, inclusive of MD and MI along a continuum, was advocated for by Grimell and Nilsson (2020). Griffin et al., (2019) found that veterans who were exposed to potentially morally injurious events (PMIEs), experienced S/R struggles, doubt of one's belief, abandonment by God and questioning of one's purpose. Similarly, Sullivan and Starnino (2019b) found that the guilt, shame, loss of trust, betrayal, search for meaning and forgiveness of self and others, due to MI, changed a veteran's spiritual beliefs and practice.

Suicidal Behaviors

The relationship between trauma, struggles in the spiritual domain, and increased suicide risk were identified. Eight articles were found that addressed S/R and suicide within veteran populations (Amato et al, 2017; Brenner et al, 2009; Kopacz & Connery, 2015; Kopacz et al., 2016; Kopacz et al., 2018; Lusk et al., 2018; Nad et al., 2008; Raines et al., 2017). Identified studies explored the relation of suicidal risk and spiritual functioning with veterans' populations experiencing PTSD (Kopacz et al., 2015; Raines et al., 2017), traumatic brain injury (Brenner et al., 2009), and those experiencing spiritual/existential struggles (Kopacz et al., 2018; Lusk et al, 2018). One study found that Catholic Croatian war veterans with PTSD and low spiritual well-being scores had higher suicidal assessment scores (Nad et al., 2008). Conversely, a study of American veterans with higher scores of organizational religiousness was associated with a decreased risk of suicidal ideation (Kopacz et al., 2016). For male veterans with traumatic brain injuries, suicide rates were found to be between 2.7 and 4.0 times higher than the general population, and identified key risk factors included veterans who perceived themselves as a burden on others, experienced failed belonginess, and felt a loss of self-identity and purpose (Brenner et al., 2009).

Protective factors against veteran suicide have been associated with S/R. Amato et al., (2017) found the following protective factors: fellowship in an affirming community of faith, mindfulness meditation, rituals of forgiveness and attornment, clergy and faith leaders that affirm mental health treatment, having access to S/R competent clinicians, and a multi-disciplinary approach to include ongoing education and consolation with chaplains and spiritual teachers. Conversely, negative religious coping and problems with forgiveness were uniquely associated with suicide risk (Raines et al., 2017). Lusk et al. (2018), in a qualitative study, highlighted the

complexity of S/ R in regards to suicide, identifying S/R perspectives that both discouraged and permitted suicidal behaviors. Finally, Kopacz and Connery (2015) in their position paper, argued that an important component of addressing suicidal behaviours is to reduce the dissonance in how veterans perceive and engage the external world through addressing spiritual struggles and existential coping alongside other suicide risk factors. These authors urged health providers to take spiritual histories to identify at the deepest level what inspires and holds back the individual from completing suicide and actively engaging these ideas in treatment. The authors also noted that veterans at increased risk of suicide will often engage chaplains for support prior to seeking more traditional mental health help.

Physical Pain and Spiritual Coping

S/R functioning and pain-related outcomes within the veteran population was examined by only one study Harris et al., (2018). Unlike previous studies that focussed on S/R commitment or involvement, this study found that spiritual distress was associated with how veterans cognitively processed their pain. Catastrophizing chronic pain lead to greater depressive symptoms, while in other instances, veterans were able to find meaning in their physical suffering.

Theme 2: Spiritual/Religious Impact to Internal Processes

The S/R impact to internal processes experienced by veterans that may impact their ability to affect a successful MCT revolved around three key topics: 1) military identity; 2) meaning making, and 3) self-transformation.

Military Identity

The existential aspects impacting self-identity and MCT were noted in four studies, including three within Swedish veteran populations (Grimell, 2017; 2018; 2019) and one

Canadian study (Smith-MacDonald et al, 2019). Throughout Grimell's longitudinal studies exploring MCT, Dialogical Self Theory was used to map out identity work, through case studies and longitudinal studies exploring the MCT. Grimell (2017) showed that veterans' identity adaptation was marred with existential wrestling of failed dreams, meaninglessness, emptiness, moral struggles and rejected desires all of which significantly impeded the ability to make meaning and construct a healthy self-identity. Grimel (2018) noted people have two I-positions, one internal self ("I as ambitious", "I as faithful") and one external ("I as a parent", "I as army"), which are both always present and the interplay between the two must be adapted during MCT. Similarly, Grimell (2019) observed that Swedish veterans experienced disorientation and feeling adrift, without purpose, and in acute limbo. This concept of being in limbo was also observed in a Canadian study with veterans experiencing operational stress injury and undergoing the MCT (Smith-MacDonald et al., 2019).

Meaning Making

The role of religion in coping within Muslim Iranian veterans was examined in three studies (Aflakseir & Coleman, 2009; Sirati Nir et al. 2012; and Zanipour, 2008). All studies found that religious attitudes, beliefs and behaviors along with a sense of patriotism for being injured for their homeland facilitated acceptance of injuries and positive rehabilitation outcomes (Aflakseir & Coleman, 2009; Sirati Nir et al. 2012; Zandipour, 2008). Specifically, Zandipour (2008) noted that life purpose was gained through religious motivation for veteran volunteerism which was combined with a sense of community pride for their sacrifices. Together, these factors positively impacted meaning making, acceptance, community reintegration and lessened PTSD symptoms (Zandipour, 2008).

Self- Transformation

S/R based occupations or practices that could affect veteran health outcomes was addressed in four studies (Green & Van Dusen, 2012; McGuire et al., 2021; Suzuki & Kawakami, 2016; Weiss et al., 2020). McGuire et al. (2021) found that high dispositional gratitude (defined as having an ability to recognize when they are the benefactor of good deeds and express a grateful disposition) may buffer against psychiatric morbidities such as depressive symptoms, anxiety, suicidality, and substance use. Volunteerism was found to foster veterans' MCT through a renewed sense of meaning and purpose, foster support networks and connectedness, and provide veterans with tangible ways to help their new civilian community (Weiss et al., 2020). Integrating into civilian society is difficult for some veterans because they must transition from a structured collective culture to an individualistic outlook. This transition, therefore, requires veterans to re-evaluate their values, search for new self-defining meaning, and find ways to employ previously held military values, such as comradery and service of others (Suzuki & Kawakami, 2016). Finally, for veterans who sustained an injury, one study identified adaptive sports as a potential pathway for veterans to spiritually find new meaning and purpose, enable engagement with social networks, and successfully adapt in the MCT (Green & Van Dusen, 2012).

Theme 3: Spiritual/Religious Community Support

S/R community support, a key topic that emerged in the literature, related to: 1) veteran friendly S/R communities; 2) faith-based organizations; 3) training for civilian S/R providers and FBOs; and 4) S/R support to veteran students.

Veteran Friendly S/R Communities

The role of veteran engagement with S/R community activities during the MCT were explored by three studies: (Buechner, 2020; Meador & Nieuwsma, 2017; Rogers, 2020). It was found that attending S/R services and fostering friendships within these communities had therapeutic benefits for veterans (Rogers, 2020) which promoted positive spiritual transformation and struggles-related adjustment (Meador & Nieuwsma, 2017). Buechner (2020) recommended that S/R communities offer pastoral counselling and spiritual direction for veterans to share their experiences and spiritual struggles without the perceived stigma of accessing clinical mental health practitioners. Buechner (2020), however, noted that unless a veteran comes from a faith community or had access to a chaplain or religious leader, they might not have the context to identify morally and spiritually disorientating experiences nor the opportunity to unpack these perceived moral failures, betrayals, and conflicting values.

Faith-Based Organizations (FBOs)

FBOs may be crucial to veteran community integration and S/R support. Three articles (Derose et al., 2016; Sreenivasan et al., 2014; Werber et al., 2015) addressed the role o FBOs. The RAND Corporation identified FBOs as being crucial to veteran reintegration not only for spiritual, moral and religious support, but for support in diverse areas of well-being, such as vocation, finances, shelter, access to health care, social networks and education (Werber et al., 2015). It is reported that 28% of American religious congregations provide community integration, congregational resources and external engagement (volunteering, social services project) to veterans (Derose et al., 2016). Interviews with FBOs expressed that veterans utilized their services in large part due to veteran familiarity with chaplains during their military service (Werber et al., 2015). Sreenivasan et al. (2014), however, argued that S/R communities must be

equipped to provide appropriate and informed S/R services to veterans as they search for meaning and address spiritual anxiety in their lives.

Training for Civilian S/R Providers and Faith Based Organizations (FBOs)

The training needs of civilian clergy/ faith leaders and representatives from FBOs about veteran specific topics have been only minimally studied. Three studies: (Doehring, 2018; Fromson et al., 2014; Moon, 2017) were found in the course of this research. Only one study endeavored to provide a psycho-educational program to inform civilian clergy about PTSD and TBI symptom recognition (Fromson et al., 2014). Another study acknowledged that not all faith communities have the personal, political or theological orientations conducive to supporting veterans (Moon, 2017). Doehring (2019) argued essential to effective veteran spiritual support is the ability for S/R service providers to incorporate intercultural approaches to spiritual care that are versed in the distinctive military values, beliefs, and practices shaped by various interacting cultural systems, and military training.

S/R Support to Student Veterans

Veteran student have unique S/R needs and challenges (Currier et al. 2016; Griffin et al., 2020; Kaplan, 2020). In one study exploring the help seeking patterns of military and non-military students on campuses, it has been noted that students with past military experience are less likely to seek out family support and were more likely than their student colleagues to seek out S/R type of support (Currier et al. 2016). Two publications (Griffin et al, 2020; Kaplan, 2020), were identified that specifically addressed spiritual/ existential aspects of student veterans. Those with high levels of moral distress were at higher risk for psychological and functional problems that could impact functioning during transition to civilian academic life (Griffin et al, 2020). In response to these S/R struggles experienced on campuses by veteran

students, the Manhattan College initiated the “At Ease” program to bring first semester student veterans together in a course called “Nature and Religion” that fostered community, support and spiritually- based coping (Kaplan, 2020).

Theme 4: Contextualized Spiritual/Religious Therapeutic Care

The need for access to contextualized S/R therapeutic care was noted in the literature. Contextualized care related to: 1) mental health chaplain clinicians, and 2) collaborative therapeutic interventions. Eight articles addressed the need for all veterans to have access to post-service S/R care that understands the military environment and can relate to veterans (Bonner et al., 2013; Carey & Hodgson, 2018; Davies, 2018; Davies, 2020; Doehring, 2019; Drescher et al. 2018; Sullivan & Starnio, 2019; Wilt et al., 2019):

Mental Health Chaplain Clinicians

The literature identified an increased need to include existential, spiritual and religious perspectives during trauma treatment (Bonner et al., 2013; Carey & Hodgson, 2018; Drescher et al. 2018; Sullivan & Starnio, 2019). Specifically, there is an increasing need for veterans to have access to the same type of S/R clinical care to discuss moral and spiritual repair in terms of loss, of meaning, identity disturbance forgiveness, guilt and spiritual struggles (Sullivan & Starnio, 2019) and other inhibitors to MCT which touch upon spiritual orientating systems (Doehring, 2018). Health professionals are recognizing veterans’ preferences for seeking out clergy and spiritual counsellors, the increasing need to integrate S/R aspects into their mental health treatment and see how S/R practitioners can serve as a complement to mental health care plans rather than as a substitute (Bonner et al., 2013). Drescher et al., (2018) noted that incorporating clinically trained chaplains to address spiritual aspects could improve clinical outcomes.

Collaborative Therapeutic Interventions

A personalized approach to pastoral care is necessitated by the generational span of veterans obtaining services (Davies, 2018, 2020). This includes diverse understandings around mental health stigma, spiritual histories and spiritual struggles, as well as the use of different approaches to care (Davies, 2018). Despite the potential for chaplains to provide care to veterans in collaboration with other professionals, Davies (2020) notes that from an Australian perspective, the vast majority of institutionalized spiritual support provided to veterans' post-release is ceremonial in nature, and thus, veterans lack access to accredited spiritual practitioners. Nonetheless, through these types of interventions trained spiritual care providers could aid in veteran reintegration and reconciliation both within clinical settings and the wider societal/faith communities.

A "Pastoral Narrative Disclosure" (PND) therapy delivered by trained chaplains for veterans with MI was proposed by Carey and Hodgson (2018). Loosely based on a liturgical model of confession, PND leverages pastoral relationships, and uses an eight-stage program (rapport, reflection, review, reconstruction, restoration, ritual, renewal and reconnection) that would fall within the WHO-SPICs framework of chaplain interventions. Furthermore, Wilt et al., (2018) found that S/R belief, positive religious coping, and meaning making in S/R struggles showed positive associations with veterans change associations and growth, therefore, possible positive outcomes for MCT.

Table 1:
Included Studies for Scoping Review

Author, year	Publication	Veteran Population	Type of study	Research Purpose/ Publication Topic	CAF/VAC Well-Being Domain
Aflakseir & Colman, 2009	Mental Health, Religion & Culture	Iranian Veterans	Quantitative	To examine the contribution of religious coping alongside physical function, personal meaning, and social support on the mental health.	Health, Social Integration
Amato et al., 2017	Pastoral Psychology	U.S. Veterans	Concept paper	To examine if religious and/or spiritual beliefs, practices, and/or affiliations may be protective against veteran suicide.	Health
Bell, 2019	Northcentral University	Veterans	Dissertation	To evaluate the extent to which military sexual trauma, betrayal trauma, and spiritual coping predicted reintegration difficulties in a sample of female veterans who were sheltered homeless.	Health, Social Integration, Financial Security, Meaning Activity,
Bonner et al., 2013	Journal of Religion & Health	U.S. Veterans	Mixed	To explore the prevalence or predictors of veterans seeking help for depression and PTSD from spiritual counselors and clergy.	Health
Bormann et al., 2012	International Journal of Behavioral Medicine	U.S. Veterans	Mixed	To tested if increases in existential spiritual well-being (ESWB) would mediate reductions in self-reported PTSD symptoms through S/R mantra intervention.	Health, Life Skill
Brenner et al., 2009	Rehabilitation Psychology	U.S. Veterans	Qualitative	To increase understanding regarding precipitating and preventative factors (social supports, a sense of purpose regarding the future, religion and spirituality) of suicidal behavior in veterans with traumatic brain injury.	Health, Social Integration, Meaningful Activity

Buechner, 2020	Frontiers in Communication	U.S. Veterans	Article	To explore how moral struggles can be miscommunicated between veterans and society.	Environment Social Integration, Health, Financial Security
Carey & Hodgson, 2018	Frontiers in Psychiatry	U.S. Veterans	Position Paper	To advocate a Biopsychosocial - spiritual approach to MI, whereby chaplains may participate in screening and interventions like "Pastoral Narrative Disclosure".	Health
Chang et al, 2001	The International Journal of Psychiatry in Medicine	U.S. Veterans	Quantitative	To examine the effect of frequent religious service attendance as a buffer against negative impacts of military sexual trauma in women veterans.	Health, Social Integration
Chang et al. 2003	The International Journal of Psychiatry in Medicine	U.S. Veteran	Quantitative	To examine the effects of religiosity and mental health among male veterans with self-reported sexual assault.	Health, Social Integration
Currier & Drescher, 2014	Spirituality in Clinical Practice	U.S. Veterans	Quantitative	To inform clinical approaches for addressing spiritual struggles associated with combat related PTSD.	Health
Currier et al. 2015a	Journal of Trauma Stress	U.S. Veterans	Quantitative	To examine longitudinal associations between spirituality and PTSD symptom severity	Health
Currier et al. 2015b	Traumatology	U.S. Veterans	Qualitative	To explore the contextual factors of how moral injurious events occur.	Health
Currier et al., 2016a	Int Journal of the Psychology of Religion	U.S. Veterans	Quantitative	To explore the association between spirituality, forgiveness and quality of life in veterans with PTSD.	Health
Currier et al., 2019	Journal of Trauma Stress	U.S. Veterans (Student)	Quantitative	To explore the correlation between MI, PTSD symptoms and spiritual struggles.	Health

Currier et al., 2016b	General Hospital Psychiatry	U.S. Veterans (Student)	Quantitative	To explore patterns of help-seeking in a national sample of student veterans.	Health, Life Skills,
Davies, 2018	Journal of Military Veteran Health	Australian Veterans	Article	To understand the causes, symptoms and healing pathways for spiritual wounds in veterans.	Health
Davies, 2020	Journal of Veteran Studies	Australian Veterans	Concept Analysis	To explore the gap in supporting veterans with unresolved challenges to their faith, spiritual beliefs or religious affiliation and its effects on mental health issues and well-being.	Health
Derose et al., 2016	Journal of religion and Health	U.S. Veterans Support	Mixed	To find the prevalence and nature of support from religious congregations.	Social Integration
Doehring, 2019	Pastoral Psychology	U.S. Veterans	Article	To explore an evidence- based intercultural approach to spiritual care for veterans with MI.	Health
Drescher et al., 2018	Traumatology	U.S. Veterans Chaplain support	Qualitative	Explores Veteran Affairs chaplains' understandings of moral injury (MI) and preferred intervention strategies.	Health, Social Integration
Fontana & Rosenheck, 2004	Journal of Neurological Mental Disorders	U.S. Veterans	Quantitative	To examine a model of the relationship among veterans' traumatic exposure, post-traumatic stress disorder, guilt, social functioning, change in religious faith, and use of mental health services.	Health, Social Integration, Cultural/ Social Environment.
Frankfurt and Frazier, 2016	Military Psychology	U.S. Veterans	Article	To review empirical and clinical data relevant to transgressive acts and moral injury.	Health
Fromson et al., 2014	Journal of Psychiatric Practice	U.S. Veterans Chaplain support	Quantitative	To evaluate clergy preparedness to assist with veterans needing psychiatric services and collaborate with psychiatrists.	Health

Green & Van Dusen, 2012	International Journal of Therapy & Rehabilitation	British Veterans	Article	To present an analysis of adaptive sport as a tool for post-traumatic injury, and possible impact on new spiritual/existential meaning	Health, Social Integration, Cultural/ Social Environment.
Griffin et al., 2019	Journal of Trauma Stress	Veterans	Integrative review	To review MI research in terms of religious/ spiritual sequela associated with morally injurious events.	Health
Griffin et al., 2020	Psychological Trauma: Theory, Research, Practice and Policy	U.S. Veterans (Student)	Quantitative	To explore patterns of moral distress and associated psychological, social, and religious or spiritual problems among student veterans.	Health, Social Integration, Cultural/ Social Environment, Financial Security
Grimell, 2019	Pastoral Psychology	Swedish Veterans	Qualitative	To develop a pastoral psychological model through Capps and Carlin's lens of living in limbo.	Health, Social Integration
Grimell, 2018	Culture and Psychology	Swedish Veterans	Qualitative	To examine existential concerns post-service opens up a complex of dynamics of meaning-processes, negotiations, and transformation of self.	Health, Meaningful Activity
Grimell, 2017	Spiritual Psychology and Counselling	Swedish Veterans	Qualitative	To explore dialogical processes between positions are important in order to go on with life amid existential concerns in the aftermath of military service	Health, Meaning and Purpose
Grimell & Nilsson, 2020	Military Psychology	Swedish Veterans	Qualitative	To explore moral injury and moral distress in the light an integrated approach	Health
Harris et al., 2018	Pain Medicine	U.S. Veterans	Quantitative	To examine veterans' spiritual distress as a predictor of chronic pain catastrophizing and mediation of depression.	Health
Hasanovic & Pajevic, 2015	Journal of Religion and Health	Bosnia and Herzegovina Veterans	Quantitative	To determine the correlation of religious moral beliefs with trauma and PTSD.	Health

Jamieson et al., 2020	International Journal of Mental Health Nursing	Australian Veterans	Concept Analysis	To provide a renewed definition of MI in relation to existential, psychological, emotional or spiritual trauma.	Health
Kaplan, 2020	Liberal Education	U.S. Veterans (Student)	Article	To provide a spiritual retreat for veteran students to foster community and coping skills	Health, Life Skills, Social Integration
Koenig et al., 2018	Journal of Nervous & Mental Disease	U.S. Veterans	Quantitative	To examine the association between religiosity and MI at different levels of PTSD symptoms	Health
Kopacz & Connery, 2015	Spirituality in Clinical Practice,	U.S. Veterans	Article	To review current knowledge of spiritual struggles and suicide risk factors.	Health, Community Integration
Kopacz et al., 2018	Journal of Religion and Health	Faith Based Organization US Veterans	Quantitative	To examine veteran support services from faith-based organizations	Health, Community Integration
Kopacz et al., 2016	Journal of Injury & Violence	U.S. Veterans	Quantitative	To examine the relationship between diminished spiritual functioning and self-reported history of suicidal thoughts and behavior	Health
Lusk et al., 2018	Archives of Suicide Research	U.S. Veterans	Qualitative	To explore the relationship between veterans' spirituality/religion and suicide ideation and attempts.	Health
McGuire et al., 2021	Journal of Psychiatric Research	U.S. Veterans	Quantitative	To study the relationship between gratitude with optimism, purpose in life, perceived social support, and religiosity/spirituality	Life Skill, Health, Social Integration
Meador & Nieuwsma, 2017	Journal of Medical Humanities	U.S. Veterans	Article	To advocate for holistic pastoral care for veterans to reintegrate in communities.	Health,

Moon, 2019	Pastoral Psychology	U.S. Veterans	Article	To analyze how faith communities can break down barriers to veterans and their families seeking help.	Community Integration, Social Environment Health
Nad et al., 2008	The Journal of Nervous and Mental Disease	Croatian War Veterans	Quantitative	To investigate the relationship between spiritual well-being, intrinsic religiosity and suicidal behaviour.	Health
Nash, 2019	Journal of Trauma Stress	U.S. Veterans	Concept Analysis Article	To conceptually unpack two of the MI models in research.	Health
Raines et al., 2017	Psychological Trauma: Theory, Research, Practice & Policy	U.S. Veterans	Quantitative	To examine the utility of a newly developed measure, the religious and spiritual struggles scale in gauging suicide risk in veterans.	Health
Robinson, 2020	Liberty University	Veterans	Dissertation	To examine the impact of religiosity/spirituality on the civilian reintegration of female veterans.	Community Integration, Social Environment, Health
Rogers, 2020	Occupational Medicine	U.S. Veterans	Quantitative	To explore how spiritual influences may operate differently among military veterans than civilians.	Health, Community Integration
Sherman et al., 2015	Professional Psychology: Research & Practice	U.S. Veterans	Article	To highlight and integrate veterans' spiritual concerns in trauma therapy potentially enhances outcomes	Health
Sirati-Nir et al., 2012	Journal of Religion and Health	Iranian Veterans	Qualitative	To determine the spiritual experiences of Iranian veterans coping with PTSD.	Community integration, Social Environment Health
Smith-MacDonald et al., 2019	Traumatology	Canadian Veterans	Qualitative	To examine two interrelated categories fractured experiences: (Moral Injury) and Limboizng's (Military Civilian transition).	Health, Community Integration,
Sreenivasan et al., 2014	The International Forum for Logotherapy	U.S. Veterans	Article	To provide a brief overview of moral injury as a construct and present the meaning-based transpersonal approach	Health

Sullivan & Starino, 2019	Mental Health, Religion & Culture	U.S. Veterans	Qualitative	Examining the spiritual and moral components of trauma treatment	Health
Sullivan & Starino, 2018	Families in Society: The Journal of Contemporary Social Services	Veterans	Concept paper	culturally competent trauma treatment care requires a veteran's spiritual, religious or moral life be engaged.	Health, Social Integration,
Suzuki and Kawakami, 2016	The Qualitative Report	U.S. Veterans	Qualitative	To examine cognitive dissonance between veterans held military values and MCT	Health, Social Integration,
Weiss et al., 2020	National Association of Social Workers	U.S. Veterans	Commentary	To provide veteran volunteers organizations preliminary findings of volunteering on veteran well-being.	Social Integration, Health, Meaningful Activity, Life Skills
Werber et al., 2015	RAND Corporation	U.S. Veterans	Qualitative	Faith-based organizations and social service support impact on veteran's well-being and transition.	Social Integration, Health, meaningful Activity, Social Environment, Life Skills, Housing, Financial Assistance
Wilt et al., 2019	Psychology of Religion and Spirituality	U.S. Veterans	Quantitative	To identify predictors of veteran spiritual growth/decline during struggles and to identify predictors of struggle-related adjustment.	Health, Social Integration,
Zandipour, 2008	Counselling Psychology Quarterly	Iranian Veterans	Quantitative	To examine veterans' reasons for the acceptance or non-acceptance of the difficulties of being a veteran and factors in recovery.	Health, Social Integration, Social Environment

Discussion

The current scoping review found 59 articles which provided evidence that S/R issues may impact veterans' health and well-being, meaning making, relationships with others, self and for many the Sacred or Divine, as veteran renegotiate self-purpose, personal values and support networks post-military service. Limited literature exists from a Canadian perspective, and in particular, from veterans' voices regarding S/R aspects of their post-service health and well-being throughout the MCT process. Additional research is needed across all elements of the MCT including steps taken in preparation when approaching military release; management of their transition, and assessing S/R resilience, coping, struggles and injury which may impact veterans' transitioning into civilian life.

Notably, almost half of the publications found in this study addressed S/R through the mediating impact to health outcomes including PTSD, MI, trauma pathologies, and suicide. A new and emerging focus on potentially morally injurious experiences (PMIEs) has allowed for a greater understanding of the importance of the spiritual domain of health, and possible interdisciplinary opportunities for post-release veteran support to care for those bringing spiritual struggles into their MCT. Our findings support the eight areas biopsychosocial-spiritual well-being (Houle at al., 2019) that are impacted by PMIE: change in moral attitude, increased sensitivity and reactivity to moral situations, loss of trust in self and others, disruptions in identity, disruptions in interpersonal relatedness, disruptions in spirituality, rumination, and persistent patterns internalizing or externalizing emotions and behaviours. Within the veteran post-service population, studies are still required to understand how these S/R factors impact MCT.

Study findings supports a growing body of literature, that clinicians working with veterans with MI need to understand perspectives of various S/R traditions, particularly around transgression and their recommendations for forgiveness and healing (Purcell et al., 2018; Worthington & Langberg, 2012; Wortman et al. 2017). This view is supported by Vieten et al. (2013) who advocates for multicultural competence (including S/R) and multi-disciplinary S/R modalities that fall within the scope of practice for mental health clinicians. Our study noted similar recommendations for veterans so as to have access to culturally competent S/R informed mental health support and chaplains is needed. Moreover, the potential importance of the S/R domain to the MCT must not be limited to questions focused on MI. Veterans may experience other forms of positive or negative spiritual coping which may influence their MCT (e.g., identity, belongingness, connection, belief and values, meaning and purpose) as was found in this scoping review.

The CAF/ VAC's well-being model, from a Canadian perspective, supports a holistic approach but focuses solely on transition outcome indicators or end state. A model of transition or mechanisms by which the individual arrives at this assessment phase is lacking. Currently, models that include preparation and a conceptual framework through the transition cycle, such as in the American Success in Transition Model (SIT) are missing in the Canadian context (Whitworth et al., 2020). Our study found support for spirituality as the core component of who a person is and through which all other functional domains present (social connectedness, meaningful pursuits etc). In this way, the connection of spirituality to identity as core being, may be central. For example, Pargament and Sweeny (2011) described "spirit" as the driving force for people to find meaning and purpose.

Operational trauma and stress support centers (OTSSC) on bases across Canada have clinical chaplains in uniform to provide S/R content to CAF member's treatment. Once released from military service, however, military members' access to S/R resources is greatly reduced. A need for veterans to have access to the same level of services that they would have or were receiving while serving was noted. This may include ready access to clinical or pastoral support chaplains who care for all regardless of S/R practice (Smith-MacDonald et al., 2018). While OTSSCs across Canadian bases to provide continuity of care as veterans undergo MCT and other S/R struggles, the embedding of chaplains within the OTSSCs is warranted

The role of FBOs and civilian faith-based community support was found to be a key component of veterans' community integration (Werber et al., 2015). FBOs may be able to leverage pre-existing positive interactions and rapport that veterans have with military chaplains while on deployments. Some veterans may in fact prefer to reach out to faith-based support as a result of stigma associated with mental health support. Access to welcoming faith-based communities and organizations (particularly those associated with the military) that understand military challenges is needed, as is training for FBOs so that they are better prepared to welcome veterans and their families into their community programs. A centralized consortium of FBOs associated with the military/ veteran's community in Canada would also be beneficial.

Strengths and Limitations

The strength of this scoping review was its broad and inclusive nature which enabled the researchers to assess the extent and breadth of existing literature including a range of publication types from diverse disciplines which reduced the risk of publication bias. There were also several limitations of this scoping review. Despite an exhaustive search strategy, some studies may have been missed. The definition of veteran is also not standardized nor is post-service transition

which might have caused some publications to be missed. In publications that were included, it should be noted that it was not always clear whether the veterans in the samples were released or currently serving. Publications which were not published in English were also excluded, potentially limiting a multicultural and multi-SR perspective. The authors also did not critically appraise the literature as that is not an aspect of conducting a scoping review. Therefore, the quality of the included studies cannot be commented upon.

Conclusion

This scoping review explored S/R concepts impacting veteran post-service well-being, total health and the military to civilian transition. A review of nine multidisciplinary databases, yielded 59 articles that met the study criteria and gave insight to S/R aspects impacting veteran MCT and post-service well-being. Four themes emerged: spiritual/ religious impact to total health outcomes, spiritual /religious impact to identity, meaning making, spiritual/ religious and community support and contextualized S/R therapeutic care.

As veterans return to civilian life, S/R questioning, struggles and injury are just some aspects that they may bring with them. From a spiritual perspective, accessibility to civilian chaplain support, particularly for those who do not identify with a faith group, was difficult. Those who avoided processing their deeply held S/R struggles found that their beliefs changed as a result of the MCT. For some veterans, this can mean finding a new S/R community. Not all civilian faith groups, however, understand the specific challenges of military life. Veterans identified the need for diverse support as they seek a new sense of meaning and purpose, connections with FBO and S/R communities, and a safe environment in which to unpack their experiences. Isolation, hopelessness, and no longer knowing how one fits into this world is a common S/R battle that all humans must face in life's transitions. The MCT journey, however, is

not one that veterans and their families have to take alone. More research is yet needed within the Canadian context to capture veteran voices regarding what S/R support they need in order to prepare, undergo and adapt to MCT.

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Chapter 3

Spiritual Aspects of Canadian Armed Forces Veterans' Transition to Civilian Life: An Exploratory Study

Background

Military service is demanding, difficult, dangerous, and at times demoralizing, often requiring members and their families to make personal sacrifices. It has been noted that joining the military often means the end of one's civilian life and the need to fully embrace not only one's military calling but also the culture, life-style, and larger social "family" (Thompson et al., 2016). While the entrance into the life-changing journey into the military community and culture, however, can be jarring, releasing and returning to civilian society can also be met with difficulty (Tam-Seto & English, 2019). Some veterans have even described this transition back to civilian life as a type of "reverse culture shock" that can leave them feeling disoriented, isolated, and unable to reintegrate into society (Bergman et al., 2014). Sokol et al. (2021) found growing evidence to suggest that although American veterans are at higher risk for suicide than the broader public, in the period following separation for the military, they often do not receive adequate resources and support due to the "deadly gap" between services they no longer have access to from the military yet not set up within the community or Veterans Affairs service providers. There is growing awareness that services need to be accessible and tailored to the needs of veterans and their families during this transition process.

Military Civilian Transition

The military-to-civilian transition (MCT) can be defined as "... the specific process and timing of contemplating, planning, processing, getting out and adjusting to the end of military service and resumption of civilian life and roles" (Shields et al., 2016, p.13). Currently, there is

no standard operational definition that describes a successful MCT, nor an internationally accepted conceptual framework that comprehensively captures all the relevant internal and external dimensions impacting MCT (Tam-Seto & English, 2019). Canadian studies have noted impacts to MCT through: mental health and physical health, perceived loss of military identity and lack of financial preparedness (Lee et al., 2020); psychosocial issues such as veterans' dissatisfaction with family relationships, including a perceived lack of community social support (Hanchey et. al, 2016); gender difference (Eichler & Smith-Evans, 2018); and maladjustment resulting in "…homelessness, alcohol and drug addiction, poverty, unemployment, suicide, criminality, incarceration, or mental illness" (Tam-Seto & English, p. 115, 2019). According to the 2019 Life After Service Survey (LASS), 39% of regular force veterans reported their post-service life as difficult or very difficult; an increase from 33% since 2016 (Sweet et al., 2020). A more comprehensive understanding of why more veterans finds it difficult to readjust to civilian life is needed.

The CAF and Veterans Affairs Canada (VAC) Well-being Framework, in an effort to address the above challenge, recognizes that the success of MCT crosses seven key domains: health; employment or sense of purpose; finances; social integration; life skills and preparedness; housing and physical environment; and cultural and social environment (Thompson et al., 2016). The health domain specifically is defined in terms of a biopsychosocial-spiritual model, while each of these domains is important to overall veteran well-being, one of the most complex, and yet essential domains is that of health. According to the CAF/VAC post-service well-being framework, health is recognized as including "the physical, social, mental, and spiritual ability of an individual to function well" (CAF-TG, 2018). This wholistic definition of health is in continuity with the CAF *Total Health and Wellness Strategy* which also recognizes a

biopsychosocial-spiritual approach to health (Doherty et al., 2019) and within the recently-established CAF Transition Group (CAF-TG) *My Transition Guide* to support service members through the MCT (CAF-TG, 2018).

The Spiritual Domain of Health

Health research often lacks a universal and operationalized definition of spirituality (Zinnbauer et al., 2001). Definitions range from viewing spirituality as being specifically related to religious ideas, to spirituality as solely a humanistic paradigm that is not associated with religion in any way (Hill et al., 2003). Such variation reflects he multi-layered nature of the S/R construct and diverse meanings of spirituality across disciplines.

Healthcare models of care over the past decades have shifted from being disease-centred to person-centred (Sadd et al., 2017). Interest in S/R domains facilitated health researchers to adopt an evidence-based approach to examining both positive and negative impacts of S/R engagement on health outcomes (Koenig, 2012, Nash, 2019). Studies show that greater S/R engagement is strongly linked with increased gratitude, purpose in life, and post-traumatic growth (Sharma et al., 2017). There is further evidence that S/R coping positively (a) contributes to an individual's sense of meaning and purpose; (b) facilities the realization of core self and striving; and (c) contributes to a sense of connectedness with others and self (Brémault-Phillips et al., 2016). The spiritual domain of health can be strengthened through building up spiritual fitness (Pargament & Sweeney, 2011), spiritual resilience and well-being (Royal Canadian Chaplain Service Strategy 2020-2030) and support to fostering S/R pathways, practices and processes that help build new growth or potential as a person (Smith-MacDonald et al., 2018).

Strong S/R frameworks, while being potentially valuable, are not a "moral vaccine" against spiritual, moral or existential struggles and hardships endured by while attempting to authentically live out one's S/R philosophy. Ames et al. (2018) found that S/R did not moderate suicide among veterans with PTSD nor facilitate post-traumatic growth if military members adhered to a strict understanding of guilt, conscience and self-condemnation. Currier et al (2015) similarly found correlations between decreased severity of PTSD outcomes when adaptive dimensions of spirituality were used (forgiveness, spiritual practice, daily spiritual experiences) and maladaptive and increased symptomology when negative S/R coping was utilized. Smith-MacDonald et al. (2017) recommend greater collaboration between healthcare professionals and service providers (such as chaplains), so that when components of negative or positive spiritual coping arise, it can be immediately addressed.

Potential S/R health implications that impact post-serving well-being and MCT is lacking within Canadian research. As a result, Canadian veterans' perspectives about lasting spiritual and existential wounds obtained during their military careers are unclear, the support they have obtained or may still require is unknown, and ways to prepare for MCT that honours these experiences and difficulties is missing in the literature. Although CAF and VAC identify the spiritual domain of health as being theoretically important to the MCT, no research or specific standardized training or services aimed at preparing veterans, CAF members and their family for spiritual and/or religious (S/R) aspects and impacts of MCT have been done to date. **Purpose**

The purpose of this study was to explore the unique S/R needs of Canadian veterans and the impact of the spiritual health and well-being domain on their experience during the MCT journey. This was achieved by answering the following research questions: 1) How do veterans understand spirituality and the impact of this domain on their well-being?; 2) How do

spirituality or spiritual aspects (S/R community, personal practices, spiritual pathways or disciplines) facilitate resiliency, coping and veterans' ability to transition back to civilian life?; 3) How do negative spiritual aspects (spiritual struggles, moral injurious events) impact veterans' resiliency and their MCT?; and 4) What S/R support mechanisms do veterans identify that were key to their MCT process, or missing from their experience and that can help future veterans?

Methods

This exploratory study was conducted using a qualitative descriptive (QD) method in order to understand the in-depth S/R experiences of Canadian veterans through their own accounts. As a research approach, QD is often employed for complex and newly studied phenomena, which enables understanding from the perspective of the one experiencing it (Vaismoradi et al., 2013) and enables researchers to collect data without commitment to a specific theory or framework (Sandelowski, 2000). QD was also selected because of its ability to allow the researcher to remain close to the data with low levels of interpretation and report straightforward comprehensive descriptive summaries (Neergaard et a.l, 2009). Common within health research environments, QD enables factual responses to questions about how they feel about an experience, use of a particular service and factors that facilitate or hinder use (Colorafi & Evans, 2016). Furthermore, QD enables semi-structured interviews or focus groups, descriptive statistical analysis, and a wide range of purposeful sampling (Neergaard et al., 2009; Sandelowski, 2000).

Recruitment

Potential participants were recruited via snowball sampling through social media outreach to various veterans' organizations within Canada. Participants were instructed to contact the researcher if potentially interested. Once screened for meeting study inclusion

criteria, participants were sent a consent form and the quantitative survey via REDCap - a secure data collection system - before being asked if they wished to participate in a focus group or interview. Participants were included if they were 18 years or older; fully released from the CAF for a minimum 30 days under any release category; served in any trade, rank, element component; could speak English; and had access to a computer. Ethics approval was obtained from the University of Alberta Research Ethics Board (REB: PRO 00106377).

Quantitative S/R Outcome Measures

Five standardized questionnaires were selected for descriptive purposes (Table 1) because of their high internal validity, they could be completed within a reasonable time, or they had been used with military and veteran populations previously. The Moral Injurious Symptom Scale (MISS-MVSF) military short version has 10 questions identifying potential moral impact of military service (Koenig et al., 2018). The Kessler Psychological Distress Scale (K10) used 10 questions to measure broad, non-specific psychological distress (Bougie et al., 2016; Pereia et. al, 2019). The Religious and Spiritual Struggles Scale had 26 items that looked at Divine, interpersonal, moral, meaning-related struggles and doubt-related struggles (Exline et al, 2014). The Spiritual Fitness Inventory (SFI) has 10 items for a military population and can be used to facilitate a discussion related to spirituality, and how they maintained operational readiness while in service (USAPHC, 2012). The Connor–Davidson Resilience Scale (CD–RISC), shorter 10 question scale, is a widely used measure of an individual's ability to cope with and adapt to significant adversity (Connor & Davidson, 2003). Demographic data consisting of questions related to military service were also collected for descriptive purposes.

Data Collection

Data collection from the five standardized quantitative surveys and demographic questionnaires was conducted using REDCap at one time point. Qualitative data was collected with participants given the choice to participate in an individual interview (n=4) or be part of a focus group (n=10). Interviews were approximately 50 minutes in length, while focus groups (FG's) were approximately 90 minutes. Both interviews and FGs were conducted over an encrypted Zoom platform and recorded. To help facilitate a more robust conversation, the research team developed a semi-structured interview guide which was given in advance to the participants for reflection and clarification. After the first individual and group interview, questions were iteratively refined to incorporate data being gathered. Within qualitative research, interviews are conducted until data saturation is reached, often occurring around 12 participants (Guest et al., 2006). Data saturation was deemed to be reached for this study by the first ten participants. All information from the focus group (audio recording and transcriptions) was securely stored on an encrypted and password protected research drive.

Data Analysis

Interview and FG responses were transcribed and hand-coded based on the semi-structured questions (deductive) and emerging themes (inductive). In this exploratory study, thematic analysis as outlined by Braun and Clarke (2006) was used and two researchers independently coded themes which involved four steps: 1) identifying the prevailing patterns manually by underlining the areas of types transcript with notes of possible codes; 2) generating initial codes or segments of data separately, then across all the interviews together; 3) segments of data were sorted and codes combined into one spreadsheet, 4) themes were defined and

redefined through inter-coder agreement as discussion were ongoing through each step of data analysis.

Potential sources of bias as well as assumptions that may impact the interview process, data collection, and analysis were mitigated by attentiveness to the following: 1) authenticity: flexible focus groups or choice of interviews in order to ensure participants felt safe to speak about their personal experiences; 2) credibility: all participants were CAF veterans; 3) integrity: qualitative descriptive information was recorded and reviewed by multiple members of the research team (Milne & Oberle, 2009).

Descriptive data was analysed using descriptive statistics (e.g., mean, range, standard deviation) to determine diversity of sample and summations about particular features of the participants. Scales were used to get a broad picture of the participant's spiritual fitness, resiliency, psychological distress, spiritual struggles and moral injury.

Results

Participant Demographics

This study's final sample consisted of 15 veterans who completed the five standardized and demographic questionnaires and 14 who participated in their choice of focus groups (n=10) and interviews (n=4). Note: one participant was unable to book an interview due to COVID related workplace commitments. The participant sample was comprised of experienced Senior Non- Commissioned Officers and Officers, who served in leadership, advisory positions or training positions and predominantly served wearing the Canadian Army or the Royal Canadian Air Force uniform. The sample had a group mean of 26.5 years of service and represented female (n=5) and male (n=10) genders. Demographic questions were asked in order to have a better understanding of the participants, some of their military background, and how they gauge their

MCT. MCT was identified as moderately or very difficult by 1/3 of the sample (n=5). Over 73% of the sample had deployment experience (n=11). The majority of participants (n=13) identified as Christian, but the Jewish faith (n=1) and No Expressed Religion (n=1) were represented. Over half (n=8) disclosed that within the last 12 months they needed pastoral care and did not receive it. Reasons included: 1) did not have a pastoral care provider, 2) decided not to connect, and 3) COVID restrictions made making new connections with S/R communities difficult.

Screening questions/ terminology administered to study participants were based on those used by VanTil et al (2016) so as to enable the potential comparison of study findings with other Canadian studies. Appropriate questions inclusive of gender-based analysis plus (GBA+), cultural backgrounds, S/R identification and experiential data so participant intersectional perspectives could be heard. For more details on the demographic and descriptive statistics, please see Appendix A.

Survey Descriptive Analysis

Five surveys were administered for strictly descriptive purposes and gave the following insight into the study sample (Table 2).

*The Connor-Davidson 10 Resilience Scal*e has no set scoring cut-offs but respondents scores can range from 0-40 but in comparison one study that used American national sample mean of 32.1 (Connor & Davidson, 2003) our sample had a mean of 31.5 (SD 6.8), indicating that the sample was relatively resilient. However, there was a large range in responses (17 to 40), depicting a wide range of resiliency within the sample. *Kessler Psychological Distress Scale (K10),* 47% of the study participants scored 22 points or above identifying possible need for further assessment for anxiety and depression (Andrews & Slade, 2001). *Spiritual Fitness Inventory (SFI)* all participants scored high for spiritual fitness (mean 88.5, SD 70-100) indicating that the

participants were spiritually fit. However, one question, regarding having been changed by an unusual or profound experience, had the widest range of responses from "not at all" to "to a lot". *Spiritual Struggles Scale* looked at spiritual struggles from six S/R domains. The sample had a large range from "none to high" (26 to 96), and a mean of 47.7 (SD 18.5) denoting a diversity of spiritual challenges and coping within the sample. Finally, when given the *Moral Injury Scale (Military Version)*, 73% of the sample had at least one score of eight or higher (on a 1-10 severity scale including the reverse scoring), indicating widespread MI symptoms and likely requiring follow-up (Koenig et al., 2018). Areas of high MI symptom scoring was around feeling betrayed by others, troubled by having acted in ways that violated their morals, finding it hard to see individuals as trustworthy, and struggles forgiving self. These descriptive statistics show that, although the sample had scored high for spiritual fitness, and were predominantly from the same S/R identification (Christian), there was much diversity regarding MI, spiritual struggles, resiliency, anxiety and other health concerns.

Table: 2
Descriptive Analysis of Sample

Sample (n=15)	Mean	SD	Range	Outcome
Spiritual Fitness Inventory (US Army Public Health)	88.5	8.5	70-100	Sample scored strong spiritual fitness (n=13) 2 had incomplete questions.
Kessler 10 (Bougie et al. 2016)	19.5	7.14	11-33	Psychological Distress and Anxiety: Under score 20 "likely to be well" 47% participants scored over 20 points
Moral Injury Scale (Military Version) (Koenig et al, 2018)	33.3	11.7	18-54	73% of sample scored 8 or above on one or more questions, potentially indicative of MI symptoms.
Spiritual Struggles Scale (Exline et al, 2014)	47.7	18.5	26-96	Large range in sample of spiritual struggles from none to high.
Connor-Davidson Resilience (10) Scale (Connor & Davidson, 2003)	31.5	6.8	17-40	No set scoring. Median score 32.1 National random sample (Conner & Davidson. 2003)

Qualitative Findings

Thematic analysis revealed several key themes related to veterans' experiences of MCT and S/R well-being: 1) veterans' understanding of the S/R domain; 2) service experiences impacting S/R well-being; 3) MCT facilitators; 4) MCT obstacles; and 5) recommendations. A summary of themes and sub-themes is found in Table 3 below.

Table 3:
Summary of Themes and Sub-themes

Theme	Subthemes
1. Spiritual Well-being Domain	*Personal pathways*
	Practices
	Process
2. Service Experiences on S/R	*Moral and spiritual struggles from deployments*
	Near death experiences
	Authentically living out S/R beliefs
	Joining the CAF to make a difference
	Careerism and lack of moral leadership
3. MCT Facilitators	*The Royal Canadian Chaplain Services (RCChS)*
	Military ethos of service before self
	Military affiliated faith-based organizations (FBOs)
	Returning to university after service
	Military identity
	Remaining in the geographical location of the last posting
4. MCT Obstacles	*Departing your "military family"*
	Spiritual battle
	Second generation military
	Prejudged by media and civilian society
	Lack of military informed pastoral care
	S/R Community integration during COVID-19
5. Recommendations to prepare and assist MCT	*Mentors with the same S/R outlook*
	Standardized exit-interviews by CAF chaplains (non-mandatory)
	SCAN (Second Career Assistance Networks) Seminars
	CAF chaplains embedded in Transition Units
	Access to mental health chaplains
	Chaplain Support to veteran's S/R education and retreats

What follows is a discussion of themes and sub-themes with supporting quotes. Further supporting quotes are found in Table 4.

Theme 1: Veterans' Understanding of the Spiritual/Religious (S/R) Well-being Domain

A conceptualization of veterans' understanding of the S/R domain of health was captured by asking study participants how they defined spirituality and knew if they were spiritually healthy. Most participants noted that spirituality was an individual construct with three sub-themes highlighted: pathways of connecting with the Divine or Sacred, practices that maintain this connection, and processes by which these connections and practices result in increased or decreased S/R health and well-being.

Personal pathways*,* included identifying the Sacred as found in nature or creation, the role of the Holy Spirit in connecting to or being in relationship with God or the Sacred were key elements that veterans identified: *"…when I look at nature, I see the fractal patterning following mathematical principles; it is just around you from clouds to water to leaves. Amazing! God's fingerprints on all of that"* (participant 10). For participant 12, *"Spirituality is a relationship with the Almighty, whatever you perceive to be the Almighty. (...)What counts is how healthy that relationship is".* It was recognized that whether one's spiritual path included religion or not, it is an individuals' choice to remain on that path: *"You have to know the path that you want to be on. If that path has done you well and helped others, it is not a path that you want to stray too far from"* (participant 8).

Practices, such as prayer, faithful observances, volunteering, caring for animals, gardening, finding peace and seeking forgiveness were just some of the ways veterans identified practicing their spirituality. These practices, in turn, contributed to their sense of community,

gave them meaning and purpose, maintained their connection with the Divine/ Creator/the Sacred, and fostered resilience in times of difficulty: *"I guess my prayer life is important to me. I know there is always truth in that for sure and just the ability to carry on in the face of difficult emotional problems…"* (participant 5). For several participants, reading or hearing scripture gave them grounding and offered ways to connect their faith life with their military experience: *"Read the Bible. Everything is in there, everything from military tactics to military psych ops, to psychological warfare virtually all the tactics and commando operations are in there (…) (I)t's what gives me strength and a moral compass"* (participant 10).

Processes, such as self-awareness of S/R health, growth and decline, is interconnected with a person's total health and wellness: *"If I am spiritually healthy, the way I am living my life and the way I am treated by others is congruent with my values and beliefs (…) (W)hen I am feeling spiritually unhealthy, it looks very much like burnout. It is emotionally exhausted. It is just not being able to live a life of meaning and purpose"* (participant 14). For others, spiritual struggles provided insight into S/R health: *"I think an easy life is not an endorsement of your spiritual wellness, in many ways, it is when you have very great difficulties in your life that you best know that your spiritual resiliency is there"* (participant 11).

Theme 2: Service Experiences Effects on S/R Well-being

Participants were asked to identify military experiences that had greatly impacted their S/R well-being including possible S/R struggles that had lasting impacts on them and potentially their MCT. Their responses included: 1) ongoing impacts of S/R struggles from deployments, 2) near death experiences and impact on S/R, 3) struggles authentically living out S/R beliefs, 4) joining the CAF to make a difference, and 5) careerism and lack of moral leadership.

Moral and S/R struggles from deployments was a key area that veterans identified as having lasting S/R impacts to their health, family relationships, and identity (e.g., as a moral and faithful person, and military leader). Participants identified times they became emotionally numb because of their moral and spiritual struggles which impacted their reactions to human suffering: *"We had been in pretty significant operations(...) and I woke up and I smelled roasted pork, and I thought that was great I didn't think that we were having a meal today. (W)e had like four medics that were working with us and we provided care to anyone who was wounded among the civilians if we could. There were three civilians lying on the ground that had been burned to a crisp. I remember looking down at this kid that was staring right into my eyes... and I laughed at him and said "Wow I guess it is not lunch"(...). I dealt with that for a while...the callousness of my soul about suffering stuck with me a long time"* (participant 11). Despite successfully carrying out their mission, once released some experienced long-term spiritual struggles and moral injury: *"I hunted them for one outcome. So, at the beginning of this whole process, I had a crisis of faith. What am I doing here and how can I reconcile what it is I am called to do with my faith in Christ? So I spent quite a bit of time praying, mediating on scripture and reading various scriptures to find is this ok with God. (...) (W)e had extraordinary success. (...) (W)hat I was involved with would become a source of moral injury"* (participant 3)

Near death experiences fostered prayer and connection with spirituality: "*The first time I heard an RPG that flies over your turret and just misses you, I tell you, you're talking to the Almighty. Everyone is different. Some are saying, "just get me out of this fix Big Guy and I promise I will straighten out and I will do this and that". There are others that say, "thanks Big Guy for that not hitting me, and I am going to try and help some more people."(...) Everybody was talking in their mind whether it was God or Allah. Whatever it is they were praying too, they*

were all talking" (participant 12). Furthermore, in order to carry out dangerous missions, soldiers had to be S/R prepared to lay down their life in battle for their fellow soldiers: "*At some point in your mind you have to right yourself off. I am not going to survive this. (...) You have to go on and complete the mission and you have to look after your buds. (...) So if you are applying that to my faith and the Bible, and to my relationship with the Lord, it just seems to make it more easy or natural to follow the Lord to be able to go there. Even if you are scared you can still function and perform under fear and duress and fatigue"* (participant 10).

Authentically living out S/R beliefs as military members is supported through policies such as religious accommodation and military leaders willing to support diversity: J*udaism has more laws; it is very heartfelt but it is written regulations. I think people in the military can get that and that is why I fit in so well in the military. It is a combination; there is military ethos, but there is respect for rules and regulations of being Jewish"* (participant 6). However, others found that the CAF culture and norms was incongruent with their personal morals or faith tradition: *" I felt very much alone in the military as well, because I was an outlier. I didn't do what I saw other people doing(...) I was single, and it was very rare that you could find someone that you could actually socialize with (...) Sexuality in the military was normal...and the consequences was... oh well, we know how to fix this problem...I saw the pregnancies. I saw how it happened. I saw the abortions" (participant 4).*

Joining the CAF to make a difference and support to the vulnerable were some of the key motivations for participants joining the CAF. When they were tasked in situations where this could not be achieved and they had no power to effect change, it caused great moral and spiritual distress: *"Military service is a platform for me to be a positive force in the world. I went down to (name of country) and it was initially very encouraging; we had a positive impact...the nation*

that took over after us was not as well equipped ...contacts that worked with us (…) were executed by the gangs. So you know what we had effectively done, (…) we had taken the good people that were willing to stand up to evil and singled them out for targeting" (participant 11). For participant 7, the inhumanity witnessed on deployment caused lasting impact on their S/R well-being: "*I know there were times that my faith has been shaken many times. I had a hard time. My last deployment in [country name] I was starting to question when I found mass graves. When I found people half buried with their hands cut off. I started to question God... why would he allow that to happen? That for many years had me shaken"*. In other instances, participants were S/R impacted by the people they were deployed to support:"…*(J)ust about every day I patrolled in (country), these Christians would come up to me and start with great big smiles on their faces telling me Jesus loved me. There I am trying to bring them hope and they have hope overflowing and just pouring out of them. In the midst of suffering like no Canadian could possibly imagine and deprivation…"* (participant 11).

Careerism and lack of moral leadership was identified by many of the participants as a key problem that eroded trust and created S/R struggles, as they witnessed leaderships individual agendas trumped putting their troops first: "*The higher you got up in the Reg Force Chain of Command the more careerism I saw (…). In some cases, it was detrimental to the military system and to the folk's underneath. So to me the actual careerism became immoral"* (participant 10). Some participants left the CAF, while others carried on in frustration as a helpless bystander: *"…(T)he longer I stayed, people did not care about their subordinates, they only seemed to be focused on their own success. (…) (T)hey sacrificed in most cases their subordinates in order to achieve success or make themselves look good. I used to cry… "* (participant 2). One participant noted the shift in CAF values and military leadership style in recent years: *"(m)ilitary values, I*

*want to say they have changed. I think we are starting to see what is easy to do because it benefits me. I think you get into the manager vs leadership types of discussion. I have watched too many people advance and you are saying that person is not a leader. They are box ticking"(*participant 1).

Theme 3: MCT Facilitators

Facilitators that aided the transition to civilian life were identified by study participants. These related to six interlinking factors including: (1) access to the Royal Canadian Chaplain Services (RCChS), (2) the military ethos of service before self, (3) military affiliated faith-based organizations, (4) returning to university after service, (5) military identity, and (6) remaining in the geographical location of last posting were factors that helped the participants undergo their MCT.

The Royal Canadian Chaplain Services (RCChS) was identified as a key stakeholder, enabling veterans to remain connected with the military community. Through the CAF Chapels/Multifaith Centres and spiritual resiliency programs, such as the RCChS organized Military Pilgrimage to Lourdes, France, participants felt the RCChS were a key to their S/R preparations for MCT: " *For someone who was a medical release like me, it was very very beneficial. (…) But going to Lourdes you could talk about it (faith) any time and they had several Padres there…"* (participant 14). The continuity of support provided to veterans from CAF Chapels/Multifaith Centres in times of struggle, and intentional inclusion of veterans in volunteer opportunities, enabled some participants to feel valued for their experience, gave them new sense of meaning and purpose, and helped veterans stay connected to the military (remain within the wider military family) as they were undergoing MCT: *"I have always belonged to a church family of some sort on bases, and so that gave me some relationships to help me through things. I*

have always believed that God will not give you challenges that you cannot overcome and there is always a meaning and purpose to the things you go through including like for me some of the medical struggles. (…) I believe those relationships were in place so I would not have to go through those struggles myself"(participant 14). Other veterans tried civilian churches but did not feel welcomed or that they understood military life and their experience: *"I tried a church that was closer to where I lived and they were not used to people coming in and out. In the military community that is what you do. (…) I said, "I am not doing this church", and we went to the one on base, even though it was much further to get to, and 30 years later I am still there"* (participant 1).

Military ethos of service before self and volunteerism were key components that were identified as bridges to integrate military values, foster community, and facilitate the MCT: *" I found substitute voluntary work to give me a sense of meaning and contribution, because I don't believe in retirement where I have nothing to contribute. To make meaningful contributions, I think is indispensable, the connection to my God and my faith tradition"* (participant 6). For participant 9, volunteering is a key component of who they are: *"I want to get out and help people. When I was Reg Force and deployed on ship and if you go someplace half the crew would be off to paint someone's house or do stuff. Even in the military that is built into you. Who is up for this? Let's go! (…) You feel good doing it. It gives you purpose. After the military it is the same thing"* (participant 9). For participants who also grew up in a military family, the ethos to help others was foundational within a military family household: *"I have always been involved in a chapel regardless of what chapel it was on a base. Fundraisers, you always helped out with those"* (participant 1).

Military affiliated faith-based organizations (FBOs) were identified as crucial supports for participants, when they were serving in uniform and through providing continuity of military affiliated faith based social networks once released: *"The Military Christian Fellowship Association...helped me with the military transition, and I still consider myself military...many military or ex-military and DND public servants are involved" (participant 9).* Some FBOs acted as a bridge to help veterans meet others in the civilian community: *"I joined the military CWL [Military Ordinariate Catholic Women's League], through the encouragement of my friends and certainly in the military you get to travel to conventions across Canada so that was nice. I don't know how quickly I would have gotten in with the CWL here if I hadn't had the introduction to it through the military"* (participant 5).

Returning to university after service was a means for some to pursue old interests and for others a means to make sense of their struggles: *"So my transition was challenging. I continued for a while trying to sort through what was going on both mentally and physically. Concurrently I had entered into a program, a masters (...) to gain sanity. I was in a very very dark place and my masters (...) truly brought me out among other aids but that was the key to get me out of the darkness" (participant 3).* Another participant noted that they were returning to study something they always felt called too. *"...from the time I was a child I was always interested in art but never saw it going anywhere. My dad said, " you can't make money at art" so you know I ended up becoming a [military member] and then I got back to my art"* (participant 5).

Military identity was raised by several of the participants as a key aspect often wrestled with during the MCT. It was noted that embracing their CAF experience and not have to fight or feel ashamed of their military identity helped their MCT: *"...it is important to preserve the*

(military) identity we have. Showing relevancy of that identity and how it extends into civilian life now, it is not a fabrication, it is true. It is acknowledging and recognizing you are a veteran. You accomplished so much, your service will continue not in the same way, but like a new posting in the civilian world. Instead of trying to change who you are into something else..." (participant 6). It was noted within service-couples, success of the MCT was very tied to individual identity and experiences: *"...my husband when he retired (...) he was such a good military man so when he left, it bothered him tremendously. (...) So when I left, I didn't feel that at all. (...) I didn't have this identity thing that I know other people have, because for me it [military] was not my life....there was also my faith, my marriage, my children, and my career a long time after"* (participant 2) Participant 3 summarized best how their various identities can work together through MCT to fashion a new post-service understanding of identity: *"Who you were really helps shape what you are. This is normal. You can't unlearn or un-experience or unknow all those things that you have lived. So they shape who you are today but they do not define who you will be tomorrow (...) I can tell you initially when I got out of the military ... I was done. I was in 35 years, now leave me alone, and yet here I am (...) I have been working with a non- profit outreach to veterans that are homeless, and help them reconnect with VAC and get off the street. I mentor young officers. This is who I have become, which is a mix of my faith, my experience, my knowledge"*.

Remaining in the geographical location of the last posting was a factor that many felt was a key to community integration and MCT success: *"My transition was not that hard and perhaps it was because of my last position, my last few years was a factor...my transition was already happening...I was going to my synagogue where I worshipped for years already. It was continuity of familiar faces and support. The family was here. So, it was not a disruption that*

was radical" (participant 6). Others opted to transfer to the CAF Reserves, creating a way to remain within the military community or move back to their original community and begin making connections for their MCT: "*There were so many things going on my life. I think it would have been harder if I was jumping out of the Regular Force because I am in my hometown now and there is no Reg Force base here (…) When I first transitioned into the Reserves, that was harder than out of the Reserves and to being a civilian"* (participant 12).

Theme 4: MCT Obstacles

Obstacles or challenges to MCT were also identified by study participants. Barriers related to leaving the "military family", mental health symptoms, being second generation military, society's current perception of military culture, and experiencing MCT during COVID-19.

Departing from the "military family" was seen as one of the hardest aspects of MCT. *"Basically, when you leave the military, you are being asked to leave family. (…) By family it is the degree of concern and culture that you have to be in the military to appreciate"* (participant 6). For others this sense of loss was multiplied by loosing their place within the "family*":"...you are so used to being in command for so long that when you take your uniform off and take all your badges (…) and you leave the building and you stand out in the street and you are going, I am outside the fold. I am outside the family"* (participant 10).

Spiritual battle that continued after MCT was seen in terms of being pulled back to life in uniform, and therefore never fully able to transition and move on: "*God and the devil are not playing this chess game up in heaven and I am one of the pawns. But I suffer from nightmares. So the evil that comes to me, comes in the form of memories...and a sense of helplessness is what permeates my dreams.* " (participant 4). Another participant noted that their spiritual battle

included feelings of guilt that were not warranted. These distortions turn into depression and suicidal ideation: *"I was angry at the spiritual enemy for what he was doing to me and he was doing these attacks of conscience that was not true and claiming lives. (...). It was absolutely spiritual warfare I would say I was in the midst of. I am pretty good at it today. I don't say that in a cocky way but because I survived"* (participant 3).

Second generation military made up 40% of the sample and they brought the perspective that they were always military, so "returning" to civilian life was a new phenomenon and not an accurate representation of their identity: *My dad was in WWII and my mom in Korea. They got together so I grew up in a military family, and was doing military stuff since I was born. I was even in the PMQ's all my life..."* (participant 10). Another participant noted: *"Father came back from the second world war and he couldn't adapt to civilian life so he reenlisted. Five of my six brothers have also been in the military for various periods of time"*(participant 8). Others noted a link between their upbringing and faith: "*I have to admit that I don't feel like a civilian at all. I am totally military-minded, and deal with that world every day. (...) (F)amily history is all military background (...) I got to admit I have some powerful faith and that may come from some of my military mentality that I have had all my life…" (participant 10)*.

Prejudgment by media and civilian society was a concern some participants had regarding their MCT along with disillusionment regarding bureaucracy rather than addressing the issue:

"*I was physically tired of being called sexist and racists and I don't know how many levels of training we have gone through with Sharp and Operation Honor. Deal with someone who does that. Don't come and call us all sexist and call us all racist. How dare you take a look at our culture and say that our culture is wrong. You are on the outside. How the hell would you know*

what our culture is?" (participant 12). Another participant noted that other countries value Canada for the acts of charity shown while deployed but within Canada the news depicts military culture as morally bankrupt: "*...there was a Canadian way of doing it (…) they gave, they clothed the people, they gave them shoes, they rebuilt the infrastructures, there is this humane and compassionate way of doing things that is a part of our culture, our Canadian culture. Being in the military makes you the best ambassador of Canada in the world. It seems like here in Canada, we are treated like the worst scumbags on earth…. we rape women, we have no respect for other cultures" (*participant 7).

Lack of military informed pastoral care and the ability to discuss spiritual struggles was raised as an issue for the MCT. Oftentimes, civilian clergy and faith leaders were not prepared to offer support to veterans, nor was there access to mental health chaplains post-release. "So *it was time to talk to someone about things that I was involved in. (…) My church didn't want to know about it. My wife didn't want to know about it. What do I do? I can certainly talk to God but it is nice to have another human being"(participant 4). Participant 11 recalled: "I slipped into a dark depression for a long time over a year of just feeling empty. I hadn't lost my faith; I just lost my joy.... I talked to my pastor about it and he just shrugged and said that he didn't really understand this stuff and that I will pray for you".* Another participant identified that it was they were releasing and transitioning that they needed to unpack the S/R dimension of their military leadership decisions*: "The moral injury which I have, contravened that which I fundamentally believe, and I just didn't do it once. I did it with intent day in and day out. I knew and know the forgiveness of God, and I knew and I know what I was called to do and I preformed all my duties in the right way. Even in the midst of combat those things I did I can go back and say that I did*

the right decision. The effects are what haunt me. For me when I was transiting out the military that was just starting to become clear" (participant 4).

S/R Community integration during COVID-19 has been particularly difficult for newly released veterans:*"... because the COVID (...) reconnecting back to the world on the street is extra difficult this year. (...) All that to say, it's been difficult to find a place that we can decide is a church home or connecting in a more meaningful way in those communities…" (participant 15).* From another newly released veteran*: "I also began the transition, (...) in the middle of COVID, so that means I still don't feel so connected to the church that I go to. Since I have been there, no one is allowed to sit with each other and talk with each other. I have gone there but I haven't met anyone there"* (participant 14).

Theme 5: Recommendations for MCT preparation and support

Ways in which the MCT could be improved for future CAF members were noted by participating veterans. Lessons learned and key recommendations included: access to mentors with the same S/R outlook, administration of a standardized exit-interview by CAF chaplains, inclusion of chaplain briefing in SCAN seminars, embedding of CAF chaplains in Transition Units, enhanced access to mental health chaplains, options to participate in chaplain-supported S/R education and retreats.

Mentors with the same S/R outlook were deemed essential to find early in one's military career and maintain throughout the MCT: *"If I were to talk to my younger self, I would say find a faithful Christian mentor, someone whose faith is real and who lives their faith, and walk alongside them to be mentored. (...) The challenges that you will face will come at you without a moment's notice. You will find yourself... suddenly at the front line where you now must make decisions that will impact you or others and in the military that might involve life or death. You*

got to be spiritually ready and the only way to be ready in the military context is to do readiness training. (...) I found in my career I did not have a mentor and I longed for that. In some ways it was a very lonely walk" (participant 4).

Standardized exit-interviews by CAF chaplains (non-mandatory) were seen as helpful in order to give releasing members and an opportunity to raise S/R questions, receive information about S/R community, FBO support, and education about S/R aspects to expert during MCT: *"But there was no real transition plan for me, really nothing, because I was just retiring at the end of my term. I didn't have a talk with a chaplain about spiritual health. There was nothing there for me to even have a program with mental health to see if everything was good to go. Not that I would have necessarily gone to mental health (...) [but] I would have certainly talked to a chaplain" (participant 11).* Another participant noted that to support veterans, VAC should expand their program of S/R care to incorporate clinical positions for released CAF Mental Health Chaplains and other experienced chaplains for veteran S/R health and well-being programing. *[In]"reality there is a kind of retired soldier who will still have a problem connecting with someone like a psychiatrist or psychologist. But they may have a history of connecting with chaplains in unit and on tours, and they [military chaplains] are not there. (...) If we really want to help folks with transitioning, where else is there still a somewhat military community helping people if it is not Veterans Affairs?" (participant 15).*

SCAN (Second Career Assistance Networks) Seminars were deemed valuable briefings in order to gain insight into civilian resources, job opportunities and benefits. Since SCAN seminars, (and recently-added online courses), are often the only venue in which releasing members learn about MCT educational resources, participants noted that CAF chaplains should have a standardized briefing for SCAN seminars/ training that references S/R issues and MCT.

"(A) chaplain could give a talk at the SCAN seminar(...)and remind them this is an opportunity and that you have more in your arsenal than you are even aware of....to deal with transition" (participant 6).

CAF chaplains embedded in Transition Units to coordinate training, interviews and referrals as members prepare to transition: *"The reality is the number of folks with medical releases is huge, as you know. To have folks that are willing to bend an ear would be of benefit. Someone that doesn't have to fix people or meddle in all the administration"* (participant 15). It was noted that clinical pastoral education (CPE) and extra training in grief work could be an asset for these Chaplains tasked to support the Transition Units: "...*one of the themes transitions have to deal with is grief work. (...) So there is grief work that needs to be done about what is left behind, what to look forward too and all the thoughts, feelings and behaviors that go with that"* (participant 15). In Canada, there are no dedicated Chaplain position numbers at the Transition Units. One participant felt that they were better prepared for their MCT by talking to the base chaplain before release: *"I think he had a lot of valuable [things] to say about getting my mind right about the process. Putting my heart on the right things and not getting too distracted about the change. I found it very helpful "* (participant 11).

Access to mental health chaplains was identified as valuable assets for helping members process MI and prepare for MCT. Unfortunately, accessing a clinical chaplain is not currently included under the continuity of care post-release. Participants discussed the need to have access to mental health chaplain's post-release. *"...I think there is something missing from Veterans Affairs. We don't have the equivalent of CAF Mental Health Chaplains in the Veterans Affairs clinics. That is a huge hole. So, if someone is accessing mental health services after, that trade is not there" (participant 15).* Referencing the civilian counselling landscape, *"I would say that as a*

person of faith who has had a fair amount of counselling it would be easier for counsellors if I was angry with God. (...) I find it difficult, and certainly getting out of the military and finding a counselor with whom you can discuss faith, without making faith crucial – a little bit of both " (participant 3). Participants noted not all health jurisdictions acknowledge faith-based counselling as a part of the spectrum of care: *"...none could have a conversation with me that included religious thought so I had to pay for it myself. (...) (I)t was not part of the spectrum of care which I believe it should be because it should be an option. It's not that everybody needs it, but for those with whom it would be beneficial, they should be able to access that type of service..." (participant 14).*

Chaplain Support to veteran's S/R education and retreats. One participant attended a multidisciplinary weekend pilot retreat that included a S/R talk, a S/R Service for those who wanted to attend and access to a military chaplain over the course of the weekend. *" We had three briefings: by padres, there was a sleep and a family expert, who discussed how family dynamics changed, there was a psychologist there. It was an entire weekend just working on that. Something like that would be a powerful tool after you get out"* (participant 12*).*

Table 4:
Themes, Subthemes and Supporting Quotes

Theme	Subtheme	Supportive Quote
1. Spiritual well-being domain	*Path: The Holy Spirit*	*"For me my Spirituality is the Holy Spirit (...) and trying the best I can do, strengthening my faith and do those good deeds" (participant 9).*
	Practices: Finding Peace *Service to Others*	*"If you are at peace with your maker nothing else matters" (participant 12).* *"I think that as a young man spirituality meant to be a hero for Christ, and it wasn't until I was confronted with my own inability to save people (...) I truly came to understand what it means to be a servant in weakness" (participant 11).*

	Process: Spiritually Self-Aware	*" I use the analogy of warning lights on the dashboard. Like a vehicle. So when the dash lights flash of guilt or depression start flashing too often or frequently that something is not going right under the hood. (…) But when I have a sustained sense of happiness and peace, I take that as an indicator that I am probably on the right track" (participant 15).*
2. Service Experiences on S/R	*Moral and Spiritual Struggles from deployments*	*"I became numb to empathy. I got to the place that I was laughing at the ridiculousness of children walking in the sewage and sores all over their skin" (participant 11).*
	Careerism and Lack of Moral Leadership	*Everybody is moving on and moving up and everyone is career orientated that way instead of a career of service" (participant 14).* *"I was partially de-humanized and I saw the folks in the (CAF unit) lacking fundamental morals (...)The only thing holding them back was the Queen's Orders and Regulations and military discipline, which had to be enforced by good leadership (…) other words it was like pulling leash on the dogs and when no one was pulling the leash, the dogs created havoc" (participant 10).*
3. MCT Facilitators	*Royal Canadian Chaplain Services*	*"I always moved as a single person. So different from when you move as a family and you have those integrated supports in your home, that is where the base chapel was good for me. To get to know people. (…) So being able to go to the base chapel to then start to build my family unit for that base was always helpful and support in those transitions" (participant 14).*
	Military affiliated faith-based organizations (FBOs)	*"...every community I have lived in, I volunteer ...and it gives me that sense of continuity just like the base…(…) I am not just my rank and my job title, I am a person and there are things that help to feed that person. Faith is one of those things, some of my volunteering with organizations who I believe in, or things that give back. So when you go through these struggles you know you have other things too" (participant 14).*
	Military identity	*" I am terribly impressed with military members - religious and non-religious that serve in the military. They give up their life and understand what it means to serve. (…)(T)here has to be a notion that I can serve my country in another way.*

		(…) You are not departed; you are still connected" (participant 6). *"For me my personal emotions of meaning and purpose were very wrapped up in my work(...) It is such meaningful work but when it starts eating at you and not doing good things it is time to get away. The question then becomes now what. I haven't answered that one yet" (participant 15).*
	Remaining in the geographical location	*"I was already part of the community that I live now and I travelled to work for the last 4 years. (…) I was already establishing myself. I was part of the Military CWL my friend encouraged me to join. That was a positive experience in my life and (...)Then moving up here it was time to transition so I joined the local [civilian] CWL. So, there is connections there with the military and then into the civilian" (participant 5).*
4. MCT Obstacles	*Second Generation Military*	*"I was an Air Force brat so I was around the environment my entire life, from the day I was born…" (participant 1).*
	Prejudgment by Media	*"So it is not always when you see something going on in the military, it is always military reasons. (…) That is how a lot of things in the military operate with direct political input I would say. That is the way it works and I went "wow". I would say that is what got my moral grain, and I took issue and I left" (participant 10).*
5.Recommendations to prepare and assist MCT	*SCAN (Second Career Assistance Networks) Seminars*	*"The SCAN seminars... They prepare you and tell you what to do. There are a lot of organizations to help you transfer skills...there was no presentation from Chaplains at all from those SCAN seminars.... (Chaplains) should get some air time" (participant 6).* *"Maybe not for everyone but for me it would have been cool to have a briefing from a chaplain." (participant 7).* *"The SCAN seminars... They prepare you and tell you what to do. There are a lot of organizations to help you transfer skills...there was no presentation from Chaplains at all from those SCAN seminars (…) It doesn't have to be a major segment " (participant 6).*

Discussion

The purpose of this study was to explore the unique S/R needs of Canadian veterans and the impact of the spiritual health and well-being domain on their experience during the MCT journey. The results of this study illuminated not only how important S/R well-being is to veterans as they cope with final administrative, medical and arrangement of basic needs (housing, finances, relocation etc) but also as they begin to reconcile how and to what extent their military service has changed them as a human being. Participants noted that many of the things they had to overcome joining the military (finding their new calling, grieve their old lifestyle, leaving "family", find their belonging within a new community, uncovering talents and strength they didn't know they had etc.) was similar through the MCT but with less S/R support that understood their reality and could help unpack struggles.

Spirituality was identified as an important part of veterans' lived experience and the core from which many participants judged their actions and the leadership decisions of others. Individualistic in definition and practice, spirituality was recognized as a life-giving force, which was fortified through relationship with nature, reading of Scripture and Holy texts, connecting with others of the same S/R tradition, following rules and commandments, and forgiveness of self, others and the Divine. Spirituality, according to the participants, gives people meaning and purpose, offers strength, hope and provides a moral roadmap to follow in times of distress. These results support the growing body of literature that spirituality is a multidimensional construct that incorporates not only personal beliefs, but impacts of experiences that stand outside their normal belief system to worldview and S/R coping relationality, internalizing and externalizing behaviours (Sherman et al., 2015, Wilt et al., 2018). Veterans' perspectives completely aligned with Smith-MacDonald et.al (2018) the "5 P's" of healthy S/R engagement: personal paths,

practices and processes to maximizing potential. personal paths, practices and processes to maximizing presented in (Smith-MacDonald et al., 2018).

The perspectives contained in this study were through the lens of officers and senior Non-Commissioned Officers. With the exception of administrative issues outside participants control, most identified their MCT as somewhat easy and suggested that they fared well in regard to transferability of skills and the CAF/VAC well-being domains. They had financial stability (pensions), education and skills that were transferable to civilian employment, life-skills to pass on to others and expressed no concerns about housing. These findings are parallel to the Pew Research Centre (2019) that found officers were likely to report being well prepared for MCT and a Canadian study by Lee et al. (2020).

Spiritual health was identified as an area of concern during and following the MCT process. The results from this study illustrated that the human spirit (i.e., spirituality) was at the centre of all participants' functioning (Polatajko, Townsend & Craik, 2007), and at a deeper level, their MCT struggles around processing the life they had (examination of conscience) of what they achieved and at what cost. Participants noted S/R struggles around the consequences of their command decisions: guilt regarding training of troops killed n action, helplessness of not being able to fix, effect change or protect the innocent, disillusionment at all levels of command for those being rewarded for putting self before subordinates, and shame of violating personal values in order to carry out mission. Some noted that the most difficult S/R struggles involved reconciling the evil they witness to other human beings and how this changes their S/R health, their relationships, and their sense of humanity. This study’s results align with research found in the literature.

Military identity, as noted by Thompson et al (2019), is impacted by the loyalty and acceptance of the group identity over the individual identity. As such, when the group identity is met with opposing values the literature has identified fractured identities (Smith-Mac Donald et al., 2020) and even eclipsing identities (Cartagena & Beaty, 2017). This concept aligns with the findings of this study. Participants who referenced sexual harassment or trauma felt comfort being associated with FBOs and attending Chapel services. Although limited studies within veteran populations exist, these findings are congruent with what was found in the studies by Chang et al. (2001, 2003). A key finding was the need for more S/R resources pre-releases (dedicated chaplain support at the CAF Transitions Units, SCAN briefings, workshops on S/R and MCT etc.) and access to mental health chaplains post-release through the Operation Stress Centres. The RAND Corporation's Study on FBOs noted the essential supports FBOs are providing to veterans including volunteering opportunities, social services projects, community integration and access to civilian pastoral support (Weber et al., 2015). As no comprehensive study has been conducted in Canada regarding FBO support to CAF veterans and their families, there is no scope to what extent FBOs play in MCT.

Leaving the military was noted to be synonymous to leaving the family. Military as "family" is described in the literature in terms of group cohesion and comradery which has been identified as lost upon release (Thompson et al., 2016; Verkamp, 2021). Challenges associated with this transition were found to be mitigated by veterans becoming public servants, DND contractors, CAF Reservists; mentoring members; supporting veteran charitable events; volunteering on base; participating at the chapels/ multi-faith centers; joining military FBOs (such as the Military Ordinariate Catholic Women's League or the Military Christian Fellowship) and maintaining connections with Regimental Associations.

A key military value identified by all participants was altruism and giving of self to the mission. Those who reframed this S/R value post-release into acts of charity, volunteerism, and still "taking care of their buddies" through veteran peer support programs, found a renewed sense of meaning and purpose. Participants noted that there is no need to fight their military identity in retirement, but to accept and love who they are now as veterans and find ways through their experiences, knowledge and S/R perspectives to make a difference in their family, civilian community, in the lives of other veterans and the next generation of military members.

Strengths and Limitations

This study has many strengths including being the first Canadian research to look solely at S/R issues surrounding health and MCT, veterans' voices were heard regarding facilitators and obstacles to their MCT. As well, the impact of their service experiences and the lessons learned that can be passed on to service providers and policy makers surrounding veteran S/R support were an important contribution. This study has several limitations to consider. First, the majority of participants identified as Christian, and thus generalizability to all veterans is questionable, particularly due to the small sample size. Second, the inclusion criteria were very open; nevertheless, there was no representation from the junior ranks. Third, participants were recruited via outreach and subsequent snowball sampling. Potentially only those comfortable with language around spirituality volunteered. As such, self-selecting bias could have occurred.

Conclusion

Overall, the purpose of this exploratory study was achieved and results concluded that spirituality is a multi-layered construct, impacted by a career faced with moral and spiritual struggles, which had bearing on total health and the MCT. Fortified by pathways, practices and processes, veterans were able to give examples of facilitators and obstacles pre and post-release

that helped their spiritual resiliency and preparation. The need for various S/R approaches throughout the MCT journey, both preparation and post-release, that may require innovative approaches from specialized pastoral care practitioners was highlighted. Through a holistic approach to health and well-being, especially as it applies to MCT, current and future veterans may be able to find healing.

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Chapter 4

Conclusions and Future Directions

The overall purpose of this research was to explore Canadian veterans' experiences of S/R well-being and their transition experiences of MCT. They, like their sisters and brothers before them, had to discover new meaning and identity post-service through finding personal healing and recovery while discovering a new mission (Besemann, et al., 2018). As spiritual health issues arising from military service are better understood, effort into discovering moral, religious, spiritual and existential strategies for improving veterans' spiritual well-being is required. Specifically, post-release, factors such as meaning, purpose, and identity post-military that are tied to how the veterans perceive their new role, are worthy of attention.

Impacts to veteran's community networks may also be tied with military faith-based associations and organizations which offer connection with people of the same S/R values and life philosophies. Remaining connected to the military community through volunteering or remaining part of the base chapel/ multifaith centers has provided ways to remain within the military family and share life experience, some even as mentors to new military members. Pathways, practices and processes were key factors identified that enabled these veterans to connect with whatever gives them S/R strength, ways of coming together as a S/R community or private devotions, and processes by which one can self-gauge personal S/R fitness, resiliency and well-being is on track.

Summary of the Substantial Findings from the Scoping Review

The scoping review was carried out to explore the breadth of literature that exists on S/R and existential aspects of veteran health and impact to their MCT (Tricco et al., 2016). This scoping review found that S/R may be a central factor for veterans MCT but literature is limited.

Themes included S/R impact to total health outcomes, impact to internal processes, community support, and contextualized S/R therapeutic care. The current dominant publications remain in the area of MI, PTSD and the interplay with depression, suicidality and anxiety on S/R factors. While these are essential veteran health issues, one must not lose sight that S/R impacts other areas such as community engagement, self-purpose and identity, health, integration into post-service employment or education, and life- skills. Moving away from pathologizing MI (Nash, 2019) to recognizing it as a normal stress response that includes S/R health implications might address the stigma still associated among military and veteran communities about reaching out for help (Wilt et al., 2019). More research is needed within the military/ veteran population to better understand S/R factors beyond linkages to MI.

Summary of Substantial Findings from the Exploratory Study

This study found that veterans identify spirituality as a key component of their well-being and may play an important role in MCT. Veterans were able to identify key aspects of their Spirituality such as paths (belonging to a faith group, being in nature) practices (devotions, reading sacred texts, fellowship, worship,) and processes (self reflection, processing and integrating spiritual struggles). Facilitators to MCT included accessing safe, competent pastoral help, belonging to veteran associated FBOs, staying connected with current serving members through the base Multi-faith Centers and volunteerism. Obstacles to MCT included limited access for veteran to be supported by a Mental Health Chaplain once released. Others noted possibly diverse needs of veteran sub-populations such as such as service couples, second generation military and single members transitioning, who may have different MCT support requirements. Lastly, participants who released during COVID -19 reporting increased difficulty to find community integration and engagement, an inability to integrate into a new S/R faith

community due to health orders and limited opportunities for Depart with Dignity (retirement) ceremonies (although some noted online video conferencing for S/R farewell events were appreciated).

Recommendations regarding preparations for the S/R aspects of MCT were offered by study participants, including: 1) Chaplain briefings at SCAN Seminars, 2) access to a dedicated and specifically trained Transition Unit Chaplains to prepare for release, 3) information sheets, workshops and retreats about what S/R factors to expect during one's MCT, 4) access to clinical chaplains post-release as continuity of care and 5) the need for knowledge translation opportunities through collective training offered to FBO and civilian S/R communities engaged in supporting serving members, veteran members and families.

Clinical Implications of Research

Canadian veterans' perspectives of S/R health and well-being were explored in the course of this study. Consistent with previous research, S/R was found to potentially benefit veterans suffering from various forms of trauma (Bell, 2019; Nash, 2019, Currier et al, 2014, 2015). Conversely, trauma could cause S/R viewpoints to be shaken, damaged or abandoned which results in possible maladaptive S/R activity (Koenig et al., 2018). This Canadian study has added to the body of knowledge by giving voice to veterans to discuss how S/R impacted their personal and professional lives. In particular, participants shared times of struggle to live out their role of leaders, maintain institutional values and culture when it at times clashed with personal S/R morals and values. This study also illustrated key clinical recommendations: 1) S/R concerns need to be integrated into veteran care plans; 2) Mental Health Chaplain may provide much needed continuity of care for veterans at the undergo MCT, 3) greater intentionally by health

care providers to engage specialized chaplains in supporting therapy with S/R components and 4) better integration of S/R health and well-being concepts within military/ veteran programing.

A New Theoretical Model for MCT?

An integrated model of MCT does not as yet exist within the Canadian military context. Administrative processes of MCT have been presented by Blackburn (2016) which maps out three phases of release: 1) Pre-release, 2a) CAF release, 2b) VAC release, and 3) post-release. A conceptualized "how" one internally and externally undergoes the three phases of release is still missing. The CAF/ VAC model of well-being focusses on performance measures of end-states. The BPSS model of healthcare is endorsed by both CAF and VAC policy and views the human person in a holistic way but lacks "how" a person achieves MCT. The CMOP-E may provide the link between these two constructs (Besemann et al., 2018). The three main components of the model: 1) The *person* is at the center of the model having cognitive, affective and physical components with spirituality at the core; 2) the *environmen*t is the unique context which the person is imbedded in (culture, institution etc) and 3) occupation *(actions)* is the bridge that connects the person and environment. (Polatajko et al., 2007). Regarding MCT and veteran well-being, both the scoping review and the exploratory study support a model whereby spirituality as a key component of who a veteran is, which impacts their feelings, understanding and physical presence. When they leave the military, their environment, social connections, and institutions may change. The bridge between who the veteran is and how they fit in their new environment through engagement in occupations (everything one does). The occupation of volunteering connects the person to the environment (organization). Further study of this model and application within MCT context is warranted.

Chaplains Support to MCT

Access to dedicated chaplain support, both clinical and non-clinical, and embedded within Transition Units, was recommended by study participants. Veterans envisioned this as being a positive asset in terms of having someone to talk with regarding transition stress and grieving. Moreover, it was recommended that TU Chaplains have some basic units of clinical pastoral education (CPE) background to work with the ill and injured releasing but also be well versed in grief work in order to work with members and their family as all adjust and process loss (identity, community, career tec.) Having S/R screening available for member pre-release might be of benefit to help members focus on their current S/R health and if there are any areas where seeing a clinical Mental Health Chaplain would be of benefit. A comprehensive study regarding possible S/R measures for military and veteran populations from a Canadian context has already occurred (Brémault-Phillips et al., 2016).

Strengths and Limitations

Several strengths are associated with this master's thesis project. First, this research built upon the authors' calling and continued priority to find new and effective ways to support military members, veterans and their families. Second, the diverse expertise of the thesis advisors and committee members in areas such as occupational therapy, nursing, and mental health allowed for a strong holistic understanding of S/R health and well-being. Third, this is the first known study to look at Canadian veteran's understating of spirituality and S/R factors that have or still does impact their day to day living and MCT.

Several study limitations are also of note. First, the sample was not representative of the S/R diversity of the CAF. Second, there was no representation from the non- commissioned ranks. Third, more sample representation from the Royal Canadian Navy veterans would have

been useful as S/R issues arising from sea deployment may differ than land or air. Lastly, the family of veterans did not have a voice in this study. It may be of benefit to see if S/R needs, facilitators and obstacles experienced during MCT differs among those of different ranks and S/R background impact different veterans ' responses.

Future Research Impact and Knowledge Translation

This research will impact future policy and programs by providing organizations such as the CAF and VAC with valuable feedback from veterans regarding S/R aspects of the MCT is important for a number of reasons. First, it offers the opportunity for further research regarding service support (pre-and-post release) that meets military members' and veterans' S/R needs. Second, this knowledge could help to ensure the continuity of spiritual and resiliency programing between the CAF and VAC. Third, this knowledge potentially offers new insight into a unique way to enhance the mental health and well-being of veterans and their families during MCT. This knowledge will be shared with the appropriate organizations (i.e. VAC and CAF) through creating policy briefs and oral presentations. Knowledge will also be disseminated through traditional academic channels such as the creations of a peer-reviewed journal article and presentations at conferences.

Conclusion

Each military member, from the day they are sworn in at the recruiting centre, joins something that is larger than themselves. Once their journey of military service ends, the members' path back to civilian life is unique and for some overwhelming. S/R aspects of health and well-being may contain the answer to a holistic framing of potential solutions for veterans that are struggling and facilitate overall health throughout one's MCT going forward. This thesis

explored the current landscape of literature regarding veterans, S/R health and well-being and its impact on MCT. It was concluded that missing from the literature was Canadian content that captured veterans' voices regarding their S/R needs assessment and MCT lessons learned. As discovered throughout this exploratory study, S/R domain plays a role in MCT. This study confirmed how central spirituality is for veterans undergoing MCT, identified both S/R obstacles and facilitators to veteran MCT and highlighted possible recommendations for S/R supports.

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Appendix A
Supplementary Search Terms

Database	Search Terms
Academic Search Complete	(religio* or spiritual* or faith* or existential) AND (service leaver or veteran or ex-military or ex-service member or released) AND (post-service or military to civilian transition or re-entry or retirement or discharge*)
APA American Psychological Association	((religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) and (((return* or re-entry or reentry or reintegration or transition* or retirement) adj6 (civilian* or veteran*or ex-military or ex-servicemember*)) or ((retirement or release) adj5 (military or veteran or army or armed forces or navy or air force or service member)))).af.
CINAHL	(religio* or spiritual* or faith* or existential) AND (service leaver or veteran or ex-military or ex-service member or released) AND (post service or military to civilian transition or re-entry or retirement or discharge*)
Directory of Open Access Journals	(religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) AND (((return* or re-entry or reentry or reintegration or transition* or retirement) N6 (civilian* or veteran*)) OR ((retirement or release) N5 (military or veteran OR army OR armed forces OR navy OR air force)))
MEDLINE	((religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) and (((return* or re-entry or reentry or reintegration or transition* or retirement) adj6 (civilian* or veteran*or ex-military or ex-servicemember*)) or ((retirement or release) adj5 (military or veteran or army or armed forces or navy or air force or service member)))).af. Search terms used: • air • force • armed • forces • army • civilian* • ex-servicemember* • existential • faith* • holistic • military • moral* • navy

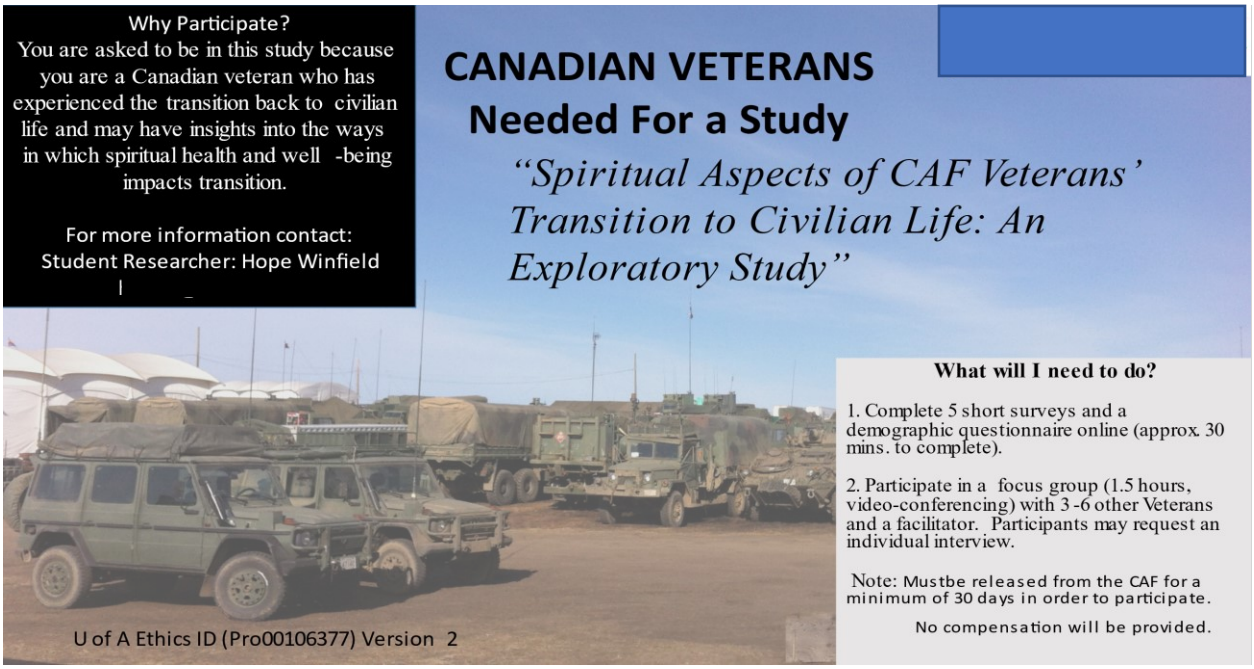
	• re-entry • reentry • reintegration • release • religio* • retirement • return* • service • member • spiritual* • transition* • veteran • veteran*or • ex-military • wholistic
Military and Government Collection	(religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) AND (((return* or re-entry or reentry or reintegration or transition* or retirement) N6 (civilian* or veteran*)) OR ((retirement or release) N5 (military or veteran OR army OR armed forces OR navy OR air force)))
Religion and Philosophy	religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) AND (((return* or re-entry or reentry or reintegration or transition* or retirement) N6 (civilian* or veteran*)) OR ((retirement or release) N5 (military or veteran OR army OR armed forces OR navy OR air force)))
Scopus	(religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) AND (((return* or re-entry or reentry or reintegration or transition* or retirement) N6 (civilian* or veteran*)) OR ((retirement or release) N5 (military or veteran OR army OR armed forces OR navy OR air force)))
SocINDEX	(religio* or spiritual* or faith* or moral* or holistic or wholistic or existential) AND (((return* or re-entry or reentry or reintegration or transition* or retirement) N6 (civilian* or veteran*)) OR ((retirement or release) N5 (military or veteran OR army OR armed forces OR navy OR air force)))

Appendix B: Statistical Data					
Demographic of Participants (n=15)		n	%	Mean	Range
Service in the CAF					
CAf component Served	Regular Force	8	53		
	Reserve Force	0	0		
	Both	7	47		
Released (n=15)	Since 2015	9	60		1990-2020
Years of service	0 to 10	1	7		
	11 to 20	4	27		
	20 to 30	4	27		
	over 30 years	6	40	26.5	10 to 42
Rank at release	Senior Officer	7	47		
	Junior Officer	4	27		
	Senior NCM	4	27		
Highest Education Achieved	Graduate	7	47		
	Undergraduate	4	27		
	College	1	7		
	Trade School	2	13		
	High School	1	7		
Distinctive Environmental Uniform (DEU)	Army	6	40		
	Navy	1	7		
	Air	8	53		
International and Domestic deployments	Yes	11	73		
	No	4	27		
Participant Demographic Information					
From a military family/ background	yes	6	40		
	No	9	60		
Religious/ Spiritual Affiliation or Creed	Christian	13	86		
	Jewish	1	7		
	No Religion Expressed	1	7		
Current Marital Status	Married	11	73		
	Divorced	1	7		
	Single	1	7		
	Separated	1	7		

	Widow/ Widower	1	7		
Ethnic Background	Indigenous Identity (Metis, First Nations, Inuit, other)	1	7		
	South Asian	1	7		
	Caucasian	13	86		
Sex at Birth	Male	10	67		
	Female	5	33		
Gender Identity	Man	10	67		
	Woman	5	33		
Identification of Transition Experience					
Adjustment to civilian life since release:	Very difficult	1	7		
	Moderately difficult	4	27		
	Neither difficult nor easy	2	13		
	Moderately easy	3	20		
	Very easy	5	33		
Belonging to local community:	Very strong	4	27		
	Somewhat strong	7	46		
	Somewhat weak	3	20		
	Very weak	1	7		
Satisfaction with family relationships:	Very Satisfied	7	46		
	Satisfied	7	46		
	Neither satisfied nor dissatisfied	0	0		
	Dissatisfied	1	7		
	Very Dissatisfied	0	0		
Life as a Whole: From 1 to 10, where 0 means "very dissatisfied" and 10 "very Satisfied":					
	6	1	7		
	7	2	13		
	8	2	13		
	9	7	47		

	10	3	20		60-10
Pastoral care in the last 12 months:	Yes	8	53		
	No	6	40		
	Not Applicable	1	7		
Pastoral care was not received:	Do not have a regular pastoral care provider,	3			
	Decided not to connect	1			
	COVID-19 Restrictions	2			

Appendix C:
Study Recruitment Poster



Appendix D:

Veteran Support Numbers

If any of the surveys, focus group questions, or discussions or have caused undue distress, support from a mental health professional is available.

If you are in crisis and/or immediate danger, call 911.

Local numbers are available through your operator.

National numbers that provide 24/7 support include:

VAC Mental Health Support

Call toll-free: 1-800-268-7708 24/7 or visit

https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/counselling-services

When you call, you are speaking to a mental health professional. They will ask you questions to identify your needs. As a veteran you can receive between 1 and up to 20 hours of confidential support through this service.

Canadian National Suicide Prevention Service

National Mental Health Crises Line 1-833-456-4566 toll free (In QC: 1-866-277-3553), 24/7 or visit www.crisisservicescanada.ca.

Appendix E
Focus Group/ Individual Reflections Questions:

1) Please share one event, accomplishment, or positive outcome from your experience in the military.

2) Reflecting on your transition out of the forces, would you consider your experience of military civilian transition to be easy or difficult and why?

3) When we think of well-being and being healthy holistically, it encompasses physical, social, psychological and spiritual aspects. Speaking directly about the **spiritual domain**, how do you understand spirituality and its impact on your personal health and well-being?

4) What role did spirituality play in your life facilitate resiliency, coping and/or helped you prepare for changes, challenges and your transition back to civilian life? Did it include aspects such as (these are examples – use your own words):

5) At times in life we are faced with religious/, spiritual and moral struggles: trying to understand why certain things happen, struggles between competing values, grief, lost trust or respect, guilt, reshaped faith in humanity, why God lets suffering happen etc. From your experience, how did you deal with any negative spiritual impacts on your life? Did they impact why you left the military? Integrate back to civilian life?

6) Today's CAF members have access to unit Chaplains/ Padres and various religious/ spiritual support 24/7. Looking back at preparing for your release, during your military-civilian transition and even now, what recommendations would you suggest could better support veteran's *spiritual well-being and resilience* during the military-civilian transition?

Appendix F:
Demographic Questions

DEMOGRAPHICS QUESTIONS

Title of Study: Spiritual Aspects of Canadian Armed Forces Veterans' Transition to Civilian Life: An Exploratory Study

Demographic Questions to be entered into REDCAP:

These few final questions enable the research team to know about your service.
The questionnaire should only take approximately two minutes to complete. Please be assured that all answers you provide will be kept in the strictest of confidence.

1) Did you grow up as a military dependant or come from a military family?
   a) Yes
   b) No

2) Was your service in the CAF within the
   a) Regular Force
   b) Reserve Force
   c) Both

3) What is your current marital status?
   a) Married
   b) Living common-law
   c) Widowed
   d) Separated
   e) Divorced
   f) Single/ Never married

4) What is the highest certificate, diploma or degree achieved
   a) High School (Incomplete)
   b) High School Diploma
   c) Technical/Trade School
   d) College Diploma
   e) Undergraduate (University)
   f) Graduate (University)

5) What is your rank at release?

a) Officer
b) Senior NCM
c) Junior NCM

6) What year did you release from the CAF? (4 digit number)

7) What year did you join the CAF? (4 digit number)

8) During your military service, did you ever deploy? Include international and domestic deployments, exclude training exercises.

a) Yes
b) No

9) Did you release due to:

a) Voluntary Release
b) Medical Release
c) End of Terms of Service/ Contract
d) CRA (Compulsory Retirement Age)
e) Other

10) What Distinctive Environmental Uniform (DEU) did you wear?

a) Army
b) Navy
c) Air
d) Other

11) What is your racial or ethnic background:

a) Arab
b) Black
c) Chinese
d) Filipino
e) Japanese
f) Indigenous Identity (Metis, First Nations, Inuit, Other)
g) Latin America
h) South Asian
i) West Asian (Iranian, Afghan)
j) White
k) Other

12) What sex were you assigned at birth?

a) Female
b) Male
c) Intersex

13) How do you describe your gender identity?

a) Woman
b) Man
c) Transgender
d) Bigender
e) A gender not listed

14) Do you currently identify with one of the following religious/ spiritual affiliation or creed?

a) Buddhist
b) Christian
c) Hindu
d) Jewish
e) Muslim
f) Sikh
g) Indigenous Spirituality
h) No Religion
i) Other

15) In general, how has the adjustment to civilian life been since you released from the CAF?

a) Very difficult
b) Moderately difficult
c) neither difficult nor easy
d) Moderately easy
e) Very easy

16) How would you describe your sense of belonging to your local community? Would you say it is…?

a) Very strong
b) Somewhat strong
c) Somewhat weak
d) Very weak

17) How satisfied are you with your relationships with family members?

a) Very satisfied
b) Satisfied
c) Neither satisfied nor dissatisfied
d) Dissatisfied
e) very dissatisfied

18) Using a scale of 0 to 10, where 0 means “very dissatisfied” and 10 means “very satisfied”, how do you feel about your life as a hole right now?

19) During the last 12 months, was there ever a time wen you felt that you needed pastoral care, to connect with a religious or spiritual activity or speak with a faith leader, chaplain, pastoral care provider, but you did not receive it?

a) Yes
b) No
c) Not applicable

20) Thinking of the most recent time you felt this way, why didn’t you get the pastoral care?

a) Pastoral care was not available in your area
b) Care not available at the required time
c) Do not have a regular faith leader, chaplain, pastoral care provider, spiritual practitioner etc to connect with about these type of well-being needs.
d) Decided not to connect with the individual
e) COVID-19 restrictions
f) Other
g) Not applicable

Appendix G:
Information letter and Informed Consent

INFORMATION LETTER and CONSENT FORM

Title of Study: Spiritual Aspects of Canadian Armed Forces Veterans' Transition to Civilian Life: An Exploratory Study

Student Investigator: Hope Winfield,[redacted]
Principal Investigator: Dr. Suzette Brémault-Phillips,[redacted]

Purpose of the Study:
This study explores how CAF veterans' view spiritual aspects of their well-being. In particular, the role spirituality has played in their service and possible impact to their transition (post military service). This is a graduate student study.

What is spirituality? The spiritual domain is part of seven well-being domains included in Canada's Defence Policy *Strategy Strong, Secure and Engaged*, and VAC's P*ost-Service Well-being Constructs*. For the purposes of this study, spirituality is considered:

- to be a deeply individual and personal aspect of everyone,
- gives meaning and purpose to one's life,
- connects us with ourselves, others, and the sacred and/or Divine,
- guides one's way of life, and
- informs one's values, beliefs, choices and behaviours

Why am I being asked to take part in this research study?
As a Canadian veteran who has experienced the transition to civilian life, you may have insights to share about ways that spiritual health and well-being impacted your transition.

This sheet provides information about the study. Before you decide, one of the researchers will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

What is the reason for the study?
This study aims to increase our understanding of the spiritual domain during the military to civilian transition. This includes both its positive and negative impacts on overall well-being, resiliency, and health. Spiritual struggles and moral injury will also be explored. All these aspects impact ones meaning, purpose and relationships.

What will I need to do?
You will be asked to participate in

1. **Surveys** - 5 short online surveys (approx. 30 mins. to complete). The surveys focus on spiritual fitness, moral injury, resiliency and distress along with a short questionnaire (i.e., age, education and employment history within the CAF).

2. **Online focus group** (1.5 hours, video-conferencing) with 3-6 other Veterans and a researcher. The researcher will ask questions about your experience and thoughts about the spiritual domain during and upon transition to civilian life. The focus group will be audio recorded and transcribed. You will be provided the questions in advance for the focus group.

What are the risks and discomforts?
It is possible that you may feel discomfort when completing surveys or talking about spiritual struggles. Should you want to skip a question, you may do so. An information sheet of mental health resources will also be provided. All viewpoints about spirituality are welcome. Efforts will be made to ensure that the focus group is safe, respectful and confidential.

What are the benefits to me?

This study will help you to consider spiritual well-being aspects of both your military to civilian transition and life as a veteran. You will have an opportunity to inform spiritual well-being programming in the CAF Transitions Centers, the Royal Canadian Chaplains Services and VAC. Your input will also inform ways to support military members. This may include screening for moral injury and including spiritual well-being aspects into pre-release training.

Do I have to take part in the study? Are there other choices to being in this research study?

Your participation in this study is voluntary.

You may decide to join in the study, not to be in this study, or to be in the study now, and then change your mind later. There is no penalty however you decide.

If you decide to participate, and then later withdraw your consent, your data will be securely stored by the research team. No further data will be collected. You can let the researchers know if you wish to have your data removed from the study up to 2 weeks after the data was collected. However, data collected in the form of audio-recordings with multiple people, will not be removed.

Will I be paid to be in the research?

You will not be paid for your participation.

Will my information be kept private?

During the study we will be collecting data about you. We will do everything we can to make sure that this data is kept private. No data, such as your name, will be released outside of the study team or published by the researchers. Sometimes, by law, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private. We may also need to release your name and information if you require medical assistance during the study. If so, then we will share only necessary information.

By signing this consent form you are giving permission for the study team to collect, use and disclose information about you as described above.

After the study is done, your data that was collected as part of the study will be securely stored.

What if I have questions?

If you have any questions about the research now or later, please contact Hope Winfield [redacted] or her supervisor Dr. Suzette Brémault-Phillips at [redacted]

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have any questions regarding your rights as a research participant, you may contact the Health Research Ethics Board at [redacted] This office is independent of the study investigators.

Researcher Conflict of Interest

The student researcher conducting this study has no actual or potential conflicts of interest to declare. She will receive no remuneration and there is no funding for this study. She is a Regular Force CAF Chaplain, engaging in full-time studies at the University of Alberta. She is not providing support to veterans at this time.

CONSENT

Title of Study: Spiritual Aspects of Canadian Armed Forces Veterans' Transition to Civilian Life: An Exploratory Study

Student Investigator: Hope Winfield, a[redacted]
Principal Investigator: Dr. Suzette Brémault-Phillips, [redacted]

	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to leave the study at any time, and without penalty?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your study records?	☐	☐

Who explained this study to you?
_____

I agree to take part in this study:

Signature of Research Participant
_____

(Printed Name) _____

Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee_____ Date _____

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH PARTICIPANT

Appendix H Participant Surveys:

Survey 1: Spiritual Fitness Inventory (SFI)

Spiritual Fitness Inventory

In each section, circle the number in the column that most closely matches your answer.

Question	Never	Less than once each year	Four times each year	Six times each year	Once each month	2-3 times each month	Once each week	2-3 times each week	Once each day	Several times each day
1. How often do you get together with other people in wholesome activities outside of work? Some examples are: • Attending worship services • Attending Family events • Playing team sports • Volunteering in the community	1	2	3	4	5	6	7	8	9	10
2. How often do you engage in activities that build the human spirit? Some examples are: • Listening to music • Enjoying nature • Furthering your education • Fasting • Journaling • Praying • Giving to charity • Enjoying humor • Meditating	1	2	3	4	5	6	7	8	9	10
Question	**Not at all**									**A lot**
3. How much do these kinds of activities help refresh you?	1	2	3	4	5	6	7	8	9	10
4. Life brings big questions. (*Who am I? Why am I here? What is my purpose in life? What happens after I die? Why is there evil and suffering? etc.*) How helpful are your core beliefs or values in giving meaning and purpose to your life?	1	2	3	4	5	6	7	8	9	10

Question	Not at all									A lot
5. How much do your core beliefs or values provide you support in times of stress?	1	2	3	4	5	6	7	8	9	10
6. How much do your core beliefs or values influence your moral and ethical decision making?	1	2	3	4	5	6	7	8	9	10
7. How much do your core beliefs or values encourage you to stop and think about who you are and who you are becoming?	1	2	3	4	5	6	7	8	9	10
8. How much do your core beliefs or values build within you an allegiance to anyone or anything outside of yourself? (This could be God, nature, Country, Corps, community, Family, humanity, the greater good.)	1	2	3	4	5	6	7	8	9	10
9. How much do your core beliefs or values encourage you to be caring, forgiving, patient, gentle, generous, selfless, kind?	1	2	3	4	5	6	7	8	9	10
Question	**Never**									**Many times**
10. Have you ever been changed by an unusual or profound experience? (You might call this a spiritual crisis, conversion experience, mystical experience, exceptional human experience, sense of enlightenment, or a near-death experience.)	1	2	3	4	5	6	7	8	9	10

Ref: TG360_SFI_User_Guide_PDF.

Survey 2: *Religious and Spiritual Struggles Scale (26 items)*

Please indicate from a scale of 1 (not at all/ does not apply) to 5 (a great deal).

Divine struggles
Felt as though God has let me down
Felt angry at God
Felt as though God had abandoned me
Felt as though God was punishing me
Questioned God's love for me
Felt tormented by the devil or evil spirits
Worried that the problems that I was facing were the work of the devil or evil spirits
Felt attacked by the devil or evil spirits
Felt as though the devil (or an evil spirit) was trying to turn me away from what was good

Interpersonal struggles
Felt hurt, mistreated, or offended by religious or spiritual people
Felt rejected or misunderstood by religious/ spiritual people
Felt as though other were looking down on me because of my religious/ spiritual beliefs
Had conflicts with other people about religious/ spiritual matters
Felt angry at organized religion

Moral struggles
Wrestled with attempts to follow my moral principles
Worried that my actions were morally or spiritually wrong
Felt torn between what I wanted and what I knew was morally right
Felt guilty for not living up to my moral standards

Meaning-related struggles
Questioned whether life really matters
Felt as though my life had no deeper meaning
Questioned whether my life will really make any difference in the world
Had concerns about whether there is any ultimate purpose in life or existence

Doubt-related struggles
Struggles to figure out what I really believe about religion/ spirituality
Felt confused about my religious/ spiritual beliefs
Felt troubled by doubts or questions about religion or spirituality
Worried about whether my beliefs abut religion/ spirituality were correct

Ref: Exline, Julie, Pargament, Kenneth, Grubbs, Joshua & Yali, Ann. (2014). The Religious and Spiritual Struggles Scale: Development and Initial Validation. *Psychology of Religion & Spirituality*, ***6***, 208-222. https://doi.org/10.1037/a0036465

Survey 3: Moral Injury Symptom Scale MISS-(MVSF)

Exhibit 3 Moral Injury Symptom Scale – Military Version Short Form© [1]

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

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

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

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

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

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

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

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

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

5. **Most people are trustworthy.**

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

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

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

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

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

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

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

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

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

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

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

Scoring: Reverse score items 5, 6, 7, 9, and 10, and then sum all items to produce a total score indicating moral injury severity (possible range 10-100)

[1] Koenig, H.G., Ames D, Youssef N, Oliver JP, Volk F, Teng EJ, Haynes K, Erickson Z, Arnold I, O'Garo K. Pearce MJ (2018). Screening for Moral Injury – The Moral Injury Symptom Scale – Military Version Short Form. Military Medicine, https://doi.org/10.1093/milmed/usy017. Contact: Harold.Koenig@duke.edu

Survey 4: Connor-Davidson Resilience Scale 10 (CD-RISC-10)

*Permission for use obtained and scale provided 10 Oct 2020 by Dr. Davisdon

Dear Hope:

Thank you for your interest in the Connor-Davidson Resilience Scale (CD-RISC). We are pleased to grant permission for use of the CD-RISC-10 in the project you have described under the following terms of agreement:

1. You agree (i) not to use the CD-RISC for any commercial purpose unless permission has been granted, or (ii) in research or other work performed for a third party, or (iii) provide the scale to a third party without permission. If other colleagues or off-site collaborators are involved with your project, their use of the scale is restricted to the project described, and the signatory of this agreement is responsible for ensuring that all other parties adhere to the terms of this agreement.

2. You may use the CD-RISC in written form, by telephone, or **in secure electronic format whereby the scale is protected from unauthorized copying, distribution or the possibility of modification. In all presentations of the CD-RISC, including electronic versions, the full copyright and terms of use statement must appear with the scale. The scale should be accessed by password at a secure link, should not appear in any form where it is accessible to the public and should be removed from electronic and other sites once the project has been completed. The scale should not be accessed more than one time by the respondent. The RISC is not to be sent as an email attachment, and can only be made accessible after subjects have logged in with a password and given consent.**

3. Further information on the CD-RISC can be found at the www.cd-risc.com website. The scale's content may not be modified, although in some circumstances the formatting may be adapted with permission of either Dr. Connor or Dr. Davidson. If you wish to create a non-English language translation or culturally modified version of the CD-RISC, please let us know and we will provide details of the standard procedures.

4. Three forms of the scale exist: the original 25 item version and two shorter versions of 10 and 2 items respectively. When using the CD-RISC 25, CD-RISC 10 or CD-RISC 2, whether in English or other language, please include the full copyright statement and use restrictions as it appears on the scale.

5. A **student-rate** fee of $ 20 US is payable to Jonathan Davidson at , USA either by PayPal , cheque or bank wire transfer (in US $$). Money orders are not accepted.

6. Complete and return this form via email to [redacted]

7. In any publication or report resulting from use of the CD-RISC, you do not publish or partially reproduce items from the CD-RISC without first securing permission from the authors.

If you agree to the terms of this agreement, please email a signed copy to the above email address. Upon receipt of the signed agreement and of payment, we will email a copy of the scale.

For questions regarding use of the CD-RISC, please contact Jonathan Davidson [redacted] We wish you well in pursuing your goals.

Sincerely yours,

Jonathan R. T. Davidson, M.D.

Agreed to by:

_____ _____

Signature (printed) Date

Survey 5: Kessler Psychological Distress Scale (K10)

For all questions, please circle the answer *most* commonly related to you. Questions 3 and 6 automatically receive a score of one if the proceeding question was 'none of the time'.

In the past four weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?	1	2	3	4	5
2. About how often did you feel nervous?	1	2	3	4	5
3. About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. About how often did you feel hopeless?	1	2	3	4	5
5. About how often did you feel restless or fidgety?	1	2	3	4	5
6. About how often did you feel so restless you could not sit still?	1	2	3	4	5
7. About how often did you feel depressed?	1	2	3	4	5
8. About how often did you feel that everything is an effort?	1	2	3	4	5
9. About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10. About how often did you feel worthless?	1	2	3	4	5
Total:					

Test: Kessler, R.C. (1996). *Kessler's 10 Psychological Distress Scale*. Boston, MA: Harvard Medical School
Normative data: National Survey of Mental Health and Well-being, Australian Bureau of Statistics 1997