



Faith of Our Sister Soldiers: National Guard Women Share Stories of Their Faith During and After Deployment

LaVerne A. Berkel¹ · Johanna E. Nilsson¹ · Patricia J. Kelly² · William Matthew Anderson¹ · Alyssa V. Joiner¹ · Christopher Davids^{1,3} · Christine R. Serpe¹

Published online: 18 May 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

Abstract

In this qualitative study, we explored the religious and spiritual beliefs of women in the National Guard, the role of religion in their lives, and the effect of deployment and reintegration on women's belief systems. We conducted semi-structured interviews with 39 women service members who had been deployed. Results of the content analysis revealed five themes: (1) Religious Identity/Belief in God, (2) Religion/Spirituality has a Positive Impact, (3) Religious Activities, (4) Religiosity and Deployment, and (5) Religiosity/Spiritual Experiences Change over Time. Implications for future research and the incorporation of faith-based practices with women service members who may seek mental health treatment are discussed.

Keywords Women · Veterans · National Guard · Religion · Spirituality

Introduction

Women currently comprise about 15% of the nation's active duty personnel and about 15% of the National Guard (Women's Memorial 2017). Unlike the US Army, National Guard service members serve both their state and the nation and can be called upon to serve in their local communities or anywhere in the world. They are

Related reports based on the same dataset were published by the first three authors in Nursing Research, Counselling Psychology Quarterly, Journal of Counseling and Development, and Women and Health.

✉ LaVerne A. Berkel
BerkelL@umkc.edu

¹ Counseling and Educational Psychology, University of Missouri – Kansas City, 615 East 52nd Street, Kansas City, MO 64110, USA

² Nursing Department, University of Missouri – Kansas City, Kansas City, USA

³ Present Address: Psychology Department, Westminster College, Salt Lake City, Utah, USA

‘Citizen-Soldiers’ who often attend school or hold civilian jobs while serving in the military part-time (National Guard 2018). Because of this distinction, the experiences of National Guard soldiers often vary greatly from their active duty counterparts. Although National Guard service members are deployed to the same combat zones as their active duty peers, they often face reintegration without the benefit of returning to a base with others who have had similar experiences. Many go through the reintegration process in isolation, or among friends and family who have limited understanding of their deployment (Kelly et al. 2014). Given the harsh realities of war and the subsequent mental health issues (e.g., post-traumatic stress disorder, depression, substance abuse) often experienced by veterans (Seal et al. 2007) including National Guard soldiers (Thomas et al. 2010; Kim et al. 2010; Vanderploeg et al. 2012), several scholars have investigated spirituality and religiosity as protective factors for military personnel.

Similar to the general population, members of the US military are religiously diverse (Military Leadership Diversity Commission [MLDC] 2010). Data from over 6000 military participants who completed the Religious Identification and Practices Survey show that military participants identify as Catholic, Protestant, Jewish, Muslim, Humanist, and several other faiths, with a growing number indicating ‘no religious preference’ (MLDC 2010). Like their religious identification, their religious beliefs also vary with up to 83% of women reporting that religion was important or very important in their lives, and up to 71% of men reporting that religion was important or very important in their lives (MLDC 2010). McLaughlin et al. (2010) reported that 76% of military personnel believe religiosity positively impacts their health, and that religion can be used to cope with health issues. Indeed, a review of the literature indicates that there has been increasing attention paid to the implications of a religiously diverse military. Scholars have also begun to investigate the role of religion and spirituality in the lives of military personnel.

Religion and Spirituality in Military Personnel

Pargament (1999) conceptualized spirituality as a “search for meaning, for unity, for connectedness, for transcendence, for the highest human potential” (p. 6). In clarifying how spirituality and religiosity are related, Hill and Pargament (2003) stated that this search often happens “in a larger religious context, one that may be traditional or nontraditional” (p. 65). Religiosity may also include religious affiliation, religious attendance, and religious motivation. The growing literature in this area reveals that in general, higher levels of religiosity and spirituality are both associated with more positive psychological outcomes for veterans and non-veterans (e.g., Berg 2011; Koenig 2012; Tran et al. 2012). For example, in a study of over 3500 women veterans, Chang et al. (2001) studied religiosity as a protective factor for women’s depressive symptoms when they experienced stress, particularly sexual assault. These authors reported that as attendance at religious services increased, participants reported a decrease in the severity of negative mental health effects of sexual assault. In general, subjective religiosity was positively correlated with better mental health outcomes among women who did and did not experience sexual

assault. Similarly, Hourani et al. (2012) used data from over 24,000 individuals who completed the Department of Defense Survey of Health Related Behaviors among Active Duty Military personnel to examine associations among spirituality and a variety of mental health outcomes. In particular, they were interested in whether spirituality moderated the relationship between combat exposure and depression, PTSD, and suicidality. Based on their analyses, they determined that spirituality indeed acted as a protective factor against depression, and medium levels of spirituality buffered the effect of combat exposure on PTSD and suicidality.

As service members face potential physical and psychological injuries, their spirituality may also be at risk for wounding, possibly resulting in negative behavioral, psychological, or social symptoms (Drescher et al. 2011). The extent to which veterans are able to make meaning of their experience may be a protective factor, lessening the impact of trauma and negative mental health outcomes associated with trauma exposure (Currier et al. 2015).

Evidence suggests that religious and spiritual beliefs can potentially serve as a protective factor against psychological distress, and as a source of coping for people who have experienced difficult life events (e.g., Cigrang et al. 2003; Ross et al. 2008). Although an increasing amount of literature investigating the role of faith in active duty military personnel exists, a limitation of this research is the lack of focused attention on the experiences of women, who often report higher levels of religiosity than men (e.g., Lewis et al. 2011). Another limitation of the available research is the dearth of literature on National Guard soldiers, whose experiences in the military vary greatly from their active duty counterparts. To address the gap in this literature, this exploratory study was conducted to explore (a) the religious and spiritual identities of women service members in the National Guard, (b) the role that faith plays in their lives, and (c) the impact of deployment on their faith. Except where clear distinctions are made and because of the similarities between the two constructs, in this paper religion and spirituality are discussed together and can be broadly understood as ‘faith.’

Method

Data for this study are part of a larger study that examined the deployment and reintegration experiences of 42 women service members in the National Guard. Individual interviews were conducted. Data were initially coded by a large research team into broad categories using methods from Consensual Qualitative Research (Hill et al. 2005), an inductive constructivist approach that relies on the use of several judges and consensus building. The broad categories identified were: Emotional Experiences, Contextual Stressors, Coping with Reintegration, Identity (including spiritual identity), Experiences related to Deployment (including religion/faith), and Resources used (including religion). HyperResearch, a qualitative data analysis tool, facilitated cross-analysis of the original data analysis. This first level of analysis was conducted to assist in identifying data for subsequent analyses. For the current study, all data that were initially coded as Identity—spiritual, Experiences related

to Deployment—Faith/religion, or Resources—religion were extracted and further examined.

Procedures

After our study gained approval from the university's Institutional Review Board and the Office of Research Protections of the United States Army Medical Command, participants were recruited from National Guard units in Iowa, Missouri, Nebraska, Kansas, and North Dakota. Specific recruitment methods included posting flyers in National Guard units, and advertising the study on units' Facebook pages. A snowball method was also employed, and participants were encouraged to recruit eligible colleagues or friends who might also be interested in participating in the study. Interested participants contacted the researchers and scheduled a time for an interview. Service members were eligible to participate if they were at least 18 years of age and had been deployed at least once while in the National Guard. After participants reviewed the informed consent, interviews were conducted either in person (in the researchers' offices or at a National Guard base in Nebraska) or over the phone. Interviews lasted from about 20 min to close to an hour. Participants received a \$25 gift card for their participation.

Interviews

The interviews were conducted by the three primary investigators for the study (two counseling psychologists and one nurse practitioner, all faculty members), who all identify as women. Interviews focused on women service members' and their family's experiences with reintegration (e.g., how are you responding to your return from deployment?), their support system (e.g., what has been your traditional support system?), family relationships (e.g., how has reintegration affected your relationship with your family?), stressors (e.g., what are the specific stressors that you have experienced?), resources utilized before, during, and after their deployment (e.g., what resources have been used by you and your family?), and suggestions for improving resources available to service members (e.g., what recommendations do you have to help other women returning from deployment?). We also asked about religious and spiritual identity (i.e., would you describe yourself as a religious or spiritual person?), the role of faith in their lives and the lives of their family (e.g., what role if any does faith play in your life?), and how attitudes toward faith may have changed since deployment (e.g., how have your attitudes toward your faith changed since your deployment?).

All interviews were audio-recorded and transcribed. Consistent with ethical guidelines, once transcriptions were complete, the audio recordings were deleted.

Data Analysis

All data that were initially coded as Identity—spiritual, Experiences related to Deployment—Faith/religion, or Resources—religion were extracted from the larger data set and further analyzed for the current study. In addition, a four-member research team responsible for the analysis of the data for this study, two of whom were members of the original research team, re-read each of the 42 interview transcripts and reviewed each searching for words such as “God,” “faith,” and “religion/religious” to ensure that all relevant data from the interviews was included in the current analyses. Of the 42 interviews, three did not contain any reference to faith, religion, God, or spirituality; relevant data for the remaining 39 interviews were retained for the current analysis.

Consistent with content analysis analytic procedures as described by Marshall and Rossman (2010), all four members of the research team met together to collectively review and discuss several participants’ responses. We generated themes and categories reflected in the data. Themes represented broad areas and were then further analyzed into smaller categories or subthemes. The research team reached consensus on these themes and categories and then divided the data between two two-member teams who were responsible for the initial coding of their portion of the data into the agreed upon themes and categories. Each member of the two-member team first reviewed and analyzed the data individually, then met to compare suggested categorizations of the data with his or her teammate. Once consensus was reached on how the data were to be coded, both two-member teams met to review and discuss to consensus the final themes and categories based on a review of all of the data. Throughout this process, suggested revisions (additions, deletions, combining) to the initial themes and categories were made based on a review of all of the data and discussion of the team members to consensus. Once the themes and categories were agreed upon by all members of the research team, they were reviewed by an auditor, one of the original interviewers who did not participate in this stage of data analysis but was familiar with the data. She made minor suggestions to reduce redundancy in the themes, resulting in a total of five rather than seven themes.

Throughout the data collection and analysis processes, the researchers and research team members were cognizant of the potential influence of our beliefs and experiences on the collection and interpretation of the data. To minimize this effect, we openly discussed our beliefs, expectations, and attitudes toward the subject. Because none of us had ever been actively involved in the military, we discussed feelings of being ‘outsiders’ and challenges we faced with understanding the military culture and the unique experiences of the National Guard. We also acknowledged our admiration for service members, particularly women, who sacrifice so much to serve at home and abroad. Several team members who participated in the initial stage of data analysis anticipated that women would report difficulties with family reintegration, and members of the smaller research team expected that women in the military would report that faith would be important to them, and that their deployment experiences would have some type of effect on their religiosity or spirituality.

Table 1 Demographic data

Characteristic	<i>n</i>	%
Age		
20–29	11	28.2
30–39	4	10.3
40–49	6	15.4
50–59	2	5.1
Missing	16	41.0
Number of deployments		
1	23	59.0
2	10	25.6
3	3	7.7
Missing	3	7.7
Marital status		
Married/engaged/partnered	20	51.3
Divorced/separated	13	33.3
Single	5	12.8
Missing	1	2.6
Children		
Yes	29	74.4
No	10	25.6

Results

Participants

All 39 participants had been deployed at least once, but a few ($n=3$, 7.6%) had been deployed three times. The average length of deployment was about 10 months and the most common places of deployment were Iraq and Afghanistan. Participants' ages ranged from 23 to 58 years ($M=35$, $SD=10.0$). About half ($n=20$, 51%) were married, engaged, or partnered at the time of the interview and 29 participants (74%) reported having at least one child. While deployed, participants reported a wide range of jobs, including medic, plumber, Blackhawk crew chief, and nurse. See Table 1 for additional demographic data about the participants.

Analyses revealed five themes:

1. Religious Identity/Belief in God
2. Religion/Spirituality has a Positive Impact
3. Religious Activities
4. Religiosity and Deployment
5. Religiosity/Spiritual Experience Changes over Time.

Table 2 lists the main themes and sample quotes for each. Several themes also included multiple categories, or subthemes, as described below.

Table 2 Themes and sample quotes

Themes	Sample Quotes
Religious Identity/Belief in God	<p>“I don’t go to church and everything, but I’m very proud of being Catholic.”</p> <p>“I wouldn’t describe myself as religious, but I do believe in God.”</p> <p>“I have a deeper sense of spirituality; I’m more prayerful than I used to be, and I understand that having that relationship with God isn’t necessarily being in a large group. Sometimes it is, and sometimes it’s my talks with God.”</p>
Religion/Spirituality has a Positive Impact	<p>“My faith was a sense of comfort for me.”</p> <p>“[My faith] is what got me through this and why I am still here.”</p>
Religious Activities	<p>“We have church weekly and things of that nature.”</p> <p>“I use meditation.”</p>
Religiosity and Deployment	<p>“I didn’t do [Bible study] so much the first time due to issues we had with the chaplain, but the second time we had a very good chaplain and chaplain’s assistant, and they really worked with us to meet our spiritual needs.”</p> <p>“I was Methodist and went to church almost every Sunday. Being deployed over there, I don’t believe in that anymore.... I just didn’t see how, you know, how God could allow that to happen.”</p>
Religiosity changed over time	<p>“Since I have gotten older and experienced different things in my life it’s gotten a lot stronger than it was before I deployed.”</p> <p>“It’s just kind of a disconnect after coming home. I just wanted to work on everything else first, and then I’ll eventually get back to it.”</p>

Themes

Religious Identity/Belief in God (Theme 1)

This theme included participants’ descriptions of themselves as religious or spiritual individuals. A variety of responses were evident. Some participants responded by identifying their religious affiliation and denomination (e.g., Catholic, Baptist); for example, Queenie,¹ a single combat medic and mother of one, said, “Yes, I’m Christian. I’m a believer.” Greta, a divorced mother of three, said, “I’ve always had a certain level of what I consider a solid foundation of religion. I’m Catholic, my ex-husband is Catholic, and all my kids are Catholic.” Other participants, however, reported no particular denominational identity and described themselves as spiritual and not religious. For example, Ann, 29 and married, who spent 9 months in Iraq, said, “I don’t claim to any particular religion itself. But, um I pray, all of my family

¹ Participants’ names have been changed to protect confidentiality.

members pray.” Beth, a 34-year-old mechanic and Blackhawk crew chief, who spent a total of 28 months overseas, said, “Spiritual—yes. Oh, hell no—I don’t do religion! I think religion is probably the root of all evil. Ha!” Still others expressed their belief in a Higher Power or God. Fay, a 28-year-old cook from Iowa, said, “I do know there is a higher power; I just don’t know if it’s what everybody always told me it is. So I believe, but I don’t believe in exactly what everybody else says.”

Religion/Spirituality has a Positive Impact (Theme 2)

In this theme, several categories were identified. Participants saw their faith as (a) Generally Helpful, (b) a Source of Meaning Making, and (c) a Source of Strength. In the Helpful category, participants described different ways that their faith has helped them in various aspects of their lives. For example, Ida, a 40-year-old married logistics readiness officer, said that faith “made us a stronger family.” Kelly, a divorced mechanic, spoke about the support she experiences from her faith by stating, “I feel like as far as encouragement, it’s the whole backing you; it’s still inside. I am not hitting rock bottom; it gives me encouragement.”

For others, religion or spirituality helped to provide a sense of meaning in their lives. For example, Ida, 40 years old, said, “We just kind of believe that there is a reason for everything and you know, I have been through it from both sides of it, when my husband was deployed....”

Many of the participants recognized their beliefs as a source of strength through difficult times. For example, Queenie discussed how faith is a facilitator of strength:

As far as how it has affected my ability to cope, I wouldn’t say that I’ve ever been having a bad day or been having a bad moment and prayed, you know, ‘God, help me out here,’ or anything like that. But yeah, I guess I believe my belief system makes it easier to find strength.

Similarly, Velma, a married mother of four, said, “That’s what got me through this and why I am still here.” Cathy, a patient administrator who had been deployed twice to Iraq shared a similar sentiment:

Even though I know God, if I had not had some relationship with a higher power, with knowing that somebody else is in charge of my life, I probably would be a statistic because I believe that hope with no reality that there is more, is what causes us to take our own lives.

Gail, a 27-year-old military police officer, made this statement: “[My faith is] pretty much what saves me.”

Religious Activities (Theme 3)

Several participants discussed a variety of religious activities in which they participated before, during, or after deployment. These activities offer a glimpse into how many of the women expressed their faith. This category also includes comments that

reflect the absence or discontinuation of certain religious activities (e.g., no longer attending church services). The primary religious activities mentioned were (a) Church Attendance, (b) Bible Study, and (c) Prayer/Meditation.

Regarding church attendance, some participants reported that church attendance was part of their support system while they were deployed. For example, Nellie (23 years old) describes the role that church attendance played in her life while deployed:

While I was away, I went to church every Sunday and I actually [participated] in the praise dance [team]. So, that gave me, it helped out with not only my support group, but then I could talk to everyone else in the band.

This sentiment was echoed by Bobbi, a 58-year-old nurse who said, “Well, first of all, as far as support, I can tell you, I went to mass regularly there.” Some of the participants indicated that their service attendance after deployment changed. For example, Ann, 29 years old, discussed how church attendance changes depending on her deployment status:

When I am on active duty in the military, I do take advantage of the time to go to chapel services. [I] go to a non-denominational Christian service, which I enjoy, but that’s not just something I choose to take the time to do on a regular basis [in my] personal life.

Similarly, Doris, a 34-year-old married pilot reflected on her church habits, noting that since she has returned home she does not go to church as often:

We have always been very active in our church but since I have been back from Afghanistan, I would say that it has fallen a little bit to the wayside... I am not a die hard every week church goer anymore.

In addition to church attendance, four of the participants specifically mentioned Bible study either during or after deployment. The group setting for Bible study appeared to be a way to express one’s faith and also to receive support. For example, Lauren, a 37-year-old military police officer, said, “It is an all women’s Bible study, a little small group, and I felt like I could talk about things. I didn’t really open up too much, but it is really helpful for me; I needed support like that.” The need for a supportive environment was not only evident while deployed, but also during reintegration. Queenie discussed her personal introduction to Bible study and how it was helpful upon return from deployment:

Shortly after I got back, my sister had been going to a Bible study with some people she knows, just a very informal sort of thing at somebody’s house. And she invited me to just meet some friends and I went and found them to be good people who were very accepting and loving.

The semi-structured format of the Bible-study group provided a safe place where they could be with people who shared their beliefs, respected their privacy, and accepted them.

The final sub-category was Prayer/Meditation. Respondents found that prayer and meditation were very comforting. Roslyn, a 27-year-old married mother of one, said this: “Being able to pray and stuff like that, I think helped me through dealing with just being away from my family when I was that young and just with how scary it was.” The prayers of soldiers and others were also seen as sources of protection. Fay, a 28-year-old married cook, said, “In regards to my family, I just pray for their safety and stuff like that.... Or pray for support or protection over my family.” Regarding her own safety, Chloe, a 48-year-old executive assistant, said, “Just to know that when I would go up north, they would be back praying for you and things like that. Rather than people just being like, ‘Oh, okay, we’ll see you in two weeks when you get back.’” Clearly, for some of the women, either participating in prayer or knowing that others were praying for them provided a sense of comfort and support.

Religiosity and Deployment (Theme 4)

In this category, participants discussed (a) Religiosity and Spirituality Experiences during Deployment, (b) the Effect of Deployment on their Religiosity, and (c) Chaplains as a Source of Support. Responses in the first sub-category were also reflected in other categories and sub-categories (e.g., “my faith was a source of comfort for me” [Religion/Spirituality has a Positive Impact]; “I went to church every Saturday night,” [Religious Activities: Church Attendance]). In the second sub-category, Deployment had an Effect on Religiosity, respondents spoke of life-changing experiences that had profound effects on their faith. Nancy, a medic who spent 11 months in Afghanistan, discussed how exposure to deployment violence has changed her experience of faith:

Being deployed over there, I don’t believe in that anymore. It really upsets my family because they are really strongly religious and my brother is Catholic now. But, I just didn’t see how, you know, how God could allow that to happen. You know, I caught a 3 year-old trying to blow me up and they gutted a five year-old and stuffed him full of explosives and that’s something that I just don’t understand because they are innocent children that have no idea. I just choose not to believe anymore.

Similarly, Darlene, a 23-year-old member of a security force, discussed how deployment caused her to reappraise her faith:

During the deployment, seeing everything, you know that we saw, and everything that happened, I had a lot of time and I definitely re-evaluated what I saw before. So kind of, I’m not saying that it went from a glass half full to a glass half empty, but it definitely changed. It made me re-think about the ideas, things that I thought since I was in church as a young child and just kind of learned in Sunday School, you know. Those ideas kind of went away.

For some, the deployment had an opposite effect. For Velma, her experience with deployment strengthened her relationship with God and her faith:

While I was deployed was a huge spiritual growth experience for me, in that I knew the Lord before I deployed, but you want to really, really get tight with God? Have your life in danger every single day and be living in a combat zone. You get real tight with God. While I was gone, it was an amazing, amazing spiritual growth time for me. It was just amazing, life changing.

Queenie's experience was similar; her faith was strengthened through being deployed in the Middle East, which she recognized as the birthplace of Jesus:

Before I went I wasn't real solid. That became something that was important to me while I was there. I don't know if it was just because of the transition in my life or because as a Christian, I was kind of in the places where Jesus had walked. We flew over where I could see the names, you know, Damascus, and Jerusalem and I was near the place where Christ had been born and had grown up And it kind of made it more real to me.

The final sub-category addressed the service women's perceptions of the chaplain. The important role that chaplains played during and after deployment is evident in these words by Harriet, a 27-year-old divorcee who spent 7 months overseas: "There was a chaplain in Iraq. I talked to him about my marriage problems and everything and he was really, really helpful." Opal, an installation officer from Missouri, said, "I didn't do it so much the first time due to issues we had with the chaplain, but the second time we had a very good chaplain and chaplain's assistant and they really worked with us to meet our spiritual needs." Queenie said,

He was kind of one of those people that made me think about things.... And so I would kind of go back and forth with him, 'What about this and what about that?' And when I would have a bad day or when something bad happened, I would find him and I'd say, 'You know, today was a really shitty day, and you told me that God loves everybody. So what's up with this crap?' And then we would just talk about it.

For these women, chaplains provided a source of support, a place they could share their thoughts and experiences and process them in a safe space.

Religious/Spiritual Experience Changes Over Time (Theme 5)

In the first sub-category, (a) Religious/Spiritual Experiences during Reintegration, participants discussed how their religious and spiritual experiences varied during the reintegration period. The complexity of these experiences is evident in one soldier's account. She indicated that her faith was a source of comfort for her while she was deployed, but added that her level of faith changed when she returned because she was no longer in the tense overseas environment. She said it this way: "I wasn't there, so you tend to forget." In other words, once the experiences that challenged her to rely more on her faith were behind her, her focus on spiritual matters returned to levels similar to her before-deployment time. For Velma, her spirituality along with other aspects of her health suffered when she returned:

After I got back I was still kind of on that high of ‘I survived, I made it, God is so good...’ And I just took an absolute nose dive and was in a very, very, very low place for several months, in which most of that [time] I was in complete denial that I could possibly be having a problem. And again, it wasn’t until my husband insisted that ‘You have to get some help,’ and helped me to see I needed to get some help.... I was in such a low place physically, mentally, spiritually; it was all tied together.

For others, reintegration had no impact on their faith (e.g., “My faith has been an important part of my life my whole life, so I don’t think there’s a significant difference.”), or provided an opportunity for growth. For example, in response to the probe *So you’re saying that your spirituality has increased since returning home*, one respondent said, “I can honestly say now that it is a very strong sense of my identity.”

In the second sub-category, (b) General Religiosity Changes over Time, responses referred to experiences that were not necessarily limited to the specific time periods of deployment or reintegration. In this category, participants shared the effect maturity and life experiences had on their spiritual journeys. For example, Ann said, “I’ve matured over time [and] I don’t think that it is a direct result of the deployment.” She went on to say, “I have a deeper sense of spirituality [and am] more prayerful than I used to be, and I understand that having a relationship with God isn’t necessarily being in a large group.” This sentiment was echoed by Roslyn who shared, “Since I have gotten older and experienced different things in my life, it’s gotten a lot stronger than it was before I deployed or when I was younger.” The women felt their religiosity or spirituality changed over time and evolved beyond the deployment and reintegration periods.

Discussion

The results show the diversity of religious and spiritual identities and beliefs, and the varying impact of deployment on faith among women service members in the National Guard. The data revealed five themes that suggest faith is a very important aspect of some servicewomen’s identities and experiences, whether those experiences are positive or negative. As such, faith is likely very appropriate to explore as an aspect of servicewomen’s mental health.

Consistent with trends seen in the general population, many service members expressed spiritual beliefs, but several distinguished these beliefs and attitudes from traditional religious affiliation (Theme 1). Although some soldiers identified a particular religion (e.g., Catholic, Baptist), several soldiers instead focused on a general belief system in God, or in a higher power. Thus, practitioners who work with service members should be equipped to address the diversity in religious identity and beliefs. This sensitivity necessitates a thorough assessment of religious and spiritual (R/S) identity, beliefs, and development among service members. The active exploration of their faith also signals to them that this is a valid area for exploration, inviting them to initiate relevant discussions about their faith as well.

However these women defined their faith, many saw their religious and spiritual beliefs as having an overall positive impact on them (Theme 2), whether by providing a sense of meaning, or serving as a source of hope or strength. This suggests that encouraging faith-based practices with this population is very appropriate. These findings also have implications for psychological treatment of service members who may, because of trauma exposure, be in need of mental health interventions. According to Harris et al. (2011), successful reduction in PTSD symptoms followed after the application of the Building Spiritual Strength (BSS) model of PTSD treatment. This type of therapy centers on highlighting the positive aspects of one's spirituality while healing the broken pieces left behind in the wake of trauma. For those who are spiritual or religious, Harris et al. (2011), Carey and Hodgson (2018), and Carey et al. (2016) address the need to integrate faith-based approaches for those suffering trauma, or facing moral injury due to deployment.

Brelsford and Friedberg (2011) specifically address the integration of religious and spiritual issues in family therapy with military families coping with deployment and suggest the use of several religious and spiritual tools in family therapy. For example, spiritual disclosure allows family members to reveal their own religious beliefs, values, or questions with other family members and may encourage a deeper understanding and valuing of each others' religious or spiritual identities. It may also promote open discussions and assessment of religious coping strategies employed by the family (e.g., prayer for comfort), which may be positive or negative (Brelsford and Friedberg 2011) and encouragement of the use of positive religious coping strategies found to correlate positively with psychological health outcomes.

In this study, women discussed the effect of deployment on their religiosity (Theme 4). Whereas some described a strengthening of their faith and an overall positive effect on their faith, others described a crisis of faith as a result of their deployment experiences. In their study of over 1300 veterans, Fontana and Rosenheck (2004) found that some wartime experiences contributed directly and indirectly (through guilt) to a weakening of faith, and that guilt and a weakening of faith both contributed to the number of mental health sessions attended by the veterans. Because this weakened faith and a potential search for meaning may be what drives some veterans to seek mental health treatment, the authors contend that spirituality should be incorporated more routinely in the treatment of PTSD among veterans. They go on to say that in order to facilitate the discussion of spiritual issues in therapy, therapists should first address their own existential questions and then carefully explore and come to understand clients' religious or spiritual belief systems. Fontana and Rosenheck also suggest that pastoral counseling, or the chaplaincy, may be particularly relevant for veterans post-deployment because of the search for meaning and weakening of faith that may occur during and after deployment.

In the current study, women service members discussed the important roles that chaplains played in their religious and spiritual experiences during and after deployment (Theme 4). Providing marital support, being a sounding board, and helping service members to make meaning of their experiences were some of the ways that military chaplains helped to support the spiritual health of these women veterans. According to Seddon et al. (2011), chaplains can play a critical role in supporting not only the spiritual health, but the psychological health of service members in

ways that traditional mental health professionals may not be able to do. If they are able to gain the trust and respect of soldiers and because they are able to maintain a level of confidentiality that traditional mental health professionals cannot, chaplains can be the first point of contact for a soldier who is struggling with mental health issues. They can help raise service members' morale and mediate grief, which may assist them in performing their duties more effectively. Chaplains can also be actively involved in screening for certain types of psychological and spiritual problems (e.g., moral injury, trauma; see Carey and Hodgson 2018), facilitate mental health referrals for service members whose needs go beyond supportive counseling, and be active members of interdisciplinary teams utilizing bio-psycho-social spiritual approaches to help service members and veterans. Seddon et al. and others (e.g., Besterman-Dahan et al. 2012; Carey and Hodgson 2018; Carey et al. 2016) call for a collaborative relationship between military chaplains and mental health professionals and suggest that these relationships will mutually benefit both the chaplains and mental health professionals in their service delivery to soldiers. To assist chaplains and other clergy in meeting the mental health needs of veterans, Community Clergy Training Workshops have been developed and delivered to hundreds of clergy to assist them in providing mental health support to veterans and their families in rural areas. These training workshops focused on areas such as spiritual injury in military service, suicide prevention, and PTSD, were rated highly by participants, and were associated with an over 200% increase in referrals to community mental health practitioners (Rural Health Information Hub 2018).

Service members' need for support was not limited to their deployment. There were some who experienced "a nose dive" upon their return to their homes and families (Theme 5) and who may have benefitted from spiritually based interventions upon their return. In one study of volunteer soldiers, many of whom suffered from PTSD symptoms, it was found that an eight session trauma-focused spiritually integrated intervention was more effective than a wait-list control in reducing PTSD symptoms (Harris et al. 2011). These effects were stronger for members of racial and ethnic minority groups, suggesting that when working with service members of color, spiritually based interventions may be a preferred option.

Limitations/Future Directions

This study is not without its limitations. Recruitment was limited to a relatively small mid-west region of the country and relied heavily on social media and websites for participants. Our sample also included several women who were employed by the Guard; because they were more connected to the Guard, they had greater opportunity to participate in this study. These issues should be taken into account when evaluating the study's relevance to the broader population of National Guard women service members. Another limitation of this study was the few number of questions specifically asked about religious or spiritual beliefs; for example, it would have been helpful to ask women to provide their own definitions of religion and spirituality, and to ask all women specific questions about the role of faith in coping

with deployment. Because this was not the main focus of the study, the questions asked were limited, and there may have been missed opportunities to get an even deeper understanding of women's beliefs and the impact of deployment on their faith. Many of the results of this study are discussed within the context of trauma because research suggests that veterans are likely to have experienced trauma and that spiritually based interventions may be well suited to address trauma. In our study, however, we did not directly assess for trauma, so the assumptions made may not be directly relevant to this group of participants. We also did not collect ethnicity information on the participants, so are not able to discuss the differences between majority and minority women's faith, which the literature suggests may be noteworthy.

Future research can explore military women's preference for treatment, specifically their intentions to seek support from chaplains, traditional mental health professionals, or others. Research can also explore collaborative efforts between military chaplains and traditional mental health practitioners in how they meet the varied psychological needs of women veterans. Future research can also explore military women's interest in religious or spiritual interventions and can continue to test efficacy and effectiveness of religiously and spiritually based interventions with military women. Finally, more in-depth understanding of women service members' religious beliefs, including quantitative investigations of their intrinsic and extrinsic religious orientation, will provide a more complete picture of their religious identities and motivations, and can help in assisting them to more actively engage in various aspects of faith, as this can be a significant source of strength and support for these service members.

Acknowledgements This research was supported by Grants from Congressionally Directed Medical Research Programs, Grant W81XWH-11-1-0154 to Patricia Kelly, Johanna Nilsson, and LaVerne Berkel.

Compliance with Ethical Standards

Conflict of interest LaVerne Berkel declares that she has no conflict of interest. Johanna Nilsson declares that she has no conflict of interest. Patricia Kelly declares that she has no conflict of interest. William Matthew Anderson declares that he has no conflict of interest. Alyssa Joiner declares that she has no conflict of interest. Christopher Davids declares that he has no conflict of interest. Christine Serpe declares that she has no conflict of interest.

References

- Berg, G. (2011). The relationship between spiritual distress, PTSD and depression in Vietnam combat veterans. *The Journal of Pastoral Care & Counseling*, 65(1–2), 1–11.
- Besterman-Dahan, K., Gibbons, S. W., Barnett, S. D., & Hickling, E. J. (2012). The role of military chaplains in mental health care of the deployed service member. *Military Medicine*, 177(9), 1028–1033.
- Brelsford, G. M., & Friedberg, R. D. (2011). Religious and spiritual issues: Family therapy approaches with military families coping with deployment. *Journal of Contemporary Psychotherapy*, 41, 255–262. <https://doi.org/10.1007/s10879-011-9174-4>.
- Carey, L. B., & Hodgson, T. J. (2018). Chaplaincy, spiritual care and moral injury: Considerations about screening and treatment. *Frontiers in Psychiatry*, 9(619), 1–10. <https://doi.org/10.3389/fpsy.2018.00619>.
- Carey, L. B., Hodgson, T. J., Krikheli, L., Soh, R. Y., Armour, A. R., Singh, T. K., et al. (2016). Moral injury, spiritual care and the role of chaplains: An exploratory scoping review of literature and resources. *Journal of Religion and Health*, 55(4), 1218–1245.

- Chang, B., Skinner, K. M., & Boehmer, U. (2001). Religion and mental health among women veterans with sexual assault experience. *The International Journal of Psychiatry in Medicine*, 31(1), 77–95.
- Cigrang, J. A., Hryshko-Mullen, A., & Peterson, A. L. (2003). Spontaneous reports of religious coping by patients with chronic physical illness. *Journal of Clinical Psychology in Medical Settings*, 10(3), 133–137.
- Currier, J. M., Holland, J. M., & Malott, J. (2015). Moral injury, meaning making, and mental health in returning Veterans. *Journal of Clinical Psychology*, 71(3), 229–240.
- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the variability and usefulness of the construct of moral injury in war veterans. *Traumatology*, 17(1), 8–13.
- Fontana, A., & Rosenheck, R. (2004). Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD. *The Journal of Nervous and Mental Disease*, 192(9), 579–584.
- Harris, J. I., Erbes, C. R., Engdahl, B. E., Thuras, P., Murray-Swank, N., Grace, D., et al. (2011). The effectiveness of a trauma focused spiritually integrated intervention for veterans exposed to trauma. *Journal of Clinical Psychology*, 67(4), 425–438.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196–205. <https://doi.org/10.1037/0022-0167.52.2.196>.
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1), 64–74.
- Hourani, L. L., Williams, J., Forman-Hoffman, V., Lane, M. E., Weimer, B., & Bray, R. M. (2012). Influence of spirituality on depression, posttraumatic stress disorder, and suicidality in active duty military personnel. *Depression Research and Treatment*, 2012, 1–9.
- Kelly, P. J., Berkel, L. A., & Nilsson, J. E. (2014). Postdeployment reintegration experiences of female soldiers from National Guard and reserve units in the United States. *Nursing Research*, 65(3), 346–356.
- Kim, P. Y., Thomas, J. L., Wilk, J. E., Castro, C. A., & Hoge, C. W. (2010). Stigma, barriers to care, and use of mental health services among active duty and National Guard soldiers after combat. *Psychiatric Services*, 61(6), 582–588.
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Network Psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>.
- Lewis, C. A., Shevlin, M., Francis, L. J., & Quigley, C. F. (2011). The association between church attendance and psychological health in Northern Ireland: A national representative survey among adults allowing for sex differences and denominational difference. *Journal of Religion and Health*, 50(4), 986–995.
- Marshall, C., & Rossman, G. B. (2010). *Designing qualitative research* (5th ed.). Los Angeles, CA: SAGE.
- McLaughlin, S. S., McLaughlin, A. D., & Van Slyke, J. A. (2010). Faith and religious beliefs in an outpatient military population. *Southern Medical Journal*, 103(6), 527–531.
- Military Leadership Diversity Commission. (2010). Religious diversity in the U.S. Military. Issue Paper #22. Retrieved November 11, 2018 from <https://www.hsdl.org/?view&did=716143>.
- National Guard. (2018). Whatever is needed, wherever it is needed: Our history. Retrieved November 11, 2018 from <https://www.nationalguard.com/legacy>.
- Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *The International Journal for the Psychology of Religion*, 9(1), 3–16.
- Ross, L. E., Hall, I. J., Fairley, T. L., Taylor, Y. J., & Howard, D. L. (2008). Prayer and self-reported health among cancer survivors in the United States, National Health Interview Survey, 2002. *Journal of Alternative and Complementary Medicine*, 14(8), 931–938.
- Rural Health Information Hub. (2018). Community clergy training to support rural veterans mental health. Retrieved November 11, 2018 from <https://www.ruralhealthinfo.org/project-examples/740>.
- Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., & Marmar, C. (2007). Bringing the war back home: Mental health disorders among 103 788 US veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs Facilities. *Archives of Internal Medicine*, 167(5), 476–482.
- Seddon, R. L., Jones, E., & Greenberg, N. (2011). The role of chaplains in maintaining the psychological health of military personnel: An historical and contemporary perspective. *Military Medicine*, 176(12), 1357–1361.
- Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, 67(6), 614–623.
- Tran, C. T., Kuhn, E., Walsler, R. D., & Drescher, K. D. (2012). The relationship between religiosity, PTSD, and depressive symptoms in Veterans in PTSD residential treatment. *Journal of Psychology & Theology*, 40(4), 313–322.

Vanderploeg, R. D., Belanger, H. G., Horner, R. D., Spehar, A. M., Powell-Cope, G., Luther, S. L., et al. (2012). Health outcomes associated with military deployment: Mild traumatic brain injury, blast, trauma, and combat associations in the Florida National Guard. *Archives of Physical Medicine and Rehabilitation*, 93, 1887–1895.

Women's Memorial. (2017). Statistics on women in the military. Retrieved November 11, 2018 from <http://www.womensmemorial.org/statistics>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.