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Research Workshop

The Spiritual Dimension of Military Health and Resilience

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1.0 INTRODUCTION: A BRIEF STATEMENT ON THE MEETING'S BACKGROUND

The workshop on *The Spiritual Dimension of Military Health and Resilience* is the direct outcome of Exploratory Team 209, entitled *Spiritual Dimension of Military Health*, which took place in 2024. During that meeting, it was decided to organise a workshop to provide a state-of-the-art overview of the topic, build a network of experts, and prepare a proposal for a Research Task Group focused on the same theme. This ET centred on the role of chaplains and ultimately led to the creation of RTG HFM-408, Chaplains' Role in Wellbeing, which officially started at the end of 2025.

The Organisational Committee of the workshop included Maj T. Letovaltseva and Dr. J. Grimell as co-chairs, Dr. L. Geurts as supervisor, and Ms. K. Kennes as coordinator. Secretarial duties were handled by Dr. J. Decharneux and 2nd Lt Fr P. Cecha, while Sgt B. Godts provided technical support. Other members of the committee were Dr. Á. Bonacasa, Dr. D. Fischer, Pastor H. Jensen, Dr. T. Flyger, and Dr. M. Inniger.

The guiding research question for the event was:

How can we, based on current wartime realities and academic insight, integrate the spiritual-existential dimension – including the chaplain's role – into NATO's approach to health and resilience, in a way that is multi-disciplinary, multi-worldview, and mission-effective?

The program featured five keynote presentations delivered by ten speakers representing Ukraine, Canada, the United States, and Australia. Speakers were selected based on their dual expertise of both the spiritual dimension of health care and the military chaplain's role. These presentations addressed critical topics such as spiritual resilience, moral injury, military health, and performance:

1) **Rev. Rostyslav Vysochan (UA)** – *Spiritual Resilience in Time of Total War*

2) **Dr. Lindsay Carey (AU)** – *Moral Injury: Meaning, Measurement and Management*

3) **Col Jean-Sébastien Morin et al. (CA)** – *Mental Health Chaplaincy in the CAF*

4) **Prof. Suzette Brémault-Phillips & Dr. Philippe Sevigny (CA)** – *Spiritual Dimensions of Military Health and Resilience*

5) **Capt (N) Dr. David Alexander (US)** – *Spiritual Fitness & Performance*

In addition, the event brought together experts from 14 countries as panellists, with a total of 38 participants. These individuals represented chaplaincy, academia, and defence communities, ensuring a rich exchange of perspectives and a multi-disciplinary approach to the discussions.

The workshop was formally opened with a welcome address delivered by the host nation: Swedish Chief of Chaplains Jenny Ahlén and Surgeon General Claes Ivgren (SE). This was followed by an introductory session by the co-chairs Major Tatiana Letovaltseva (BE) and Dr. Jan Grimell (SE), setting the stage for the day's discussions and presentations. On the following day, the Organisational Committee met with several panellists to review the workshop's findings, formulate recommendations, and discuss the way ahead. This session focused on consolidating insights from the presentations and identifying concrete steps for future collaboration, including the development of the Research Task Group HFM-408 on *Chaplains' Role in Wellbeing*.

2.0 EVALUATION

Key relevant factors from each presentation

The workshop brought diverse yet interconnected perspectives on the role of spiritual care in contemporary armed forces. Speakers from Ukraine, Australia, Canada, and the United States each addressed the complex interface between spirituality, resilience, ethical struggle, and clinical support in contexts of war and military service. Taken together, these contributions highlighted both national specificities and shared global challenges, which shape the future of military chaplaincy.

2.1.1 Spiritual Resilience in a Context of Total War: Ukrainian Experience

Reverend Rostyslav Vysochan, acting deputy chief chaplain of the Ukrainian Armed Forces and a military chaplain with over a decade of frontline experience, presented an overview of *Spiritual Resilience in Time of War*. His presentation, informed by his direct pastoral engagement in and recent research on the ongoing Russian–Ukrainian conflict, intertwined historical roots, contemporary reforms, and applied chaplaincy under conditions of high-intensity warfare. Ukraine's chaplaincy has deep historical foundations dating back to the Christianisation of Kyivan Rus' in 988, with documented forms of pastoral care re-emerging under Austro-Hungarian administration in the nineteenth century and continuing through the major conflicts of the twentieth century. Yet, institutional recognition and professionalisation within the modern Ukrainian Armed Forces are very recent developments: only within the past three years has dedicated legislation formally established chaplaincy as an official military structure.

Today, several hundred trained chaplains serve across all components of the Ukrainian Armed Forces. This rapid development has been accompanied by extensive international cooperation, particularly with British and United States chaplaincy services, which have supported training, doctrine development, and the exchange of best practices under operational conditions. Reverend Vysochan emphasised that spiritual resilience—understood as the capacity to maintain one's humanity, moral clarity, and connection to meaning under extreme duress—has been profoundly shaped in Ukraine by centuries of occupation, repression, and struggle for sovereignty. Religion, he argued, functions simultaneously as a source of resistance and of support. According to the presenter, this historical experience may help explain the high proportion of

Ukrainians (estimated at 70 – 80%) who identify as believers, as well as the increased trust placed in religious institutions since the escalation of war in 2022.

A joint research initiative conducted by Ukrainian and British chaplains, which analysed survey data of 315 chaplains of the Armed Forces of Ukraine, identified five principal drivers of spiritual resilience observed among active military personnel. These components are: faith in God (reported by 87.5% of chaplains surveyed), patriotism (62.5%), family responsibilities (43.75%), moral legitimacy grounded in a just-war tradition (37.5%), and the value of freedom (25%). Together, these factors reveal a distinctive synthesis of existential faith, personal loyalty, national identity, and collective ethical purpose.

Spiritual resilience was defined not as optimism or emotional endurance alone, but as an inner strength capable of transforming pain into purpose and suffering into solidarity. It is faith in the meaning of life itself, even when life is under direct attack. At the centre of this resilience stands a humble, often unseen figure: the chaplain. Chaplains bring no weapons—only presence, words, and prayer. Their mission is not merely to comfort, but to foster spiritual readiness: a deep inner preparedness that enables service members to confront fear, loss, and moral challenge with integrity.

A significant recent doctrinal development in Ukraine is the integration of spiritual resilience into the armed forces' holistic support architecture. Chaplains are entrusted with multiple responsibilities, including liturgical and sacramental ministry, pastoral counselling, moral and religious education, social assistance, and strategic advisory roles to commanders. Beyond direct support to military units, chaplains also sustain a wide range of programmes for military families and bereaved relatives, such as pilgrimages, youth camps, and psychological–spiritual rehabilitation initiatives, recognising the family as an extension of both combat-related suffering and resilience.

Reverend Vysochan devoted particular attention to the just-war tradition as a lived moral framework rather than a purely theoretical construct. In the context of hybrid warfare, marked by drone operations, targeted attacks on civilians, cyber warfare, and pervasive propaganda, classical ethical categories such as discrimination, proportionality, and moral responsibility become simultaneously more fragile and more urgent. Ukrainian chaplains actively seek to uphold moral boundaries in combat, reinforce respect for non-combatants, and orient moral reflection toward reconciliation in a future postwar context.

Finally, Reverend Vysochan highlighted the doctrinal distinction between spiritual readiness, understood as formation and preparation prior to deployment, and spiritual resilience, understood as endurance during crisis and recovery in its aftermath. Chaplains accompany military personnel throughout the entire lifecycle of service. Their ministry frequently unfolds in high-risk environments, including settlements near the frontline where drone strikes and shelling make large gatherings impossible. Movement is strictly regulated by command authorisation, and pastoral care is delivered through small, mobile, and adaptive forms of presence. He concluded by stressing that chaplains themselves require sustained ecclesial support, spiritual care, and community backing, as they face long-term spiritual and psychological risks. Ukraine's experience, which is shaped by existential struggle and accelerated institutional development, offers instructive insights for other nations seeking to prepare chaplaincy structures for turbulent and high-intensity operational environments.

2.1.2 Moral Injury: Concepts, Measurement, and Support

Dr. Lindsay Carey (Australia) presented a research-driven overview of contemporary approaches to moral injury, a concept that has grown rapidly in scholarly and clinical attention over the past two decades. He highlighted work associated with leading academic and defence institutions, including La Trobe University, the University of Queensland, Duke University, Harvard University, and the Australian Defence Force (ADF).

Dr. Carey noted that four major conceptual streams define current discourse: a psychological-biological approach viewing moral injury as trauma affecting neural and emotional systems; a social-organisational approach sensitive to betrayal or institutional failures; a theological-spiritual approach focusing on transgressed belief frameworks; and a holistic approach integrating all these dimensions (biopsychosocial-spiritual: BPSS). The ADF has formally adopted a BPSS holistic definition, describing moral injury as a trauma-related syndrome resulting from violations of deeply held moral values, producing spiritual, psychological, social, and physical consequences.

Symptoms include guilt, shame, anger, betrayal, loss of trust in self or institutions, and existential crisis, with secondary outcomes such as depression, anxiety, social dysfunction, self-harm, and suicidal ideation. Neuroimaging studies support the argument that moral injury and PTSD are related yet distinct entities. A notable regulatory advance is the 2025 update to DSM-5-TR, enabling moral injury to be classified clinically under Z65.8 – moral, religious or spiritual problem, thus facilitating recognition, coding, and treatment pathways.

Dr. Carey described moral injury through a severity spectrum: from moral dilemmas (manageable and transient) to moral distress (more persistent), and finally to moral injury when severity and duration become debilitating. High-risk professions, particularly military forces, face frequent exposure to morally injurious circumstances; the Australian case of the "Children Overboard Affair" was cited as a studied example.

A significant focus of the presentation concerned measurement. Over the last two decades, several validated tools have been developed for chaplains, clinicians, and veteran services, which include the Moral Injury Events Scale, the Moral Injury Symptoms-Military Scale, the Moral Injury Outcome Scale and the Occupational Moral Injury Scale. These tools are considered reliable and "uncontaminated", meaning they do not conflate moral injury with other mental health constructs.

Australian Air Force research, using a detailed M3IQ survey, showed that 62% of deployed personnel reported moral injury events. Chaplains play a fundamental role in addressing related spiritual needs: their spiritual assessments, counselling interventions, support interventions and ritual care are tracked through standardised clinical coding systems (based on the WHO-ICD-10-AM codings), with an average of 30-40 interventions per month, possibly weighted toward suicide-related crises.

Dr. Carey also acknowledged the family dimension of moral injury: children and spouses may experience "secondary" injury through exposure to the moral anguish of returning service members. He highlighted structured disclosure processes, such as an eight-stage pastoral narrative disclosure (PND) protocol, adaptable in pace and order to meet individual needs. Current national initiatives, including the ongoing Royal Commission into Defence and Veteran Suicide, support expanding chaplaincy-led education, interdisciplinary collaboration, and targeted prevention strategies.

2.1.3 Mental Health Chaplaincy: The Canadian Model

The Canadian Armed Forces (CAF) presentation featured pre-recorded contributions from Col Jean-Sébastien Morin, Maj Stephen Neil, Maj Alain Marsan, Capt(N) Shaun Yaskiw, and Maj Barbara Helms. The opening segment introduced a distinctive model of clinical chaplaincy, deeply integrated within military mental health services. This model emerged in the late 1990s in response to operational stress injuries from deployments in Somalia, the Balkans, and Rwanda, leading Canada to establish Operational Trauma and Stress Support Centres. Within these centres, specialised chaplains serve as clinical counsellors in the specialised role of Mental Health Chaplain.

Mental Health Chaplains hold recognised clinical credentials (a minimum of a master's degree in counselling and spirituality) and operate under dual mandates from both the CAF Surgeon General and Chaplain General. Embedded within multi-disciplinary teams, they address grief, loss of meaning, moral injury, and spiritual distress using biopsychosocial-spiritual frameworks. Assessments and care plans

incorporate spiritual strengths as protective factors while acknowledging spiritual struggles as contributors to distress. The presenters highlighted key advantages of this embedded model: chaplains' military experience enhances rapport and ethical understanding, while their cross-domain presence supports soldier identity and worldview. Challenges remain, particularly in clarifying chaplains' distinct contributions for other clinicians and balancing clinical duties with broader chaplaincy responsibilities.

The presentation also emphasised the chaplain advisory role to senior military leadership in preventing morally injurious events and mitigating moral and spiritual distress. The final segment showcased a major innovation within the Royal Canadian Chaplain Service (RCChS): the Spiritual Resilience and Wellness Cell (SRW). This cell operationalises spiritual well-being across the CAF through bilingual and inclusive programming. Its portfolio includes the Spiritual Health and Well-Being Continuum, the SENTINEL Program, the RCChS Spiritual Resilience Series and workshops, and the Care-for-the-Caregiver initiative, all aligned with the CAF Total Health and Wellness Strategy.

The SENTINEL Program exemplifies a scalable approach: unit members volunteer, are selected, and trained to provide first-line peer support in the workplace. Sentinels are not mandated nor trained to act as chaplains or counsellors but help connect members with existing resources while also working to prevent isolation. They work in close collaboration with their chaplain.

In their concluding remarks, the presenters underscored the importance of maintaining integration between clinical chaplains and unit chaplains, ensuring continuous pathways of trust, visibility, and early intervention.

2.1.4 Spiritual Dimensions of Military Health and Trauma

Prof. Suzette Brémault-Phillips and Dr. Philippe Sevigny (Canada) extended this Canadian perspective by situating military well-being within broader biopsychosocial-spiritual models. Spirituality was framed not as institutional religiosity but as a fundamental human capacity for meaning-making, connectedness, identity, moral orientation, and hope.

Military environments, characterised by volatility, uncertainty, and ethical complexity, intensify challenges to spiritual identity and integrity. The presenters described a continuum of mental health trajectories in military life: resilience, recovery, post-traumatic growth, relapse, and chronic dysfunction. Effective responses require early identification and attuned intervention, especially in chaotic operational environments where routine screening is difficult. Positive spiritual coping acts as a protective factor; conversely, spiritual struggle or alienation can worsen mental health outcomes. Chaplains play crucial roles in moral counselling, crisis intervention, grief care, and rehabilitation. New clinical interventions for moral injury, such as 3MDR (multi-modal memory desensitisation and reconsolidation), show promise and are currently applied in collaborative research, including with Ukrainian partners.

2.1.5 Spiritual Fitness and Performance in U.S. Forces

Concluding the session, Capt (N) Dr. David Alexander (United States) addressed the growing use of spiritual fitness within military human performance optimisation models. Defined as the capacity to live consistently with one's values and beliefs in the pursuit of mission accomplishment, spiritual fitness is assessed along a cycle of preparation, sustainment, and recovery.

Rather than exhaustive definitions of spirituality, the U.S. approach measures traits correlated with enduring strengths: connection to God or transcendent meaning, purpose, altruism, hope, forgiveness, and gratitude. These measures support both personalised coaching and strategic decision-making by commanders. Quantitative evidence serves as a language that military leadership readily engages with, though Alexander cautioned against reductionism: spirituality must remain relational and deeply human, not merely a variable in performance metrics.

Chaplains increasingly serve as strategic advisers in senior decision-making contexts, interpreting spiritual trends, risks, and the ethical impacts of policies. He advocated constructive developmental language that avoids labels such as "spiritually unready" and emphasised the complementarity of qualitative insights (stories, focus groups, lived experiences) with statistical data.

2.1.6 Converging Themes

Across the diverse national contexts, several converging themes emerged. Spirituality proved indispensable to military well-being, particularly under intense moral and existential strain. Additionally, chaplains are evolving from sacramental providers to integrated professionals in health, ethics, resilience, and strategic advising. In parallel, holistic models of care, characterised as biopsychosocial-spiritual, are replacing fragmented approaches in multiple settings. Measurement and empirically grounded approaches are increasingly used to secure institutional recognition while preserving spiritual depth. Also, family systems are recognised as both vulnerable to and central in mediating spiritual and moral suffering. Furthermore, the distinction between spiritual readiness (formation) and spiritual resilience (endurance and recovery) helps clarify chaplains' presence across the full arc of service life. Finally, international collaboration, particularly evident in Ukrainian partnerships, has become crucial in contexts of hybrid warfare and rapidly changing ethical realities.

3.0 FINDINGS BASED IN THE DISCUSSION PANEL

The workshop explored the role and assessment of spirituality within the broader framework of military health, resilience, and readiness. Discussions focused on identifying key principles, methodological challenges, and practical tools for integrating the spiritual dimension into military wellbeing systems.

- **War as the dimensioning context**

The workshop highlighted war not merely as a backdrop but as a defining condition that shapes the need, nature, and urgency of spiritual care. Modern warfare may represent the collapse of the Just War tradition. This approach influences how well-being, ethical considerations, and spiritual resilience are understood and addressed, becoming a strategic component for survival and operational effectiveness in hybrid or unconventional conflicts.

- **Spirituality is imperative – a core element of resilience**

Participants agreed that spirituality forms a foundational pillar of military health and resilience. It contributes to meaning-making, moral grounding, and psychological endurance in operational environments. Recognising and nurturing this dimension is crucial for both individual and collective strength. Spirituality could also be described as imparting meaning to the mission itself, that is, to the engagement in which soldiers find themselves.

- **Cultural sensitivity**

Any framework for spiritual care or assessment must be culturally attuned. Recognising diverse worldviews, belief systems, traditions, and moral codes is essential to build inclusive and authentic approaches to spiritual resilience across multi-national and multi-cultural forces.

- **Spiritual Fitness as a process rather than a state**

Spiritual Fitness was understood as a dynamic and evolving process (or a way of life), not a static condition. It can be viewed as a trend or curve that reflects ongoing adaptation, reflection, and growth throughout a service member's career and across operational phases. Spiritual aptitude is another individual capacity to consider: it is important to foster the development of spiritual traits, such as forgiveness and gratitude.

- **Moral injury**

Moral injury has been identified as a syndrome related to trauma of a biopsychosocial-spiritual nature, distinct from post-traumatic stress, frequently resulting from an experience of betrayal by trusted individuals with legitimate authority. Chaplains are very active in detecting moral injuries.

- **Defining priorities and audiences**

In wartime and operational contexts, priorities must be clarified, including the identification of primary beneficiaries: chaplains, commanders, or personnel in the field? Tailoring spiritual support and assessment tools to specific target groups enhances mission relevance and effectiveness.

- **A certain consensus on terminology could be helpful**

A recurring issue raised by participants was the lack of shared terminology. Many emphasised the value of developing a mission-effective glossary to harmonise language among chaplains, mental health professionals, commanders, and researchers. Greater conceptual clarity can enhance training, assessment, and policy development, while also facilitating mutual understanding across different roles, functions and competences.

- **Integrating technology**

A SWOT analysis was suggested to evaluate how technology could support spiritual assessment, communication, and training. Participants stressed the importance of maintaining the human and relational dimension while using digital tools for efficiency and scalability.

- **Tools: practical considerations**

The key operational questions for developing and implementing the tool were identified across several essential dimensions. First, it is necessary to determine where the tool should be used, specifically whether it is intended for training environments, operational deployments, or reintegration phases. Equally important is the question of when during the service or mission cycle the tool would be most relevant. Another consideration is who should apply or administer the tool, such as chaplains, medical teams, or leadership personnel. Finally, the analysis must clarify the purpose of the tool and its target population, whether it is designed for assessment, support, prevention, or research, and whether it is intended for individuals, teams, or entire units.

- **Emerging question: collective spiritual-existential wellbeing**

During the discussions, an additional question was raised: Is it possible to assess collective spiritual-existential wellbeing? This reflects an interest in approaching spirituality not only as an individual resource but also as a shared, communal phenomenon that shapes unit cohesion, morale, and ethical climate. For example, in areas of ethics, peer support, or leadership. It would be necessary to specify in this context the respective contributions of chaplains, psychologists, peers, and commanders to this spiritual dimension.

- **Mixed-method approaches are necessary**

Understanding and promoting spiritual wellbeing requires a combination of qualitative and quantitative approaches. While qualitative methods offer depth and nuance, quantitative data can serve as a strategic tool, particularly for presenting research output to commanders or justifying interventions. For example, military chaplains may use numerical indicators to highlight needs or evaluate the impact of spiritual care initiatives.

4.0 CONCLUSIONS

Chaplain Rev. Vysochan's presentation on the reality of the war in Ukraine provides essential insight into the concept of spiritual resilience, as experienced within an active conflict environment. It illustrates how

resilience is shaped not only by the dynamics of warfare but also by the sociological and societal realities of a nation under sustained military pressure. The five-pillar model presented demonstrates genuine field applicability, in contrast to (some) professional paradigms that have been developed exclusively at the theoretical level. When considering the development of a NATO chaplaincy guide, it would therefore be valuable to assess to what extent Ukrainian practices could be adapted or transferred to other NATO nations, using the Ukrainian experience as a benchmarking reference.

The presentation also raises a fundamental question regarding the integration of chaplains within NATO's tactical structures: Where should chaplains be positioned, and with whom should they collaborate? These questions must be examined in relation to the specific characteristics of each operational component—land, maritime, air, cyber, combined arms, and joint environments. Moreover, attention must be given to support structures designed for chaplains themselves within multi-national operational settings, ensuring effective mechanisms for "taking care of the carers."

Prof. Carey's presentation highlights the spiritual dimension of moral dilemmas and moral injuries, an aspect that remains insufficiently addressed within NATO. The measurement tools for moral injury, together with the pastoral intervention tools he presented, constitute highly valuable resources for interprofessional collaboration. Such tools could significantly support structured dialogue among chaplains, mental health practitioners, and operational leaders. These reflections, including the evolving role of military chaplains, are being explored within HFM RTG 352 Moral Challenges in the Future Security Environment.

The Canadian model of interprofessional collaboration between mental health services and chaplaincy presents both inspiration and a concrete avenue for developing structured cooperation among mental health professionals, incorporating the spiritual dimension. These reflections should continue to mature within NATO and be codified through standard operating procedures and doctrine. Enhanced collaboration should also be pursued between chaplaincies and established NATO medical and mental health platforms such as the Committee of the Chiefs of Military Medical Services in NATO (COMEDS) and the NATO Military Mental Health Panel. A comparative study of interprofessional and multi-disciplinary collaboration across NATO member and partner nations would be highly valuable, offering insight into what could realistically be expected in the event of a high-intensity conflict.

The contribution of Prof. Brémault-Phillips and Prof. Sevigny provides a clear and operational exploration of a functional, multi-convictional, and inclusive definition of spirituality, which could be adopted within NATO. Such a definition would enable the development of consistent assessment tools and practical instruments for evaluating spiritual dimensions across different cultural and institutional contexts.

Finally, Capt (N) Dr David Alexander's presentation of a spiritual-fitness tool, designed for chaplains and coherently linked to mental health indicators through psychometric traits used within the U.S. Department of Defense under the Total Force Fitness and Human Performance Optimization framework, offers an excellent foundation for future NATO research. The development of similar tools within NATO could facilitate stronger connections between chaplaincy work, interprofessional collaboration, operational applicability, and measurable effects on spiritual resilience.

5.0 RECOMMENDATIONS

Strategic and structural

To strengthen collaboration and ensure sustained progress, a series of interconnected initiatives was recommended during the workshop. First, a Civilian–Military International Conference should be organised regularly under the ICMM–IMPC framework (lead: Belgium), bringing together military and civilian scholars through a joint steering committee to promote interdisciplinary dialogue, policy alignment, and

shared research agendas. Complementing this initiative, NATO STO Webinars coordinated by NATO STO experts in partnership with the NATO Defence College, National Military Research Institutes, and the NATO School would provide targeted knowledge-sharing for military personnel under an unclassified but restricted dissemination policy.

Additionally, the International Military Chiefs Chaplains Conference (IMCCC) should incorporate a dedicated one-hour research update within its annual meeting. This would offer chiefs of chaplains and senior religious support leadership a structured platform to review ongoing projects and findings. To ensure systematic knowledge transfer to practitioners, NATO Chaplaincy Courses (Junior and Senior) should embed a Research Update component (lead: Denmark), ensuring that empirically grounded insights inform chaplain training and field practice. Finally, a Research Institute Network (lead: Sweden) should be established or designated to coordinate data collection, methodological development, and academic publications, serving as the backbone for all other initiatives.

All these efforts must remain practical and field-oriented, ensuring that research informs real-world chaplaincy and resilience practices. Importantly, they should prioritise applicability in wartime contexts, drawing on lessons identified and learned from Ukraine.

Military-operational

To ensure the effective integration of the spiritual dimension of military health and resilience into NATO's operational framework, it is essential to maintain a strong bridge between scientific research and strategic decision-making. This requires continuous coordination with the NATO Chaplains Strategic Coordination Group, NATO Legal Advisors, and NATO Diversity Experts, ensuring that empirically grounded insights inform policy and doctrine. A structured mechanism for exchanging lessons learned from operational contexts, such as Ukraine's wartime experience, should be established to capture best practices and emerging challenges.

Furthermore, NATO should collect, analyse, and adapt Tactics, Techniques, and Procedures (TTPs) related to spiritual care and resilience, standardising them for multi-national interoperability. To validate these concepts, interoperability must be tested and analysed in practice through a progressive exercise approach: starting with Tabletop Exercises (TTX) to explore concepts and coordination, followed by Command Post Exercises (CPX) at staff level to refine procedures, and culminating in Field Training Exercises (FTX) with deployed assets to assess real-world applicability under operational conditions.

This testing must adopt a Joint approach, integrating Land, Air, and Naval components, and extend to Cyber, Intelligence, and Medical domains, ensuring that spiritual resilience is embedded across all operational environments. A systematic approach to gathering needs from the field, including feedback from deployed units, chaplains, and commanders, will enable timely adjustments to doctrine and training. These insights must feed into the adaptation of military doctrine, embedding spiritual resilience within NATO Allied Joint Doctrine for Health Support and related publications.

The approach, while acknowledging and respecting cultural diversity, may adopt a multi-faith perspective that is also inclusive of non-religious communities, ensuring openness to interprofessional and multi-disciplinary collaboration, including engagement with other health and wellbeing professionals.

Finally, spiritual resilience concepts should be integrated into training and exercises, with chaplains and mental health professionals actively involved in multi-disciplinary planning cells. This ensures spiritual care remains mission-effective, culturally inclusive, and operationally relevant across NATO forces.