A PHENOMENOLOGICAL STUDY AND INVESTIGATION OF MORAL INJURY WITH

VETERANS

by

Corey V. Douglas

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

Moral injury is not a new concept but there are present concerns surrounding the shortage of noted experiences of Veterans having dealt with moral injury. In addition, challenges in agreeing to a general definition and diagnostic criteria for moral injury are acknowledged. The lack of consensus on what is moral injury, diagnosis requirements, and treatment options are likely to complicate matters further in the future. The inability of the mental health industry and providers to determine a concrete foundation encompassing moral injury led to challenges to the delivery of care to individuals dealing with a moral injury such as Veterans or Active-Duty military members. This study provided descriptive encounters from Veterans who identified or acknowledged links with moral injury. The goal of the study was to provide additional encounters of Veterans who have and currently deal with moral injury to support existing research to assist with the building of a permanent foundation on the concepts surrounding moral injury. Providing Veteran experiences of moral injury within this study delivered additional insights that could be used if needed towards the creation of effective treatment plans and to address challenges surrounding the delivery of care to these individuals. Lastly, this study focused on the ambiguities surrounding the aged concept of moral injury, from setting a working central definition of the term to diagnosing and treating the issue. The purpose of this transcendental phenomenology study was to describe and analyze Veteran's experiences with moral injury in the community. Moral injury is defined as Veterans feeling guilt or shame for acts, they have committed in service that goes against their internal beliefs or life compass.

Keywords: moral injury, Veterans, PTSD, mental health, spirituality

Dedication

I would not dare continue without first giving the utmost praise and thanks to the most-high God. I am forever grateful for the Lord's blessing and guidance during this process. I dedicate this second to my lovely spouse Abi for being there to encourage me throughout this rocky experience. Lastly, to all my fellow Veterans of all branches and periods of service, I dedicate this to you. I pray to the Lord that this research may help others in the future in some capacity. God's blessings to all!

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CHAPTER ONE: INTRODUCTION

Overview

This study was an exploration of moral injury to Veterans. Moral injury influences and was one variable that led to many adverse factors surrounding Veterans. Adverse factors that occur are negative mental and behavioral elements, and medical results, including Post-traumatic Stress Disorder (PTSD), alcohol abuse, functional limitations, relationship issues, and suicidal ideation. According to Borges et al. (2019; 2020), moral injury grows through the way the person handles the anguish that can potentially lead from moral injuries. Often when the moral injury is suppressed or avoided it is possible that it can sometimes lead to social, psychological, and spiritual suffering (Borges et al., 2019;2020). Once these elements begin to occur is when the distress can be deemed as moral injury. Moral injury has an impact on various parts of an individual's life such as relationship problems, spiritual factors, and workplace challenges. A more in-depth encounter of Veterans' experiences with moral injury was described and analyzed.

Additionally, moral injury is a condition that could increase the risk factor of self-disgust thoughts and behaviors (Schorr et al., 2018). The increase in this risk factor has been confirmed by healthcare and religious experts, who have direct experience collaborating with Veterans suffering from a moral injury (Schorr et al., 2018). The professionals interviewed in Schorr et al. study all agreed that understanding the concept of moral injury is helpful and requires a more complete view of the psychological and spiritual implications of war experience leading to moral injury. Schorr et al. (2018) discussed measures that were developed by Nash et al. (2013) that could be utilized to further help understand moral injury constructs acknowledged within Veteran experiences. One of those measures consists of a self-report survey to evaluate exposure to potentially morally injurious events. The measure used is the Moral Injury Event Scale where

events are identified generically versus specific to a type of event. Some questions identify

reactions to various experiences and focused on the service member's thoughts of betrayal. This

tool was reviewed within this research to explain how it could be of assistance to better

understanding Veterans' experiences of moral injury.

Background

Moral injury has a far-reaching effect on the lives of many individuals and especially the

lives of Veterans. Research indicates that moral injury occurs in the lives of individuals with a

military combat background which is one of the main sources of production of the condition.

History has noted experiences of betrayal of society in the lives of returning war Veterans of all

periods from anti-war protestors to most recently, Veterans not being able to find or receive

needed care. Often Veterans experience a lack of care from organizations such as the Veterans

Administration, which would not provide proper medical care and withhold other earned benefits

(Antonelli, 2017). The Veteran's Administration is known to have regarded many Veterans'

medical injuries as less disabling than they were. These two examples communicate that

committed atrocities are not the only sources of moral injury and should not be the only focus of

a Veterans experience. Moral injury is deemed a clinical element by some that are observed to

obtain understandings leading to assistance. Based on research, all facets of moral injury and

Veterans' experiences must be explored and analyzed to obtain a better understanding. In the

process of better understanding Veterans' experiences and improving the delivery of care,

learning about a Veteran's experiences surrounding how they were affected by how they entered

the military, their environment of warfare, and their treatment when they returned home was

helpful to this goal (Antonelli, 2017).

Moral injury is linked to elements of betrayal. Antonelli (2017) describes the effects of betrayal of what is deemed right by an individual sitting in a top leadership position. Every group has its values, which is especially true for the military, such as rules of engagement in the war zone. Soldiers will often find themselves attempting to adapt to their new group setting and having a strong desire to belong. This described desire by Antonelli (2017) is strong, and the fear of exclusion often leads to a dominant motive to moving past personal convictions that hinder an individual in combat. Eventually, the values of the group are often accepted with no questions. The focus then becomes more on the betrayal of what is right by an individual who carries a high-ranking position, such as a military commander, in an elevated risk situation. The betrayal described is often the source that Shay (2014) found concerning the development of moral injury. Shay's research was explored more in-depth to provide a depiction of the parameters of moral injury.

Research indicates that noting and making available the experiences of individuals dealing with a moral injury can be beneficial to others working or dealing with the condition seeking assistance (Nash, 2019). The assistance can be tailored towards providing an understanding of a moral violation that causes an individual to simply become upset and bothered, with no progression to a noticeable moral injury. Antonelli (2017) points out that for professionals working with individuals such as ones dealing with moral injury, the responsibility to try to understand their experience and position is paramount. Their position should be understood to effectively provide the proper treatment to this group of individuals. While describing and analyzing Veterans' experience of moral injury, this study determined that individuals dealing with moral injury have encountered issues surrounding the delivery of care being careless or unwelcoming.

Schorr et al. (2018) explored moral injury with the idea that it is an issue that is poorly comprehended. The researchers surrounding Schorr et al. (2018) felt it was instrumental to continue the investigation into the sources of moral injury and their implications. They concluded and focused on two potential sources for the manifestation of moral injury. They both are grounded in personal responsibility, where the suffering is associated with the individual's actions, and the responsibility of others, where the suffering must be obtained by the behaviors taken by others (Schorr et al., 2018).

Problem Statement

Shay (2014) points out the troubling notion that we all have learned that decent character is impossible to break in adulthood. The thought is that once one makes it out of childhood with a decent, and in order character reference, one is set for life. Research notes that the American Psychiatric Association is known to reject all diagnostic aspects that mention the chance that a bad experience in adulthood can wreck good character. A disregard for evidence that exists and a steadfast stance further the ancient idea that character cannot be broken in adulthood and limits the advancement of concept that needs development such as moral injury (Shay, 2014). This concept was important and was considered while exploring Veterans' experiences. The possibility is that some of the individuals dealing with moral injury were already fragile or broken before their service is present. The idea that one had a good character in childhood and was later broken in adulthood due to their experience is also present. Now having a better understanding of the experiences of Veterans, the current research does not support the premise that the participants dealing with moral injury were already fragile or broken before their service which led to a positive association with moral injury.

Shay (2014) attempts to address how moral injury can change an adult's character. Shay's research indicates that moral injury is caused by acts violating one's belief system, thus

deteriorating their character in the process. A person's ideals, aspirations, and connections start to modify and lessen after experiences of moral injury. Both forms of moral injury are known to harm and often demolish the ability for trust. Shay's research additionally indicates that when social trust is destroyed, the trust is commonly substituted with an expectation of harm, manipulation, and embarrassment from others. When an individual has this expectation, they implement a few choices, such as withdrawal, isolation from others, or creating a false identity (Shay, 2014). According to Nash (2019) in the stress injury model, moral injury is a wound to the mind, body, or soul perpetrated by a life experience that infringes intensely upon held moral expectations of oneself and others and can lead to the choices Shay described.

Applying Shay's (2014) model to this research study by building the trust of Veterans is critical to getting them to disclose their experiences of moral injury. According to Shay, each Veteran dealing with moral injury will often have-three concerns; what is the game, does the individual assisting in whatever capacity know what they are doing, and will they be respected. These concerns involve their experience and answer any concerns they may have (Shay, 2014). When working with individuals dealing with moral injury, Shay's research highlighted that trustworthiness was a major factor in the overall process. This study's research sought to obtain the experience of the prior relationship between the Veterans and mental health professionals and how they were affected by trust in a private setting during their delivery of care. Shay (2014) points out that in the case of health professionals working with Veterans that are dealing with moral injury, social connection and group unity are sometimes the main components of healing and recovery from moral injury. Recovery in these situations without social solidarity and support amongst other Veterans was found to unlikely occur.

Shay's approach to defining and understanding moral injury around a betrayal of an authority figure makes it much harder to assist a Veteran dealing with a moral injury in their recovery. The betrayal by leadership leads a Veteran to a damaging and extended period in which the component to move past moral injury flattens. The component referenced is trusted broken. This broken and destroyed trust will not only affect the service member but in addition to many other entities that the Veteran may counter (Shay, 2014). Shay sums up his position with the notion that the highest probability of providing an effective treatment plan for moral injury rests in identifying moral injury, allowing the Veteran to be a part of the process, and developing and supporting a well-operating treatment team.

Veterans are likely to face mental health struggles that are not identified within the parameter of universally recognized diagnostic criteria of PTSD. Understanding and analyzing Veterans' experiences directly with the delivery of care and its association with PTSD was helpful to the improvement of future care. The challenges that some Veterans face after serving in combat, such as issues of feelings of intensely grounded shame, guilt, and other existential distress are often not addressed under the prevue of PTSD treatments, and it was important to understand this experience directly from the Veteran (Yan, 2016). In a spiritual setting, these identified concerns have been known to be considered "dark night of the soul," which is a concept used to explain the experiences of Veterans from prior combat tours. Within Yan's research, he categorizes moral injury as being a condition that was initially addressed and treated under religious purviews and was later ushered into a psychological spectrum. This exploration was reviewed and identified both areas of responsibility and determined how both might have a proper role in Veterans' experiences of recovery from moral injury. Yan's research presents moral injury as damage to a person's core morality or moral worldview due to experiencing a

stressful or traumatic life event. This experience had the potential to affect an individual in many ways emotionally, psychologically, behaviorally, spiritually, and socially. The use of moral injury in this perspective provides a basis to describe experiences, upon which a theoretical foundation to understand the human condition was developed.

Moral injury can cause life-altering effects with the association of PTSD. The fact that moral injury had negative life-affecting consequences after experiences such as stressful combat events, was confirmed by learning more about Veteran experiences with moral injury. Those consequences of events such as killing others are associated with elevated levels of suicidal ideation among the Veteran population (Yan, 2016). However, little information was known unequivocally about the effects on the health and total well-being of Veterans dealing with various levels of moral injury. Much of the current research on moral injury observed the link to mental disorders and spiritual development. Concerning how moral injury impacted the general aspects of physical and mental health after combat was lacking in information and needed to be explored more. A more in-depth understanding of the role of moral injury and spiritualty concerns was beneficial towards filling in blanks of limited information.

Moral injury, as Antonelli (2017) defined it, is an experience of betrayal of what is right grounded on an individual's moral standards, whether determined by the law, ethical traditions, religious belonging, or one's belief system. It is the notion of what an individual looks for from others and themselves. Antonelli's (2017) research attempted to address some of the gaps in information towards an understanding of the impact of moral injury on general aspects of physical and mental health. First, he identified that a bigger problem existed around a perceived lack of kindness when an individual anticipated compassion from others and it does not occur. Antonelli found that this lack thereof can sometimes be more damaging than a violation of one's

moral code. Antonelli's findings are important because it speaks to the issues that Shay (2014) also identified concerning betrayal and trust. After a betrayal of what is deemed morally right by an individual, their internal processing components interrupt the trust factors that are needed to help build a new relationship after experiencing a moral injury.

Additional factors considered concerning moral injury for some individuals included its potential progression from a values violation to higher levels of mental health concerns. Issues of larger mental health concerns manifested themselves as shameful secrets in the lives of some service members or Veterans after they have committed questionable acts during the war and later try to deny or ignore it.

The goal of this study was to explore moral injury and provide descriptive encounters of Veterans' experiences with moral injury. This goal helped provide additional information surrounding what is moral injury from the very individuals that dealt with it daily. This information can now be utilized to effectively help tailor treatment and future delivery of care for a vulnerable population. Research has shown that when it comes to moral injury, treatment tailored for PTSD is often used, such as prolonged exposure and cognitive processing therapy, and neither fully fulfills the mission to effectively help the individual recover from moral injury (Purcell & Burkman et al., 2018).

Purpose Statement

The purpose of this transcendental phenomenological study was to explore and investigate moral injury. Veterans' experiences with moral injury were studied, described, and analyzed. Moral injury for Veterans was defined as an issue of having feelings of guilt or shame, for acts they have committed in their military service that goes against their internal beliefs or life compass. Shay (2014) identified moral injury as the effect of a betrayal of what is right by

an individual who carries a high degree of power such as a military commander, and in an elevated risk situation. A second identification noted by Shay of moral injury occurred when a soldier did something in combat that violated their ideals, beliefs, or ethics. This study explored if Veterans' direct experiences had a link to Shay's definition of moral injury. Conversely, the study asked if the participants' experiences were completely different from the two highlighted definitions identified by Shay's research. In addition, this study provided multiple individuals' views surrounding moral injury, to bring to the forefront missing components of individuals' personal experiences with moral injury.

According to Sullivan and Starnino (2019) soldiers and Veterans observed and experienced disturbing events that one can hardly prepare for. Those events include situations where a soldier is the perpetrator of actions that run counter to their deeply held personal beliefs and moral codes, even when considering the actions were committed in the line of duty (Jinkerson, 2016). The consequences of these actions always look different for everyone. The nightmares of traumatic experiences, including combat experiences, affected some soldiers for the rest of their life. Obtaining direct experiences from Veterans helped identify that this was truly the case for most. Taking all the questions and uncertainties surrounding how war experiences impacted one's life, with the possible acquiring of moral injury, this study captured direct experiences from multiple Veterans. It was possible that not all Veterans who have participated in combat develop any form of moral injury or communicate any negative consequences that they have observed. On the other hand, there are many individuals with war-time experience who struggled with several components of life (Sullivan & Starnino, 2019). This study set out to add valuable information to the field of mental health about the direct experience of Veterans and moral injury.

Significance of the Study

This study contributed to the field of human services surrounding moral injury in a way that sought to explore and provide a landscape on how to identify and work with individuals suffering from moral injury. Research indicates it is common for mental health experts to attempt to treat posttraumatic stress disorder and to utilize all the many sources and treatments gleaned over many decades of research concerning PTSD. However, for the puzzling cases, moral injury has been suggested to explain why some Veterans with severe PTSD do not completely recover with the evidence-based cognitive-behavioral therapy techniques (Jones, 2018). Jones (2018) suggested that such treatments alter an ongoing sense of threat by re-evaluating thoughts and memories of the traumatic event. This technique may be deficient in the substance to address core components of moral injury such as guilt, shame, and self-disgust connected to acts of killing or failing to prevent violent acts. An exploration of how moral injury comes into play with Veterans dealing with other mental health issues and not showing much progress could be beneficial to the field.

Lastly, this study explored and provided experiences on how moral injury impacted how individuals view themselves in association with society. Research notes that experiences of moral injury must be captured to assist in providing a sense of worthiness and self-esteem for individuals dealing with struggles of moral injury. Applying Jones' (2018) suggestions within this study such as implementing a process where self-empathy was the focus had the potential to permit individuals to recover a perception of lost goodness by repositioning traumatic transgression thoughts and memories in a more compassionate and forgiving manner (Jones, 2018). When working with issues of moral injury, research indicates that atonement activities created to voice distress and accomplishment had a therapeutic role in the process.

Research Question

1.   What are the lived experiences of veterans who have experienced a moral injury?

2.   What emerges from the data about the experiences of Veterans and moral injury?

Definitions

Moral Injury - "Perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations." (Franklin et al., 2016; 2017, p.400).

Forgiveness - Forgiveness is described as discharging the debt outstanding after a practical assessment and assignment of responsibility for an offense, which mentally and affectively transforms the offended out of the victim role (Webb et al., 2017).

Spirituality - A common feeling of attachment and connectedness to the sacred (Worthington et al., 2011).

Posttraumatic Stress Disorder - PTSD is caused by a specific traumatic event, including combat, which leads to symptoms such as persistent re-experiencing of the event; emotional numbing or avoidance of thoughts, feelings, conversations, or places associated with the trauma; and hyperarousal, such as exaggerated startle responses or difficulty focusing (Medicine, 2012).

Veteran - A person who served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable (Department of Veterans Affairs, 2015).

Summary

In recent years the concept of moral injury has shifted because of the overall aspects of Veterans' experiences with moral injury and its links to PTSD. The overall aspect reflects both a

higher recognition that various elements of events created extended periods of challenges and an acknowledgment that PTSD is complex in its association with moral injury. Shifting the parameters of PTSD from a direct focus on fear, helplessness, and or terror to the possibility of more emotional aspects of Veterans' struggles such as anger, guilt, shame, and self-disgust implemented in the overall assessment has taken place (Schorr et al., 2018). Research indicates that for decades the full spectrum of emotional cues produced by traumatic events in Veterans' experiences was ignored, because of past restricted views surrounding fear-based experiences. The present evolution of the stance surrounding the overall concept and diagnosing criteria of PTSD was potentially due to the small research in the field involving moral injury and its effects on individuals' mental health (Schorr et al., 2018). Situations, where a service member might strongly believe, "thou shalt not kill" but later find themselves in a combat situation where the actions of commission or omission were at the forefront, were found to present a difficult decision. Some individuals that carried out the mission of killing experienced not fear or horror, but instead other emotions such as guilt or shame deriving from a likely sustained moral injury.

The concerns of professionals in the field not spending the necessary time to understand the different ramifications of Veterans' experiences of moral injury versus PTSD from combat create the advancement of neglect in the field and speak to the historically narrower focus solely on fear-based experiences of Veterans that Schorr et al. (2018) spoke about in their study. Research indicates that consequences of morally injurious experiences produced long-lasting regret, remorse, shame, rage, or resentment as opposed to the narrow traditional focus of fear-based elements surrounding a diagnosis of PTSD. Schorr et al. (2018) highlighted 34% of service members responding to a question about having experiences of morally injurious events versus having experiences of a life threat, aftermath of the war, or traumatic devastation.

Another study found that close to 42% of war Veterans reported having been subjected to at least one form of morally injurious event during their military service. Taking the issue that a large minority of war Veterans have encountered morally injurious events, speaks to the importance of needing more research that explores, describes, and analyzes Veterans' experiences of moral injury (Schorr et al., 2018).

CHAPTER TWO: LITERATURE REVIEW

Overview

Literature Review

This study was designed to explore the lived experiences of Veterans who experienced a moral injury. This study focused on moral injury, an area in which research was important to understand some of the dynamics associated with Veterans having dealt with moral injury. This study relates to previous work that explored experiences of moral injury, identifying the various elements of defining the issue in multiple studies. This study differed in the attempt to not only identify past concepts of the condition but to acquire an understanding of the experience of the core principles of moral injury that Veterans deal with. The theoretical and practical implications of this study are to explore the root experience of the participants of this study, by describing and interpreting themes and patterns gathered from Veterans' experiences, to arrive at the essence of their moral injuries.

This study briefly pointed out mental health experts' viewpoints surrounding the overall foundation of moral injury gathered from various articles identified in the study. The theoretical framework covered, explored the conceptual history and parameters leading to the foundation of moral injury. Information was presented encompassing United States' military Veterans, one of the most vulnerable populations affected by moral injury. A critical analysis was conducted and presented on related literature covering post-traumatic stress disorder and the correlation between moral injury and spirituality. An understanding of moral injury by exploring the diagnosis and treatment resolutions associated with the condition was discussed. The literature review concluded by presenting future research areas surrounding moral injury and considering the end objective of initiating the process of making substantive meaning of one's experience.

Defined and Theoretical Framework

One might present the question, "What is moral injury?" and might later discover it is complicated. If the question was being asked by a mental health professional, such as the researcher in their quest for an understanding of the topic with an end goal to help a Veteran in need, this question is a great starting point. Working towards an understanding of the basic components and frameworks surrounding moral injury was beneficial in exploring Veterans' experiences and having some prior knowledge. The researcher of this study felt it was important to use the literature review to gather information to help answer the presented question. This process helped support the overall goal of understanding and making meaning of Veterans' experiences. Veterans have made the ultimate sacrifice to defend and uphold the constitution of the United States of America for their fellow Americans' rights and freedoms, and their experiences should be acknowledged and understood on various levels. This was a prime time to acquire information from Veterans' experiences surrounding moral injury. This study was considered a prime time because the participants of the study were Veterans having served during some of the most recent war periods. These Veterans were a little more vocal and willing to share their experiences versus the stance of earlier period combat Veterans. Having the focus on describing, interpreting, and making meaning of their experiences assisted with one part of understanding Veterans and moral injury.

Considering the question, of what is moral injury, is sometimes considered a complicated matter. The complex factors surround the notion that there is currently no agreement on the definition of moral injury with mental health professionals (Hodgson & Carey, 2017). For example, Shay (2014) defines moral injury as an issue of Veterans having feelings of guilt or shame, for acts they have committed in their military service that goes against their internal

beliefs or life compass. Whereas, Antonelli (2017), on the other hand, defines moral injury as an experience of betrayal of what is right grounded in an individual's moral standards, whether determined by the law, ethical traditions, or religion. belonging, or one's belief system. Most researchers simply identify the fact that guilt and shame are key symptoms of moral injury (Kelley & Braitman et al., 2019). This identification is a promising aspect for many researchers agreeing on a small part of a larger issue.

Kelley and Braitman et al. (2019) conducted a study focused on whether there were possible gender differences presented in three forms of experiences, such as massacres of the war, psychological and emotional modification from combat, and leadership failure that possibly ended in moral injury. During their investigation, they presented symptoms they found that surround moral injury, and they pointed out that there is not a concrete foundation for the issue. Moral injury explored in their research is identified as having elements of difficulties in extending forgiveness, emotions of anger, sadness, and spiritual agony. Kelley and Braitman et al. (2019) found that when moral beliefs become broken in Veterans' lives, moral injury is likely to be manifested. The subsequent action to take place after moral injury manifests other elements, such as depression and post-traumatic stress disorder (PTSD). The researchers during their study made it a mission to ensure that the readers were aware that well-researched PTSD can often be an overpowering aspect that can potentially completely cover components of moral injury. They found that there are critical differences between PTSD and moral injury. Considering the two conditions are linked, they are both, however, derived from separate elements of risk. Moral injury is a response to the experience of moral violations, whereas PTSD is commonly a reaction to moral danger such as physical injury (Kelley & Braitman et al., 2019). Moral injury presents internal symptoms of guilt and shame, whereas PTSD manifests itself after

one has been exposed to a physical injury; however, both produce symptoms such as

hypervigilance, flashbacks, and anger.

It was critical to present the various forms of working concepts surrounding moral injury.

This continued analysis is outside of the focus of this study and assisted in the mission of

building a solid foundation for answering what moral injury is. One definition of moral injury is

damage afflicted to an individual moral self, using their moral transgressions (Ang, 2017). The

study presented by Ang (2017) found it was only recently that traction involving moral injury

has taken off in the direction that presents the condition as a separate element of traumatic

exposure such as combat and is vastly different from PTSD. An examination was conducted

highlighting moral injury as an emotional affliction transformed by the defilement of one's

centric moral beliefs. This defilement led to moral ruin that adversely affect one's core identity.

The study argued that it is critical for individual commissions or omissions that transgress one's

self-identified morality (Ang, 2017). This key element is a separating aspect that distinguishes

individuals suffering from a moral injury from those who have PTSD, exposure to trauma, and

repulsive experiences. Ang (2017) identified one of the concerns as the ambiguities surrounding

moral injury; PTSD was studied in excess and added to the Diagnostic and Statistical Manual of

Mental Disorders (DSM III) in 1980. The diagnostic criteria for PTSD dealt only with traumatic

experiences linked with threats and dangers to service members' lives. The criteria and extensive

research never considered isolated variables that affected their core identity and beliefs

upholding their ethics and moral positions. The lack of consideration of moral injury components

can be argued to be one of the main issues that lead to a misunderstanding of the mental health

aspect. Moral injury can be considered neglected since the beginning of the adoption of its close

counterpart PTSD. Ang (2017) pointed out that moral injury could have potentially been the

answer to many wrongful diagnoses, such as personality disorders. The effects of experiencing traumatic events and being diagnosed with PTSD and the ramifications to one's identification, such as the individual's area of morals and ethics, are not considered or explored as a negative area affected.

Framework

The concept of moral injury is not new; it is only lately that efforts operationalized and evaluated it as a unique and different psychological paradigm (Bryan et al., 2016). The theoretical framework surrounding moral injury is in the early stages of conceptual creation and empirical exploration. The concept of moral injury describes the response of military veterans to the partaking in or observation of thoughtful, ethical wrongdoings occurring during periods of combat (Heston & Pahang, 2019). However, considering that moral injury is a recent notion, it may well be labeled as a new term for an old ailment, possibly dating back to biblical wars and combat (Grimell, 2019). It is the investigative research to fully understand the years of abandoned parameters of moral injury. Its close counterpart PTSD has always acquired research and attention presently. According to Bryan et al. (2016), the relationship between moral injury and PTSD is not understood. To conceptualize and obtain a functional operating procedure for moral injury, assessment tools such as the Moral Injury Event Scale (MIES) were created by Nash et al. (2013) to evaluate likely exposure to morally injurious experiences. Known experiences of individuals who have PTSD reported symptoms of guilt, shame, and challenges with trusting others are absent from diagnostic elements of PTSD (Bryan et al., 2016). Those listed symptoms could potentially have been diagnosed as moral injury.

In the recent quest to build a theoretical framework, moral injury has been clinically examined in the past by trauma experts, primarily transferring its previous names such as 'moral

sin,'; 'moral pain,' or 'spiritual injury' (Hodgson & Carey, 2017). A present debate on a moral injury during this process occurred, concluding that it is likely not a wound-induced by emotional fear, but rather a wound of the soul manifested by emotions of shame, guilt, or regret. Hodgson and Carey (2017) pointed out that many other authors have presented ample definitions over the past years, and there is presently no exact definition established in the mental health industry. Hodgson and Carey's (2017) research pointed out obstacles that are preventing a consensus amongst the field concerning a permanent framework such as professionals working as:

> "psychiatrists, social workers, historians, theologians, chaplains, military and veteran organizations), for reasons which they have not always explained, prefer to use and define the term moral injury without acknowledging the dynamics of 'betrayal' or 'spirituality' or both, while other researchers (irrespective of professional background) have been inclusive of such factors" (p.1213).

There was an argument that elements of betrayal and spirituality should be core elements of the framework for defining and understanding moral injury. The authors also held the position that with this approach, spiritual leaders are in a unique position to serve individuals affected by moral injury.

A leading concept in the literature on moral injury suggested that the distinctive traumatic consequences of killing in war represented the beginning creation of moral injury (Burkman et al., 2019). The evidence in existence presented that emotions of guilt, anger, and spiritual agony linked to combat action, specifically killing, are indicators of moral injury that lead to more detrimental situations such as suicidal ideation. Burkman et al. (2019) found that it is quite different for individuals who are affected by traumatic experiences from witnessing or presented

with threats of death or injury in comparison to individuals who are impacted by traumatic actions such as personally killing in war. When an individual kills in the war, they take a more active role, which has a more adverse effect on individuals, such as the onset of moral injury. The presented research suggests that individuals have a hard time after service in combat and communicated that killing is a distinctive traumatic experience. It is an experience that breaks the rules of moral or spiritual beliefs and generates a sense of internal battles (Burkman et al., 2019).

Currier and Fransworth et al. (2018) presented the concept that moral injury is the result of military-related experiences that are cold-blooded, harsh, immoral, or vicious, bringing about agony, misery, or death to individuals. A consensus of understanding that military service members were likely to come upon a far more varied set of obstacles than mental health professionals have historically valued. Moral injury is at the top of that undervalued list of obstacles. Moral injury encompasses elements such as social, behavioral, and spiritual troubles that overlap with other mental health conditions such as PTSD and depressive disorder (Currier & Fransworth et al., 2018). PTSD is known to be acquired from physical threats. In contrast, moral injury was found by Currier & Fransworth et al. (2018) to be acquired from violating internal moral values by making determinations or behaving in manners that lead to a profound internal battle. Currier and Fransworth et al. (2018) showed that 40% of Vietnam Veterans identified they had behaved in wrongful ways by committing acts of abusive viciousness, such as maltreatment of local citizens. Their research also identified one-fifth of service members serving in the Iraqi War on the front lines reported they believed they killed non-combatants. These various actions predict moral injury and challenge core values and beliefs.

Examining moral injury from a functional contextual viewpoint, the content of moral decisions or emotions are not in and of themselves naturally adaptive or maladaptive (Farnsworth & Borges et al., 2019). Farnsworth and Borges et al. (2019) set out to explore and investigate the foundation of moral injury. The researchers went into the study with three core objectives, and the third objective was the one of significance for this literature review. Their third objective was to build the concept of moral injury upon a foundation with a theoretical framework that would permit it to be empirically evaluated and polished through later exploration (Farnsworth & Borges et al., 2019). They positioned that moral injury is conceptualized as the "third wave" of cognitive behavior therapy (CBT). The third wave of CBT consists of earlier components of behavioral and cognitive functions but is built upon the significance of the human well-being factors to life. Under this concept, the substances of thoughts, emotions, and actions are not looked upon as being fundamentally noble or evil but, on the other hand, are evaluated based on the behavioral mechanics they serve for the person directly (Farnsworth & Borges et al., 2019).

Psychological

Moral injury and psychological aspects are critical to properly understanding their relationship when working with Veterans dealing with the condition. A study presented by Zerach and Levi-Belz (2018) explored moral injury and its psychological factors. Moral injury was an issue that research has confirmed can generate both religious and psychological ramifications. It was key to present both classifications of information in the exploration of moral injury to present a clear depiction of the issues and struggles at hand.

A study consisting of 191 Israeli combat Veterans was conducted to review the association between exposure to possibly morally injurious events and posttraumatic stress

disorder symptoms. Sources of possible morally injurious experiences identified were securing

Israel's borders preparing and partaking in general wartime (Zerach & Levi-Belz, 2018). These

duties represent modern time combat-linked experiences. Service at the border included physical

and administrative challenges for combatants and timid civilians. Behavior from soldiers was

known to be abusive against the civilian population. The second source of traumatic experiences

included the administration of the Palestinian civilian population of the West Bank. This

mission included carrying out police assignments, such as conducting checkpoints, arrests, and

ambush assignments. These military missions possibly involve violations or transgressions of

heavily held moral values and expectations.

Moral injury sustained is expressed in the study as acts of commission-based behaviors

such as killing or omission-based acts such as failing to stop mayhems. Other actions that could

manifest moral injury included taking a witness to professed immoral acts and experiencing the

disloyalty of trusted others. The study found that these forms of behavior led to major moral

conflict and, if not properly treated, would manifest the development of posttraumatic stress

disorder symptoms of intrusive memories and thoughts. Additional psychological factors found

were emotional disorientation, avoidance, and sometimes effects such as self-injury and

demoralization (Zerach & Levi-Belz, 2018).

The prevalence of morally injurious events does depend on several factors such as the era

of service, areas of duty, branch of the military served, and the specific transgressive action. One

study referenced a United States study that found US Veterans had a total of approximately

10.8% of war Veterans reported episodes of personal transgressions, 25.5% identified

transgression by others, and 25.5% reported experiences with betrayal (Wisco et al., 2017).

Those are three key areas of direct correlation to a manifestation of moral injury of an individual.

These various transgressions extremely shake a Veteran's moral standards and the simple

concept of what is right and wrong. Veterans must be aware of the inconsistencies between their

moral values and the real moral violation that caused internal struggle among the individual.

Ample empirical evidence exists that identified a direct link between potential moral

injurious events and developing PTSD symptoms. The two should be isolated at times to address

components, but they both have an association as research suggested. Zerach and Levi-Belz

(2018) research identified individuals who committed acts such as killing in combat and who

were associated with more severe levels of PTSD. A discovery in the research for individuals

who have experience in combat often blame themselves because of the thought of individual

shortcomings and flaws during trauma. Individuals are found to believe that those identified

flaws be hidden, in addition to avoiding others because of their fears of rejection and

condemnation, which would lead to experiences of trauma-linked shame (Zerach & Levi-Belz,

2018).

Zerach and Levi-Belz (2018) identified combat-associated guilt as being linked to known

morally injurious events such as committing acts of abusive violence or killings, in addition to

being related to severe cases of posttraumatic stress disorder. In many articles referenced in this

study, guilt and shame have been identified as two main elements leading to psychological

consequences. Shame and guilt are noted to be trauma-associated aspects and should not be

viewed traditionally when assessing the effects of a Veteran.

In addition to shame and guilt, Zerach and Levi-Belz (2018) discussed the importance of

self-disgust in their study as also important to understanding the psychological ramifications.

Self-disgust is an emotion manifested by trauma-associated guilt and shame pushing an

individual into social withdrawal and complete isolation. Under isolating conditions, an

individual's supportive interactions and chances to disown the thoughts and feelings of shame and guilt-linked beliefs as being unforgivable are lost. The individual is left trapped with various emotions. These factors lead to and contributed to developing self-condemnation (Zerach & Levi-Belz, 2018). The negative emotions of guilt, shame, and embarrassment are often viewed as self-conscious emotions. They lead an individual to develop negative ratings of themselves and the belief that they have failed to reach a more desirable result in a particular situation.

Considering additional psychological aspects, Purcell and Burkman et al. (2018) assessed the effects of the Impact of Killing treatment, a psychological technique developed to help moral injury and traumatic events linked to killing in war. The study involved 28 combat Veterans and focused directly on how this area benefited them. Research indicated that many Veterans, after coming home, discovered that their lives were affected by their time in combat. After wartime, Veterans experienced social isolation, interpersonal difficulties, and substance abuse. Former service members reported that these issues prevented them from returning to their prior combat routines and personal relationships. Killing in war has been reported to be one of the main morally injurious events that caused a Veteran to develop severe psychological concerns (Purcell & Burkman et al., 2018).

Veterans have difficulties with having regular flashbacks of their tours in war and carrying out atrocities. Some have struggled with pushing off their hyper-alertness from PTSD in the civilian world, usually common and needed in combat. Veterans live with unrelenting psychological effects of depression, anxiety, emotional numbness, and anger resulting from their moral injury. These psychological difficulties that prior service members experienced in addition to avoidance are symptoms of posttraumatic stress disorder (Purcell & Burkman et al., 2018). Posttraumatic stress disorder comes from experiencing fear of a life threat or a witnessed

tragedy, commonly under situations where the individual has limited control over the experienced events.

Found in Veterans of war was the fact that committing violence and killing is a special traumatic event. According to Purcell and Burkman et al. (2018), developing posttraumatic stress disorder was substantially more common for these Veterans who have experienced a moral transgression of killing in combat. The study found that when Veterans voiced their thoughts after the war, many detailed committing killings in combat as a life-modifying event that changed their perception of themselves and their universe and sometimes in destructive manners. Morally injurious events such as killing left heavy feelings of responsibility and regret that lived with the Veterans for extended periods after they leave the combat zone. Many Veterans continuously judge and punish themselves for long periods after they return home from the war.

Moral injury is often used to describe the spiritual suffering that a Veteran may experience after committing acts of violence or killing in combat (Purcell & Burkman et al., 2018). Moral injury has been communicated in several studies to be a long-term sense of guilt and shame that comes from taking part in behaviors that go against their deeply held moral beliefs. A simple notion of both PTSD and a moral injury has PTSD with onset by experiencing fear and bearing witness to the terrors of combat. In contrast, moral injury is set by taking actions or making choices that fight with an individual's moral convictions (Purcell & Burkman et al., 2018).

As explored, moral injury, unlike PTSD, is not deemed a psychological illness. Moral injury is a descriptive concept intended to identify Veterans' rationale for their suffering after the war, involving confusion, guilt, and shame (Purcell & Burkman et al., 2018). It must be pointed out again that clinical psychological symptoms of moral injury often correspond with and are

tied up with posttraumatic stress symptoms. Sometimes it is a missed opportunity to better understand and treat the moral injury with PTSD, often remaining the core clinical identity of moral injury. Veterans who have challenges with feelings of guilt and shame after committing violent acts or killing in combat were likely to be consulted with PTSD treatment if the Veteran sought assistance.

After seeking assistance, prolonged exposure therapy and cognitive processing therapy are considered the gold standards for treating Veterans with PTSD. Both forms of treatment are cognitive-behavioral therapies. Their goals are to reduce the severity and frequent occurrence of PTSD symptoms including undesired or unhelpful thoughts, emotions, and behaviors (Purcell & Burkman et al., 2018). Considering both techniques of therapy is an evidence-based treatment for PTSD, some research indicated that life-altering relief after the treatments is limited among Veterans. Neither technique will cure symptoms of PTSD. The major takeaway for prolonged exposure and cognitive processing therapy is that none directly addresses the moral injury that many Veterans experience after committing various violent acts in combat (Purcell & Burkman et al., 2018).

Due to the ineffectiveness of the therapies for moral injury, the authors would attempt to develop a supplemental treatment directly for moral injury. The development was the Impact of Killing treatment, which is a 6-8-week program that focuses directly on moral injury and the emotional results of killing in a war zone (Purcell & Burkman et al., 2018). Initial results from the study found that a specific treatment approach for the psychological aspects of moral injury was needed. The newly implemented Impact of Killing treatment helped Veterans improve their quality of life and drastically lowered posttraumatic stress symptoms and other mental symptoms.

There is a need for a specific evidence-based trauma-focused treatment program directly for individuals dealing with moral injury. The Impact of Killing a treatment program that is six to eight sessions, one session weekly, is a cognitive-behavioral approach and was created to build upon evidence-based treatments such as the gold standards of prolonged exposure and cognitive processing therapy. The Impact of Killing treatment is different in that it pays close attention to the acts of killing and the moral conflicts that a Veteran experience postwar (Purcell & Burkman et al., 2018). This treatment program meets the mark in moving the ball towards identifying and creating a separate identity and parameter for working with moral injury in a clinical setting. The Impact of Killing treatment program develops a framework that allows individuals to begin speaking about their direct violent acts that went against their moral beliefs. After starting to communicate about their experiences, Veterans begin to mentally process unaddressed traumas.

The Impact of Killing program helped Veterans recognize and accept the fact that violence in combat does have the capability to impede personal or social standards, manifesting guilt, shame, and self-disgust (Purcell & Burkman et al., 2018). The program helps Veterans mature in their desire for intimacy and integration postwar. Foundations help future work in the direction of self-acceptance and self-forgiveness after committing a violent act. The program stresses forgiveness and self-forgiveness specifically. As it relates to killing and violence in combat, research indicates that it is unclear who has the power to forgive or whom direct forgiveness is required and needed to help an individual move forward in their life. It is that individuals are fed words of absolution from close relatives, that they had no choice and had to do what was required to stay alive and make it back home. This form of absolution is in the

place of forgiveness. However, research indicates that forgiveness and self-forgiveness are direct to the overall success of Veterans' moral and spiritual repair (Purcell & Burkman et al., 2018).

Military Members

Moral injury was responsible for the many struggles that military members have had to endure for decades across various wars and peace times. One specific era that moral injury had an impact on was the Vietnam War. According to Blackstone et al. (2020), an estimated 2.7 million United States soldiers served in the military during the Vietnam War from 1961- to 1975. Many of the soldiers experienced combat trauma, and an estimated 58,000 soldiers died during the war. The Vietnam War is a known period when returning Veterans often faced public backlash for their involvement in the war. Because of the disapproval and anger facing many Vietnam War period Veterans over an extended period, they began to develop post-war adverse symptoms. Veterans who served in the Vietnam War experienced extended symptoms of medical, mental, and spiritual agony to include moral injury (Blackstone et al., 2020). The presented literature identified that many Vietnam Veterans suffered from PTSD and combat-related moral injury which resulted in higher numbers of suicide of all ages of the Veterans. Moral injury is a condition by itself linked with risk factors for suicidal ideation among Veterans suffering from post-traumatic stress disorder symptoms (Ames et al., 2019).

Many United States soldiers are killed at home by their actions than in recent wars. Hansen (2019) reported that approximately 20 Veterans of the United States military carry out acts of suicide daily. Many of these individuals suffer from moral injury, a wound to the inner core of a person. Moral injury is exclusive from the diagnosed post-traumatic stress disorder (PTSD) (Hansen, 2019). Moral injury, in Hansen's (2019) research, is when "someone perpetrates, fails to prevent or bears witness to acts that transgress deeply held moral beliefs and

expectations" (p.64). Moral injury can affect the lives of individuals who are actively involved in the actions deemed as transgressive or a witness to brutality, destroying their entire world concept.

Suicide numbers surrounding all branches of the United States Armed Forces are much higher than that of individuals in the regular civilian suicide statistics. To better comprehend and stop suicide in the U.S. military, we must point out the variables of risk responsible for the inconsistencies. One identified risk related to this is moral injury (Houtsma et al., 2017). Hotsma et al. (2017) research suggests that the risk of moral injury and low post-deployment social support is likely to increase emotions of loneliness or the attempt to find belongingness. It is a critical part for Veterans to have post-deployment support to help combat high rates of moral injury followed by suicide.

Related Literature

Post-traumatic Stress Disorder

Moral injury is associated with a list of mental health issues, such as depression, suicidal ideation, and post-traumatic stress disorder (Battaglia et al., 2019). Efforts to differentiate PTSD and moral injury symptom profiles have been attempted. Differences in PTSD profile included symptoms of memory loss, flashbacks, nightmares, and restlessness, whereas, on the other spectrum of moral injury, its symptom profile is comprised of guilt, shame, anger, and social isolation (Griffin et al., 2019). Griffin et al. (2019) found that moral injury is possible to include symptoms of PTSD, such as elements of self-harming and demoralization. Moral injury possesses elements of broken social ties and adverse transitions in one's mental-spiritual formation. One challenge is understanding the links between PTSD and moral injury is the likelihood of coinciding trauma forms, such as if an experience to which an individual was

exposed is both possibly life-threatening and morally injurious (Griffin et al., 2019). The

research also noted that individuals who present symptoms credited to both PTSD and moral

injury were more likely to report suicidal ideation and behaviors and to have attempted suicide.

Considering matters facing military personnel coming home, in a study of an estimated 1,709

military members returning from Iraq, it was about 15 to 20 percent that met the extensive

screening standards for PTSD, whereas virtually all reported being tested physically,

emotionally, spiritually, and morally (Hansen, 2019).

Moral Injury and Spirituality

Considering attempts to formulate a foundation for moral injury, the position of religious

faith or spirituality in moral injury was unequivocally not studied (Currier & Foster et al., 2019).

However, the present literature suggests that military members' combat-related traumatic

experiences may lead to psychological, relationship-based, and spiritual suffering. Currier and

Foster et al. (2019) found that confusion with God or a higher power materialized as a central

aspect for individuals suffering from spiritual conflicts. The researchers' analysis discovered

individuals in the study that experienced moral injury suffering and noticeable challenges with

spirituality were associated with the significance of religion before military service (Currier &

Foster et al., 2019).

The idea of moral injury is perhaps nothing distant to spiritual and pastoral care experts

(Kopacz et al., 2017). Spiritual care experts are present in the lives of individuals suffering from

elements of burdens, sorrow, or obstacles manifested by moral injury. Moral injury was

considered by the researchers as a catch-all word for an issue known to be a spiritual or soul

infliction or inner core fight. Religion surrounding the faith of Christianity is the belief that love,

and joy are the foundation of welcoming the spirit of the Lord. Kopacz et al. (2017) noted that

Christians commonly position their love for others above oneself, strengthening the concept that

it is critical to adhere to one's value of treating others in the highest regard. When those listed

values are broken, "In the Christian tradition, the burden of moral injury reflects a transgression

in these relationships, giving way to a sense of distress or crisis" (p.218). The present literature

suggested the role spiritual leaders hold for the affected population; whereas many individuals

suffering from moral injury after the experience of traumatic events will commonly look to

spiritual experts for assistance to reposition their existential views and confirm the meaning they

have set for their life (Kopacz, 2014). A gap exists in the current area of research as to determine

if individuals are more likely to seek help from spiritual experts versus help from a mental health

professional.

Diagnosis/ Treatment Resolution

Diagnosis

According to Heston and Pahang (2019), the ideal treatment of moral injury, just like the

diagnosis of moral injury, remains uncertain. However, the researchers established an operational

diagnosing parameter for moral injury in soldiers, in which it depended on the presence of three

elements: a betrayal of what is right, which is sanctioned by an individual who has legitimate

authority, such as a commander, and takes place in risks situations (Heston & Pahang, 2019).

Additionally, the researcher identified in their study after working with diverse groups, that

moral injury is a separate entity from other mental conditions, such as post-traumatic stress

disorder. The acknowledgment of moral injury depended on poorly defined and generalized

criteria.

When considering methods to assist with the diagnosing of moral injury for current and

past military members, there are three available scales used to assess the existence of a moral

injury in Veterans that Koenig and Ames et al. (2018) would review. The Moral Injury Events Scale (MIES); Moral Injury Questionnaire (MIQ); and the Moral Injury Symptom Scale – Military Version (MISS-M) (Koenig & Ames et al., 2018). The scale that would be the focus was the MISS-M, which is a 45-item evaluation of moral injury symptoms created to use in Veterans and Active-Duty military members with PTSD. The scale assesses the mental and spiritual components of moral injury. The MISS-M is the first multidimensional scale that evaluates both the emotional and spiritual/religious symptoms of moral injury. The scale is one of the most internally reliable, extraordinary test-retest reliabilities, and a factor configuration that is replicated (Koenig & Ames et al., 2018). Another scale that is of significance is the Expressions of Moral Injury Scale—Military Version (EMIS-M). This scale delivers a reliable and valid resource for measuring the warning signs of a moral injury in the military populations (Currier & Fransworth et al., 2018).

Treatment

Mental health experts must completely understand how to identify moral injury before attempting various treatment methods (Koenig & Ames et al., 2019). The present literature review identifies several techniques that combat moral injury. The first method is Acceptance and Commitment Therapy for Moral Injury (ACT-MI), which is a moral injury treatment focused on refining approval of moral harm in the examination of one's moral values instead of combating the components of moral agony (Borges, 2019). The literature suggested that this form of therapy is exceptionally reliable. Mindfulness-based techniques are recommended as a method to treat moral injury in military members (Davies et al., 2019). Mindfulness-based techniques have been shown in the current research to help treat many of the known symptoms of moral injury such as shame and guilt.

Undeniably, the present research available in the field would suggest that current PTSD treatments are not intended to address moral injury explicitly. Most existing theoretical and treatment techniques for PTSD focus on adjustment to a highly manifested fear reaction through numerous forms of exposure and cognitive reformation (Burkman et al., 2019). However, earlier extensive research also identified that moral injury linked to PTSD could be effectively attended to using prolonged exposure and cognitive processing therapy (Held et al., 2018). These forms of therapy are effective at addressing some of the similar shared symptoms between PTSD and moral injuries, such as feelings of hopelessness and demoralization. As treatment relates to moral injury, this is a prime example of inconsistencies in the literature involving exposure therapy. Most recent research by Burkman et al. (2019) suggested that the likelihood of techniques such as exposure therapy being effective is not promising. Presenting an opposite position is the research from Held et al. (2018) whose research identified exposure therapy as being for moral injury co-occurring with PTSD.

Burkman et al. (2019) highlighted that moral restoration is not an objective or a factor in common PTSD treatments, which do not directly tackle spiritual apprehensions. The missing moral restoration is troubling because spiritual functioning is associated with PTSD severity and suicidal actions in military members. Recent qualitative studies of moral injury of combat veterans indicated the degree to which spiritual and social functioning is adversely obstructed after combat. A method of treatment that begins to address this area of challenges is likely to be effective in using to treat a moral injury, where spirituality is severely damaged.

Other treatment techniques may surround known Christian customs that offer several supporting individuals affected by moral injury. Those customs include prayer, fasting, studying Holy Scriptures, and sacred actions such as baptism and the Lord's Supper (Kopacz et al., 2017).

Additionally, in combating issues of moral injury, many spiritual leaders have in the past used a confessional technique, commonly the method called Sacrament of Penance, where individuals are encouraged to express their experience of moral injury and ask for forgiveness (Carey & Hodgson, 2018). Carey and Hodgson's (2018) research indicated that such a procedural process may have meaning, strengthening other therapeutic processes.

Forgiveness

When answering the question of how an individual moved forward after dealing with moral injury, the idea of tapping into religion and forgiveness was at the forefront of the treatment journey. Observing military Veterans with moral injury, forgiveness plays a vital role in the healing journey. Committing acts of moral transgression that raised to the level of a sustained moral injury, an individual might not utterly understand what is happening. Many might acknowledge that they are damaged inside and not understand why after partaking in obligated duties in the military. Many might not understand why they feel horrible after only doing what they were ordered to do and will begin to question themselves and others because they feel bad inside; they may ask themselves, "Did I ultimately do something that violates everything I stand for as a good human being?" According to Purcell et al. (2018) wounds to the spirit or soul were likely to manifest becoming some of the most overwhelming injuries of combat.

The manifested injuries to an individual spirit and/or soul lead one to live a life of shame, alienation, and disillusion after coming home from a combat tour. The individual was also likely to begin questioning if they were good and decent as a person. Research has discovered that war has the power to make an individual feel as if they are a mean and horrible person, sometimes considering themselves to be a monster (Purcell et al., 2018). The concept of self has been found

to drive many individuals to take on a self-punishing lifestyle for their violation of morals and values. After this violation, it is difficult for one to find or consider themselves to be any part of a decent person. It is noted that a person struggling with moral injury will find ways to destroy their relationships, job, and/or any other aspect of life that has a chance of producing joy. The reason for this behavior is the individual does not feel they deserve to be happy or fulfilled in life after their transgressions.

It is not abnormal for an individual to feel they have committed a transgression and later feel emotionally empty; however, they will not be able to pinpoint or comprehend the cause of the transgression. In war, there is no clear view of what communicates right versus what is wrong as compared to issues in the civilian world that are easily understood to be a clear violation of what is right. On the other hand, when having to process what actions one would take outside of a war zone in comparison to the actions that one is bound by military duty to carry out, whether morally damaging or not was a difficult transition during the subjected actions. Purcell et al. (2018) noted that these types of split-second decisions were the premise for protecting oneself and others during a time where there could be devastating consequences if an interpreted moral violation is committed quickly.

On the path to forgiveness, it was important to understand the pressure that many individuals found themselves dealing with during periods of war such as having to make detrimental split-second decisions that are a matter of life or death in many cases. An understanding of what forgiveness is going up against is the only proper way to guide an individual to a better way of life during and after dealing with moral injury. Research has highlighted that many individuals struggled with not only the concept of whether they have committed a reasonable moral violation, but also they felt ultimately to blame for a war act that

was avoidable and indecent. Purcell et al. (2018) found that many individuals felt that their

questionable combat actions could have been influenced by fear and adrenaline. This matters to

understanding what form or area of forgiveness should be ushered in. An individual might feel

they have not only committed a moral transgression but in addition, it is possible they could have

avoided altogether shooting or killing another person, because they did so prematurely, and an

innocent person was killed as a result. The defined premature decision is often made by young

and inexperienced individuals and this element does play a vital role in the thought process of

feeling forgiveness. The fact that it is war, and an individual is young and inexperienced might

seem to the average person as a great and understandable get-out-of moral violation jail-free

card, but it ultimately came down to the individual if they felt they are worthy of forgiveness and

at what cost.

Purcell et al. (2018) discovered that an individual's path to self-forgiveness can only

occur after a genuine and considerate assessment of moral violations has been considered.

Consideration for moral injury elements that have been avoided during and after combat needs to

be brought to the forefront. The time set aside to consider all aspects of the traumatic experience

did have the potential to end in an emotional reevaluation, that by itself can lessen the guilt,

shame, and pain for many. In these cases, this psychology reappraisal uncovers the reality for

some that a penetrating moral failure did not exist that warranted additional work to lead to

finding a profound level of forgiveness of self.   On the other side of the spectrum was the

individual who felt they could not be allowed off the hook easily and would continue to pursue

their self-punishment. The punishment might be translated into enduring shame and guilt of

moral injury.

To move past the shame and guilt of moral injury, moral development and reconciliation are two critical components of healing (Purcell et al., 2018). The settlement between the morals and values that an individual wanted to carry and the behavior one had partaken in must occur. Reconciliation between the person one desired to be and the individual one once was, must occur during this reconciliation process. Most importantly, an understanding between the role of being a soldier in combat and that of a discharged Veteran back in the civilian world should transpire. The ideal reconciliation of these various elements can flourish only when an individual views their actions with fully opened eyes (Purcell et al., 2018).

After reconciliation has taken place in the most vulnerable places identified, self-forgiveness should be the focus of the path moving forward to finding complete healing. Purcell et al. (2018) defined forgiveness as a process of psychological growth, release, and alteration that assisted reconciliation in the post-experience of significant moral violation. Forgiveness was found to be an active process that is heavily morally engaged that required both change and acceptance. Forgiveness was also considered to be a process that occurred over time and is thoughtful; it involved an essential movement approach, cognition, and/ or an individual action (Webb et al., 2017).

The movement involved setting free ill will without condoning, excusing, or denying the moral violation or transgression. For an individual to determine if forgiveness is the correct approach to their situation, they had to deeply examine their actions and the harm they have possibly created for others. The path of forgiveness often led to an individual seeking the forgiveness of God for a transgression committed or the forgiveness of family or friends who they have treated less than and alienated. An issue when it comes to fighting in a war and committing transgressions would be defining who is the ultimate person to offer forgiveness for

the horrible acts carried out against individuals. In these cases, an individual must focus on self-forgiveness to heal from moral injury; it is a focus of inner reconciliation. This was a crucial part of the moral development that was introduced prior. Individuals that may feel self-forgiveness is an easy way to feel better or simply forgive wrongful acts might find that not always be the case. Genuine healing and recovery from moral injury will be a painful process that involves moral understanding and settlement before spiritual development and regeneration.

Spiritual Development and Regeneration

During and after treatment protocols, spiritual development and regeneration have been found to have a close correlation with moral injury found throughout this review. A study was conducted to assess this close relation more in-depth in a treatment group setting with spiritual integration. War experiences for many individuals had a long-lasting impression that has been discovered to affect one's life more severely than many initially comprehended. Combat has the power to test an individual's values and beliefs. These values are the foundation of a person's existence and communicate held beliefs about what is right in the world, what is fair and just, safety, and what life truly means (Starnino et al., 2019). These values are often put to the test after returning from a combat tour where extensive wartime trauma has been experienced. Combat pushes individuals into places where they are left with difficult and singular decisions that they might not want to pursue, but it is often a matter of defending oneself or being defeated. This factor is hard to decipher when one is going against everything one once believed. These elements were concepts to the notion of moral injury.

The spiritual elements of moral injury had a focus on two components of moral injury identified by Starnino et al. (2019). Starnino et al. (2019), noted the commonly defined concept of moral injury also as an individual who feels they have betrayed what is right in an extremely

stressful situation. This betrayal is to someone who carried ultimate authority in the situation such as a military commander for military members. The second noted component of moral injury is the violation of one's values, ethics, or beliefs during wartime. Both elements did share the connection of disloyalty to one's view of what is right. This disloyalty produced despair and hopelessness in an individual's life after the war and the various betrayals committed left one with no meaning or purpose in life (Berg, 2011).

Spiritual issues can be manifested from combat traumatic experiences to include guilt, shame, a hard time forgiving oneself and others, modification or complete losses of spiritual beliefs, challenges trusting others or self to do the morally right thing, and forfeiture of a sense of meaning or purpose in an individual's life (Starnino et al., 2019). One must recognize that there is a common overlapping of moral injury and spiritual injury. Both experiences had the potential to produce elements of guilt, diminished meanings of life, and difficulties with forgiveness. When dealing with both components they should be focused on individually at different stages throughout the therapeutic process. Current literature has identified the issue of when dealing with spiritual injury it was common for significance to be placed on the spiritual components such as trauma-related spiritual injury being viewed as an existential disaster (Starnino et al., 2019). On the other hand, moral injury concerns are recognized but are handled as naturally linked to spiritual elements. Moral injuries sustained are considered to have the capability to affect spirituality devastatingly and were sometimes prioritized as a core area of a person's life.

Even after considering the factors previously mentioned and the potential challenges that an individual may have surrounding spiritual and/or religious concerns, research confirmed that many individuals after experiencing traumatic events turned to their religious beliefs and faith to help propel them out of their distress. Research also indicated that it is critical that the focus on

spiritual and moral repair was in line with the concept of posttraumatic growth. The areas of focus that should be repaired to assist the goal of posttraumatic growth would include elements of guilt, trust, shame, relationships with others, and forgiveness. According to Starnino et al. (2019) under the notion of posttraumatic growth an individual including combat Veterans have the potential to recover and discover a refined meaning to life in their journey. Posttraumatic growth from moral injury is considered a positive psychological transformation as an outcome of the difficulties with extreme life situations. It is the process of re-establishing one's existence by reevaluating many aspects of their life and noticing developments in areas of life such as personal relationships, and spirituality, forming a new appreciation of life and realizing new capabilities and possibilities in life.

Starnino et al. (2019) research discovered that many individuals found themselves having difficulties recovering from various forms of trauma including spiritual and moral injury thus, the spiritual and religious elements must be addressed and not ignored. The concept of posttraumatic growth is heavily rooted in both moral and spiritual repair that is often mentioned. Having a spiritual focus and being invested in repairing this area of one's life gave a uniting purpose in life. Tapping into spirituality was additionally a force that can help one to stabilize their existence and deal with challenges that lie ahead, specifically the traumatic areas of life. It was a critical task to assist individuals that are dealing with moral injury and wrestling with spiritual concerns to address this element to fully find the highest level of recovery.

The researchers in Starnino et al. (2019), understood the importance of moral and spiritual repair and conducted a study of Veterans with both issues being a focus in a structured group setting and process. The objective of the study was to provide a search for meaningful intervention, which is considered a spiritually linked technique that has the potential to treat

moral and spiritual injuries that are encountered by military Veterans. The study involved 23

Veterans and 21 of whom noted psychological challenges linked to moral injury that contributed

to acts of transgressions such as killing or witnessing others die during the war and military

sexual trauma. The mental difficulties associated with moral injury consisted of struggles with

making meaning of life, their self-identify, shame, guilt, and absence of forgiveness (Starnino et

al., 2019). On the other side, 20 of the individuals experienced spiritual troubles including

interrogating one's spiritual or religious values, total loss of spiritual or religious beliefs, failure

to continue the practice of religious traditions, in addition to carrying feelings of abandonment,

punishment, or being unloved by an individual's revered entity.

The study's focus on the search for meaning intervention, forgiveness, and acceptance

was found to play an instrumental role in moving from the phases of moral and spiritual

challenges where individuals commonly found themselves, on to a journey of repair and

completeness (Starnino et al., 2019). The search for meaning intervention in the group setting

was found to help Veterans' struggling with their bound military obligation, verse their emotions

of higher values. Many were able to express and understand that they did what they were

ordered to do during their tour of duty, and the understanding helped with the acceptance

process. The group participants were able to come to terms with putting their concerns of duty to

rest to assist with the process of repair and moving forward.

The concept of the search for meaning during the group setting was a component that was

able to provide a sense of meaning for many of the participants from their traumatic experiences.

Starnino et al. (2019) identified how the procedure of working through moral and spiritual repair

was simply the act of coming to grips with each person's experience and learning to identify

triggers linked to the traumatic events. After the identification of triggers has occurred, one

would learn how to break or modify the trigger and response pattern. Another noted result was to assemble meaning from the experience that occurred and possibly make conceptual changes in how the individual views the world or lives as a result. The results from the study indicated that 16 of the participants noted some level of modification in making meaning of their experience because of being a part of the search for meaning intervention. The shift was noted to be in how the individual makes sense of their traumatic experience, the act of redefining the meaning of the trauma, this was true for 9 of the participants. For 15 of the participants, their transformation was around how they experience meaning in their lives in general. These individuals were noted to have more peace of mind and more accepting of self and others, with the common belief that their lives had a purpose. The researchers involved in the study of Starnino et al. (2019) identified how participants with a background of a spiritual nature or faith were frequently observed using this vantage point to search for or discover communication or meaning in terrifying things that have occurred. This concept is mentioned to be the foundation of looking for instructions from a higher entity. Some individuals will identify a hard line between behaviors of God and behaviors of people.

Summary

Several opportunities for future research have been identified in the current literature review. The first area involved moral injury being a condition that is required to be researched more in the future to allow it to be set apart from PTSD and other mental health conditions. This will assist with the problem of the close correlation that often leads practitioners to only treat PTSD and feel that it will cover moral injury as well. Research has shown that this is not likely the case and moral injury is in desperate need to have its foundation and identity. Research is additionally required to explore moral injury's effects on mental, social, and occupational

functioning, and to discover appropriate treatment methods (Koenig, 2018). This additional research will assist in filling the gaps surrounding providing a comprehensive understanding of the ramifications of moral injury as it relates to other areas of an individual's life in addition to the emotional adverse effects. Additionally, research is recommended in screening and treatment to improve moral injury; as well as combining treatments that can assist moral injury and associated disorders (Kelley & Braitman et al., 2019). Once a reliable framework for proper assessment and identification of moral injury has been further researched and developed, mental health experts will comfortably know and understand what they are attempting to treat.

Ames et al. (2019) indicated the importance to determine whether interventions that target moral injury decrease the risk of suicide or suicidal ideation; it is unknown and needs further study. This is a critical area to further develop for the present suicide rate for Veterans as identified in the text is much higher than that of the general population. Veterans are a minority group as compared to civilians, but on the other hand, carry most of the statistical data as it relates to elevated suicide completions. Lastly, further study is required to isolate pre-traumatic variables that may serve to increase risk or heighten resilience to the development of moral injury in military members (Battaglia et al., 2019). Providing the pre-traumatic variables affords mental health experts another tool to ensure that a deserving population of military members current and past are receiving the most effective treatment.

Moral injury is an interpretative stance, motivated by an individual's subjective understanding of an experience (Napoli et al., 2019) and the result is to help individuals alter their comprehension of the experience. It is important for all individuals suffering from a moral injury to seek assistance in whatever manner that may be, to begin to reframe their mode of thinking that is presently obscured. I am reminded of Romans 12:2 ESV, "Do not be conformed

to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect." During actions of self-care, one is expected to focus on the completeness of God and renew their mind. As this action takes place mental health experts must begin to move the conversation and research in a direction that will be advantageous to Veterans as a whole. The identified gaps and inconsistencies surrounding moral injury do not promote the value of providing the most effective form of care to a client. The result is to explore the research to answer the following research question:

1. What are the lived experiences of veterans who have experienced a moral injury?

2. What emerges from the data about the experiences of Veterans and moral injury?

CHAPTER THREE: METHODS

Research Methodology Overview

A qualitative phenomenological research study was conducted to explore the evolving

conceptual framework of Moral Injury (MI) and its effect on the lives of Veterans. Research has

shown that Veterans have overwhelmingly been affected by MI and have faced many obstacles

due to the condition (Blackstone et al., 2020). There is a disconnect surrounding the foundation

of what MI should or should not encompass in its identity. The presented research was tailored to

provide a working foundation for a possible common consensus in the field concerning MI. It

also attempted to provide personal encounters from multiple Veterans affected by MI and their

experiences with the condition.

Research Questions

1. What are the lived experiences of veterans who have experienced a moral injury?

2. What emerges from the data about the experiences of Veterans and moral injury?

Qualitative Study

The study was designed to be qualitative. Qualitative research is conducted when

minimum information is known about a phenomenon or the existing knowledge, or theories

about it may be subjective (Cypress, 2019). During this study, one of the main goals of the

researcher was to develop a detailed and context-based understanding of the poorly

comprehended phenomenon in a real-life setting. Qualitative research is ideal for studies that

seek a profound understanding of a "poorly understood" phenomenon that cannot be quantified

and measured (Cypress, 2019). Qualitative researchers usually gather information in actual,

naturalistic settings such as an individual's home or community. Personal experiences are

described in great detail during interviews. Qualitative studies are encircled by a descriptive

narrative that must be reviewed and interpreted to better understand any given phenomenon that is being investigated (Moser & Korstjens, 2017;2018).

Implementing qualitative research methods in exploring moral injury is an ideal match because according to Starks and Brown et al. (2016), qualitative research methods allow health sciences, and researchers, to investigate inquiries of meaning, and to observe institutional and social practices and processes. It additionally allows for the identification of roadblocks and architects to change. One of the most beneficial aspects of utilizing qualitative research methods would be that it allows for the discovery of explanations for the success or shortcomings of interventions surrounding a moral injury. The best method needed to be chosen while investigating a subject matter, such as moral injury to ensure the desired results. With reliability and validity being in the researchers' purview, this helped ensure that the research and data collected were useful and best received (Starks & Brown et al., 2016).

Phenomenology

According to Neubauer et al. (2019), phenomenology is a method of qualitative research that concentrates on the research of an individual's real-life experiences in the world. More directly, phenomenology can be defined as a technique of research that seeks to identify the core of a phenomenon by investigating it from the viewpoint of the individuals who have experienced it directly (Neubauer et al., 2019). The overall mission was to identify the importance of the described experience. This was accomplished by defining what was experienced and how it was experienced by the affected individuals. This research was appropriate because it helped find the commonality of the experience of Veterans when it came to the overall experiences of moral injury. When considering the account of individuals having many different experiences, common

denominators did emerge. The phenomenological method was the best model to follow to address the presented research questions.

Additionally, this approach was the ideal one for this study because it is the method that studies the individuals in their environment. This research method uses practices such as interviews to tap into the specifics of individuals being studied (Creswell & Poth, 2018). First-hand accounts are important to be obtained, and this research approach helped accomplish that.

Phenomenology is grounded in the process of noting detailed descriptions and close analysis of lived experiences; the importance of this aspect is often stressed to comprehend how meaning is developed through exemplified perceptions (Starks & Brown et al., 2016). The concept of moral injury has been understudied in the field of social science, and phenomenology assists with providing elevated comprehension of lived experiences by revealing taken-for-granted assumptions concerning these ways of knowing. According to Starks and Brown et al. (2016), the journey of close analysis of individuals' experiences surrounding moral injury sought to acquire the meaning and shared characteristics, or essences, of the experience of moral injury. Research surrounding phenomenological review communicated the truth of the common experience as an abstract element. It was subjective and revealing only using the expressed viewpoint. Research questions were framed to assist with the discovery, and questions were asked about lived experiences, as contrasted with conceptual explanations of experiences or opinions about them (Starks & Brown et al., 2016).

The Researcher's Role

During this study, a key role of the researcher was to build rapport with the participants. It was the researcher's duty to ensure the subjects were comfortable to ensure they communicate their experiences to the best of their ability. This study involved gathering descriptive details,

and it was imperative the researcher presented himself as the listener and ask participants to give as many details as possible of the background of their experience of the phenomenon (Starks & Brown, 2016).

According to Cypress (2019), during data collection, the researcher must pose as credible. Credibility establishment occurs in the natural setting and includes acquiring skills of being present, trusted, and neutral. The real-life researcher must adapt and fit into the setting. It was also imperative for the researcher to pace the data collection carefully, adhere to professional standards, and guard the data by the benefit of being a researcher who is present and neutral (Cypress, 2019).

Procedures

Participant Selection

Research indicates that under the parameters of sampling in qualitative research, the study's sample size depends on four factors: the depth of the study, the subject matter of the topic, the worth of the data, and the study design (Starks & Brown et al., 2016). When considering samples, research has shown that a person can form hundreds of concepts; large samples are not required to produce valuable data sets. The exact number of subjects required, and the number of interviews per person will depend on the mission and purpose of the research. According to Starks and Brown et al. (2016), phenomenological research focuses on common features of lived experiences, and research indicated that even though diverse sampling might deliver a broader spectrum from which extractions of the essences of the phenomenon can be pulled, data from only a few persons who have experienced the phenomenon and who can give a detailed account of their experience, should be more than enough to bring to light the core

elements. With that in mind, common sample sizes for phenomenological research will range from 1 to 10 individuals. This study consisted of 5 participants.

Participant selection for this study was accomplished using the technique of convenience sampling. Setia (2016) noted this technique as simple and one of the common methods of sampling used for postgraduate dissertations. Selections were gathered from a close existing population of Veterans to include past civilian co-workers, colleagues, and past fellow airmen Veterans. There is limited research on using individuals that had a prior relationship with the researcher, but no rules that deemed the practice unethical. Crossman (2020) reviewed a doctorate-level Ph.D. researcher and noted that convenience sampling could involve the practice of assessing friends, students, or colleagues to which the researcher has easy access.

This sampling was ideal because it made recruiting Veterans easy and accessible due to the researcher's background of working with Veterans and having colleagues and friends that knew other Veterans that were qualifiers of the study. The researcher did not feel bias concerns would be an issue due to the nature of the information being collected surrounding moral injury. Expected risks such as shared knowledge or a feeling of betrayal leading from possible published information concerning the subject were addressed. These risks were addressed through communication, explaining what the research means, the researcher's role, and other expectations to eliminate any possible concerns or confusion. The advantages outweigh the risks of using the technique from the perspective of going into the study with a good rapport and trust between the researcher and the subject matter. The individuals within the study had a higher willingness to disclose their experiences of moral injury. The researcher felt this sampling was convenient and the participants had valuable experiences to share. This method of sampling eliminated time wasted from attempting to recruit participants from obstructed organizations

such as the Department of Veteran Affairs and various Service Organizations, where it might have been near impossible to secure subjects. The participants were all 18 or older. The participants were combat Veterans having served in a conflict over the past three decades (Persian Gulf War, War in Afghanistan, War in Iraq). Lastly, the participants all reported a positive history of moral injury. Excluded from the study was an individual that was not a Veteran and had a negative history of moral injury.

Data Collection

Data was gathered by the researcher, who has worked with Veterans for the last decade after serving in the United States Air Force. Phenomenological research started with the researcher, who had a curiosity or passion that is turned into a research question (Finlay, 2013). Frequent communication with Veterans has led to this area of research. Data collection for a qualitative phenomenological research study includes interviews, observation, documents, artifacts, images, and emergent sources such as social networking exchanges (Cypress, 2019). The main method of gathering data was to conduct semi-structured interviews with each participant. Acceptable methods of conducting the interviews included face-to-face, telephone, and video chat. The interview was a process where an in-depth conversation was held as the researcher presented questions, and the participants provided answers (Moser & Korstjens, 2017; 2018). The goal of gathering data through an interview was to obtain the participant's experiences, perceptions, and thoughts about the phenomenon.

According to Qutoshi (2018), data collection and phenomena defining facts in phenomenological research will occur together. The reason for this was to highlight specific experiences to define the phenomena that were recognized by the individual in a specific situation. The focus of the research was on subjectivity and direct individual knowledge in

identifying and making sense of the phenomena from the research subject's point of view. During data collection, the aspect behind the multiple philosophical and methodological ideas of phenomenology and techniques brings together the core elements of understanding the phenomena linked to a human being with an elevated rate of awareness (Qutoshi, 2018).

Research indicated that during data collection and making meaning of the phenomenon, techniques that were focused on describing versus that of explaining individuals' realities, insights, and values, which expose the research subject versus hiding the individual was more meaningful (Qutoshi, 2018). Research additionally indicated that in phenomenological research, a briefing on the findings should be focused on a detailed description of the phenomena, before formulating the meaning of the descriptions of the interpretation of the research individual (Qutoshi, 2018). This ensured a summary of the findings, recommendations, or future implications in phenomenological research was presented directly to the readers about the research report. The summary of findings and core components should be described equally without any biases.

The data collection of this study comprised two parts: (1) the screening and privacy notice via email and text (2) interview.

Task 1: Each participant was contacted by email and text invitation. The screening process was completed by email and text involving the issuance of the text highlighted in appendix B, as a qualifier for the study. Participating subjects were disclosed the purpose of the study so that there were not any surprises; the researcher reached out to the participants and advised them of the purpose of the study. Privacy of the participants was implemented to the highest degree, such as the use of aliases so no identity was disclosed.

Task 2: Data were collected by conducting interviews. The researcher conducted 5 interviews to obtain the data analyzed. The steps of the interview process lasted 35 to 60 minutes. Data collection was obtained from Veterans during an interview process over video/telephone platforms in their home setting. In addition, the Veterans were asked to complete a written entry of the interview questions surrounding their moral injury experience after the conducted interviews to ensure the accuracy of the data gathered.

Interviews were the primary mean of exploring and learning about moral injury from the Veterans' perspective. The interview conducted was to retrieve the individual's stories. During this process, research suggested that both the researcher and the participant assumed that their words would be comprehended as spoken and intended. Probing questions were asked to promote the individual to describe the details to gain clarity and to remain close to the lived experiences. Veterans were asked open-ended questions to allow them to express their total experience of moral injury. The researcher worked with Veterans of various war periods. Below is a listing of the interview questions, which can be also found in appendix C.

Interview Questions

Each Veteran stated only their alias to be referred by during the interview.

1. To confirm, you do have combat experience, correct?

2. What year or years did your combat tours take place?

3. What theater did your combat experience occur in?

4. Please describe how you felt while preparing for your first combat tour.

5. What was your primary specialty/job during your combat missions?

6. What type of combat did you experience?

7. What was your degree of exposure to life-threatening combat?

8.   Please speak about any challenges you faced during your combat experience.

9.   Is there one thing that is more memorable about your combat experience than others?

10.   (Moral Injury - "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Franklin et al., 2016; 2017, p.400)). Based on the definition I just provided of moral injury, what does this term mean to you?

11.   Can you describe a combat experience when you felt like your morals (rules provided), or values (personally held beliefs) were violated?

12.   (If applicable) After the moral or value violation that occurred from your combat experience, how did your feel? Why do you think you felt that way?

13.   Thank you for your patience and willingness to participate. One last question before we close, what else do you think would be important for me to know concerning your combat experience and history of moral injury that I have not asked you about?

The first two questions acquired information from the participant and were recommended questions for gathering details leading to the textual and structural description of the experiences (Creswell & Poth, 2018). Questions twelve and thirteen assisted the participant in reflecting on their degree of awareness of their morals and values that were held internally. Those two questions were asked at a point in the interview where a connection had been established. Understanding the dynamic of the individual's moral injury struggle was paramount to the study. Research indicated that this was an important aspect to reach before moving into vulnerable areas of a participant's life (Creswell & Poth, 2018). Question fourteen was prepared to allow the participants to communicate any final details that they felt were relevant to the study and was used in the closing interview question.

Data Analysis

According to Moser and Korstjens (2017; 2018), qualitative data analysis starts with organizing the data. The goal of the data analysis was to produce the core of individuals' lived experiences. In phenomenology, the analysis goal was to identify and interpret the meaning of an experience (Moser & Korstjens, 2017;2018). The audio-recorded and written interviews were transcribed and analyzed after each interview. In addition, any relevant documents concerning moral injury of the Veteran and their mental health providers, such as official paperwork, if provided, were analyzed. According to Finlay (2013), phenomenology is more than a method, it demands an open way of *being*—one that examines taken-for-granted human situations as they are in everyday life, but which go typically unchallenged.

A second objective completed was to seek the common themes highlighted in the interview transcripts. The result of a phenomenological study was a comprehensive description of the concepts and themes that photographs the critical meaning of a 'lived' experience. To achieve that result, qualitative research often indicates that a researcher has to summons the study's participants or other experts in the data analysis process to gather the most reliable information.

Validity

Validity in qualitative research has been an area of focus for many decades (Cho & Trent, 2016). Cho and Trent (2016) research revealed that concerns surrounding validity in this form of research have amplified over recent periods. This concern over validity is an issue in both the United States and globally. The explained reason for this increase in concern in the United States is because of federal entities' efforts to discredit qualitative research and its associated validity paradigms (Cho & Trent, 2016).

Over recent periods, one approach to address validity questions in studies on qualitative research is the transactional approach. According to Cho and Trent (2016), this approach is identified as an interactive method between the researcher, the researched, and the gathered data that has a goal of achieving a reasonably higher level of accuracy and consensus through avenues of revisiting facts, emotional states, experiences, and values or beliefs gathered and interpreted. The grounded active interaction between the researcher and the researched group occurred using methods such as member checking.

Member checking is one of the most convincing methods for establishing credibility in a study (Cho & Trent, 2016). Member checking occurred throughout the investigation and is a procedure in which gathered data is played back to the researched parties to check for professed correctness and responses. Member checking is also instrumental because it helped create and confirm accuracy along with credibility. Creswell & Poth (2018) noted that this check is the most critical method for forming trustworthiness.

According to Sundler et al. (2019), there is no agreement on which concepts concerning validity in qualitative and phenomenological research should be utilized. Commonly validity is regarded as a term associated with quantitative methods. However, in the field of qualitative research, many researchers welcome the term and consider it appropriate in all aspects as a common term meaning whether the research conclusions are right, and well-established (Sundler et al., 2019). The first step for validity was assessed based on how the research was presented to the reader; evaluating the research rest with both the reader and the writer of the research. This form of validation was where the importance of clarity concerning methodological guidelines used becomes a requirement. Concerning validity, in phenomenological research, the importance of scientific thoroughness is critical and should be taken seriously in qualitative

research (Sundler et al., 2019). The scientific thoroughness and validity strategies were suggested to be built into the research process and implemented and focused on after the research.

Sundler et al. (2019) focused on three components to ensure validity in qualitative research. The components consisted of reflexivity, credibility, and transferability. Reflexivity comprised of the research having a reflective attitude and remembering to question one's prior understanding of a phenomenon. Reflexivity was an element to maintain during the complete process of the research. The researcher paid close attention to what the data communicates that may differ from the researcher's understanding.   Concerning credibility, it pointed to the meaningfulness of the findings and determining if the findings were well presented. The credibility component should take nothing for granted, and the researcher should stress how the analysis and findings were presented to the reader (Sundler et al., 2019). Lastly, transferability referred to the usefulness and significance of the findings. Transferability evaluated whether the findings were valid and if the research added new knowledge to what is on the topic. The findings were understandable and transferable to other studies. The importance, worth, and meaningfulness of the research results to other contexts were important elements of the research's transferability (Sundler et al., 2019).

Ethical Analysis

Potential risks and benefits were considered for this study. Gieselmann et al. (2019) suggested that researchers should also safeguard that the risks placed on individual subjects are properly reasonable to the potential individual benefits of the study. There were no known physical risks associated with this study. There was a possible psychological risk such as the potential of production of negative affective states. The subjects were asked to describe

experiences that were possibly linked to emotional factors. Re-traumatization was carefully

monitored and controlled by allowing the subject free range to answer or avoid specifics of

certain experiences. Notices were provided, and communication was held to ensure the subject

was warned of the possible risk and their responsibility to avoid re-traumatization. According to

Northcut and Kienow (2014), re-traumatization can potentially be avoided by not questioning an

individual about their culpability in their traumatic experience. There were no known social or

economic risks associated with the study. The legal risks were minimal; subjects were not asked

to participate in any activities which it was deemed unethical and criminal. Lastly, there were

some confidentiality risks, and the situation was monitored closely as the participants' responses

and identities were protected. Personal details outside of the subject's direct experiences of the

topic were kept to a minimum and all information was safeguarded against unauthorized entities.

The benefits anticipated from the study were the unlocking of new experiences and

insights into moral injury. Another added benefit was the minimal cost to conduct the study. The

study made available information that can be later utilized in treating veterans with combat

experience and who are positive for moral injury. The interview questions were open-ended,

allowing each subject to express themselves freely. The research had a focus on making

meaning of the experiences to capture a better understanding of the experiences surrounding the

subject. The risks associated with the study were less meaningful than the potential benefits of

acquiring detailed descriptive experience and making meaning of details.

Summary

An in-depth description of the planned research occurred. A qualitative methodology

was used to investigate how Veterans suffering from moral injury described their lived

experiences. A review of moral injury, a descriptive concept that was difficult to define and treat

in the mental health field was conducted. This study consisted of five former active-duty combat Veterans. They provided detailed encounters of their shared experiences involving moral injury. The results revealed the impact of moral injury on their lives. The results delivered the readers an understanding and permitted others to make sense of the reality of the studied phenomenon (Cypress, 2019).

CHAPTER FOUR: FINDINGS

Overview

This chapter will discuss the findings of the study covering Veterans and moral injury. The findings are based upon the results established from the two research questions of the study. The first question: What are the lived experiences of veterans who have experienced a moral injury? The second question, what emerges from the data about the experiences of Veterans and moral injury? Both questions were chosen to help guide this study based on findings from Nash (2019), which presented the case of the importance of providing more experiences for individuals dealing with moral injury. His research further highlighted how this critical information could be beneficial to others by providing services to individuals dealing with moral injury.

The mission of this study was to present detailed encounters of various experiences outlined by combat Veterans who self-report that they had a positive history of issues of moral injury. The researcher felt making this information available was important to acquire a better understanding of the experiences of dealing with moral injury. A more comprehensive understanding of moral injury could potentially deliver a realm of benefits such as better treatment options for the affected population. History has shown that there are occasions where the Veteran population is often overlooked and not much research as other populations are conducted. Schorr et al. (2018) noted that the action of not properly obtaining a better understanding of moral injury as it has been presented in chapter one of this study could likely have negative consequences.

The first chapter presented the challenges that Veterans who identified with issues of moral injury faced. Also discussed earlier were the problem, purpose, and significance of this

study. Chapter two explored the current literature and theoretical framework surrounding the topic of Veterans and moral injury. The foundation of this study was tailored within the second chapter. Discussions of the procedures, design of the study, participant requirements, and analytical procedure were presented in chapter three of the study. This chapter presents the findings from the data gathered during the study. The information is presented in a descriptive form to capture the essence of the lived experience of each participant. The data was used to develop common themes shared by the participants by linking their communicated experiences on various levels. All elements of the gathered data deemed relevant to the central position of the presented research questions were analyzed for shared connections to derive meaning. The chapter ends with a wrap-up of all the discussed components.

Participants

Initially attempting to find participants during the recruitment phase, the researcher found it to be a difficult process of finding willing participants to discuss this topic. The researcher went into it with minimal thought that it might not be as easy as one might hope to find willing participants. This thought was minimal because of the researcher's available access to Veteran populations. After this initial experience, the researcher was humbled and gained an appreciation for the Veterans that were willing to provide valuable insight on an important topic. Veterans experience things that a small percentage of a general community or population of individuals in society will ever face. The researcher found it takes courage to expose oneself and discuss things that some are haunted by daily.

The participants of the study consisted of five combat Veterans. Veterans who were deployed to a war zone, being either Iraq (OIF) and/or Afghanistan (OEF). The gender of the participants were 4 males and 1 female. The five participants were referred to by pseudonyms as

follows, Alpha, Bravo, Charlie, Delta, and Echo. Each participant's detailed experiences with

combat and moral injury provided valuable insight into a small and sometimes overlooked

population. A population of individuals who are deserving and worthy of the best services that

can be delivered on all levels.

The five individuals had backgrounds in the United States Marines and Army branches of

the military. Their ages at the time of this research ranged from 28 to 41. Years of service

ranged from 5 years to 14 years dedicated to the military, serving between 2000 and 2020. The

Veteran participants all were enlisted members holding ranks of E-3 to E-6. This established list

of participants was all dedicated to providing as much information as they comfortably could to

help benefit the study.

The researcher was a little skeptical initially with the number of participants being able to

be found. However, as Starks and Brown et al. (2016) position it, even a few individuals who

have experienced a phenomenon and can provide detailed encounters of their experience can

produce valuable and useful data. The overall information gleaned from the five participants did

prove to bring to light core elements of the topic. Table 1 provides a brief view of the

demographics of each participant.

Table 1

Participant Demographic Information

	Alpha	Bravo	Charlie	Delta	Echo
Age	28	39	35	33	41
Rank	E-4	E-6	E-4	E-3	E-5
Branch of Service	Army	Marine	Army	Army	Army
Combat Tour	OEF	OIF/OEF	OEF	OIF	OEF/OIF

Procedure

The participants who would answer each of the presented questions were chosen based on having a combat background and having a positive history of moral injury. High ethical standards were implemented concerning consent forms which can be found in appendix D. Additionally the researcher ensured that each participant understood their rights to participate along with ensuring their safety was a top priority. The establishment of statements and themes that applied to the studied phenomenon was analyzed using a systematic approach, which is the recommended method for phenomenological proposals (Moustakas, 1994). The overall mission of this analysis is to develop a technical description of the common themes shared amongst the participants to gain a better comprehension of the phenomenon under review. Data was collected first through an interviewing process where data was collected both in audio and written formats to ensure the most quality and accuracy of the study's information gathering. In the quest of finding the essence of the phenomenon of the experience of meaning surrounding the moral injury, the researcher pushed aside their perspective of the phenomenon, a method referenced as "bracketing" (Moustakas, 1994). The credibility and trustworthiness of the study to promote validity was supported by implementing triangulation, and member checking, which qualitative researchers commonly use. Triangulation is a validity technique that confirms that descriptive encounters are valid. To accomplish this procedure, the researcher focused on several aspects of evidence to generate the various themes presented (Creswell & Poth, 2018).

To accomplish trustworthiness the researcher specifically first used method triangulation in this qualitative research. This involved the researcher using multiple methods during the data collection phase such as utilizing interviews and compiling detailed notes during the data

collection phase of the study. Generating notes during the process would help support the primary data collection of interviews to strengthen the creditability of the study results (Carter et al., 2014). Data source triangulation was also attempted during the research by recruiting at least one female combat Veteran to introduce a different perspective from a combat zone environment that is often filled with mostly males.

The second method used to support creditability and trustworthiness was member checking. As discussed earlier, Cho and Trent (2016) outlined the importance of member checking to help validate data. The researcher collected the data primarily through interviews and would review all the complied data with each participant to ensure the gathered details were accurate before proceeding with analyzing the data for themes and meaning. The combination of using triangulation and member checking was instrumental in producing creditable data.

Findings

The results of the study were gathered from the data derived from the following research questions: What are the lived experiences of veterans who have experienced a moral injury? Secondly, what emerges from the data about the experiences of Veterans and moral injury? To assist with answering the two research questions and to find common themes amongst the participants the following interview questions were presented:

1. To confirm, you do have combat experience, correct?

2. What year or years did your combat tours take place?

3. What theater did your combat experience occur in?

4. Please describe how you felt while preparing for your first combat tour.

5. What was your primary specialty/job during your combat missions?

6. What type of combat did you experience?

7. What was your degree of exposure to life-threatening combat?

8. Tell me more about your combat experience?

9. Please speak about any challenges you faced during your combat experience.

10. Is there one thing that is more memorable about your combat experience than others?

11. (Moral Injury - "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Franklin et al., 2016; 2017, p.400)). Based on the definition I just provided of moral injury, what does this term mean to you?

12. Can you describe a combat experience when you felt like your morals (rules provided), or values (personally held beliefs) were violated?

13. (If applicable) After the moral or value violation that occurred from your combat experience, how did your feel? Why do you think you felt that way?

14. Thank you for your patience and willingness to participate. One last question before we close, what else do you think would be important for me to know concerning your combat experience and history of moral injury that I have not asked you about?

From an earlier chapter recap concerning the interview questions, according to Creswell and Poth (2018), the first two questions acquired details personal to the participant and are suggested items for gathering details leading to the textual and structural description of the Veterans' experiences. Question number four was important to capture the individual feelings of each participant to find themes presented before the Veteran's deployment to combat. Question number eight started with more detailed descriptive encounters and experiences for each Veteran. This question was important to understanding the nature of some of the possible components leading to a positive history of moral injury. Questions twelve and thirteen assisted

the participant in reflecting on their level of consciousness of their morals and values that are held internally. Those two questions were asked at a point where a connection had been established. Understanding the dynamic of the individuals' moral injury challenges was principal to the study. Research indicates that this was an important element to reach before moving into vulnerable areas of a participant's life (Creswell & Poth, 2018). Question fourteen was prepared to allow each participant to communicate any final details that they felt were pertinent to the study and was positioned as a final question.

The various themes that were captured and reviewed were all derived from each participant's answer to each interview question. Six out of the fourteen interview questions were focused on to find the finding of the generated themes. In support of each theme reviewed direct quotes are shared to provide the direct context of the relation to the question and the individual. Figure 1 is a quick reference for the themes generated and their respective interview question.

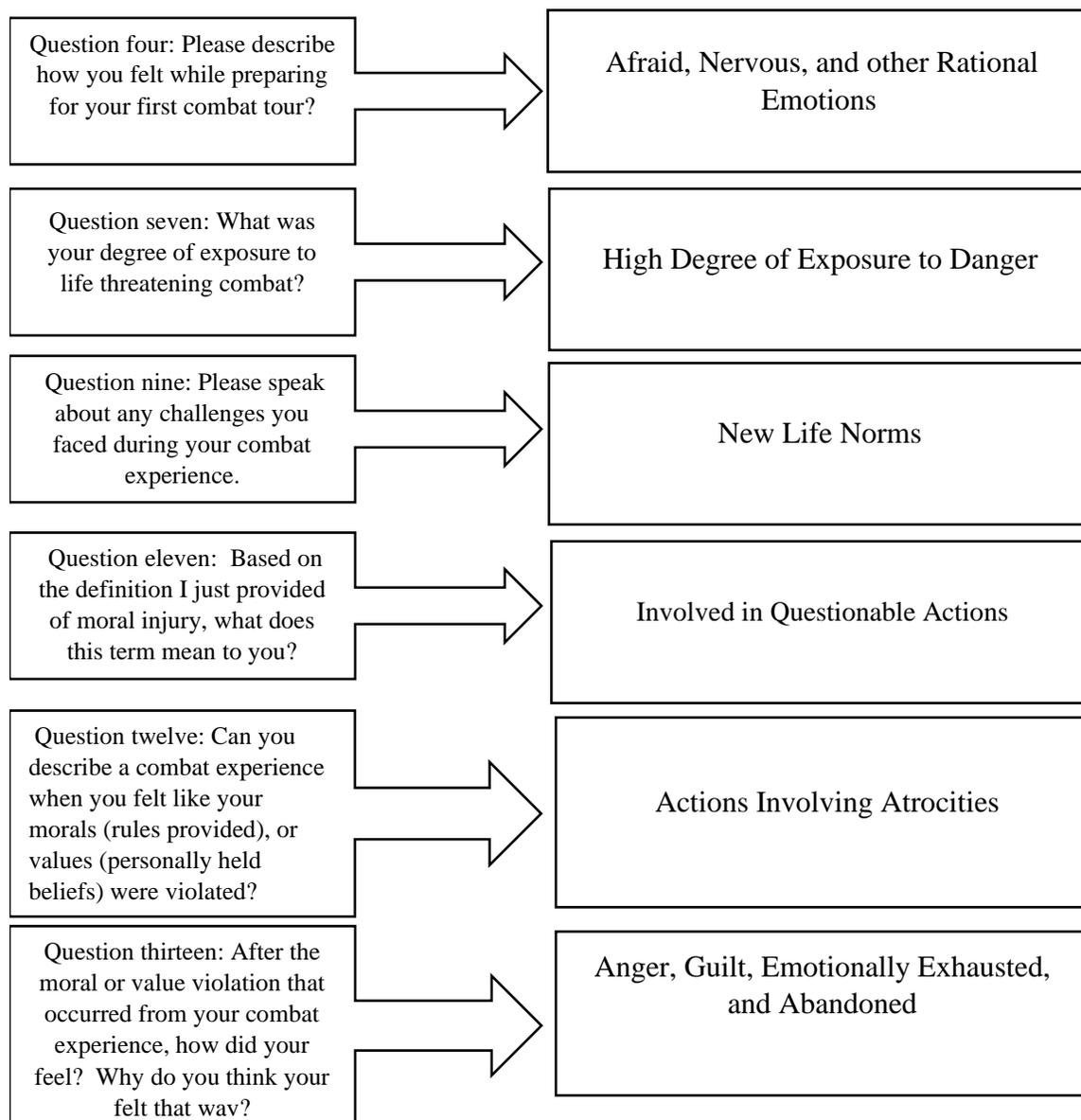| Question four: Please describe how you felt while preparing for your first combat tour?	→	Afraid, Nervous, and other Rational Emotions
Question seven: What was your degree of exposure to life threatening combat?	→	High Degree of Exposure to Danger
Question nine: Please speak about any challenges you faced during your combat experience.	→	New Life Norms
Question eleven: Based on the definition I just provided of moral injury, what does this term mean to you?	→	Involved in Questionable Actions
Question twelve: Can you describe a combat experience when you felt like your morals (rules provided), or values (personally held beliefs) were violated?	→	Actions Involving Atrocities
Question thirteen: After the moral or value violation that occurred from your combat experience, how did your feel? Why do you think your felt that way?	→	Anger, Guilt, Emotionally Exhausted, and Abandoned

Figure 1. Interview questions and themes

Interview Question Four: Discovering Themes Associated with the Participants' Feelings

While Preparing for Combat

Question four: *Please describe how you felt while preparing for your first combat tour*?

This question allowed the participants to describe exactly how they were feeling when they

found out they were being deployed to a combat zone. Considering the sensitivity of the question, each participant was brave and committed to the task and shared their feelings and thoughts. The following themes became apparent from the question.

***Theme 1*: Afraid, Nervous, and other Rational Emotions**

When Alpha was asked the associated question, he reported that he, "felt a lot of anxiety and uncertainty." Bravo reported that he, "thought I was going to die, I was afraid." Charlie outlined that the thought was "nerve-racking" and "very scary." Delta reported that she was, nervous and fearful of the unknown." Lastly, Echo shared that he was "nervous." It was overwhelmingly apparent that a common theme of being nervous for each participant was present. Each of the participants spoke about how the uncertainty of what they were walking into did have an impact on their emotions. Many shared that they understood the nature of war or combat and that the possibility of not returning home to their families was a big concern. Alpha shared, "I was going overseas for the first time and leaving my family behind. I did not know the mission or how hostile the environment would be." This was a common notion for each, the thought of being sent to a combat zone, but not truly knowing the extent of what exactly would transpire in the hostile environments did promote issues for concern. However, from each response, they all clearly understood that bullets of some sort would be flying in their new environment. Other Veterans of similar stories might be able to easily understand how many of the participants might be nervous and that they would die and never return home to tell their families that they missed and loved them dearly. Bravo, "I was going to die"; Charlie, "I could possibly never return"; Delta, "fearful for the unknown"; Echo reported that he was priorly told that, "there were threats of skud missiles." Each encounter of the participants' experiences clearly shows a pattern of established anxiety and strong elements of fear.

Interview Question Seven: Discovering Themes Associated with the Participants' Level of

Exposure During Combat

Question seven: *What was your degree of exposure to life-threatening combat*? This question allowed each participant to describe exactly their level of life-threatening events while in a combat zone. This question would provide a nexus between the common theme of the levels of exposure in a combat zone and possible moral injury in the future. The following theme became apparent from all the participants' answers.

Theme 2: **High Degree of Exposure to Danger**

Most of the participants reported high levels of life-threatening experiences while deployed to a combat zone. Alpha and Charlie both reported that they were 100% exposed to life-threatening combat. They both experienced events that at any moment could have ended their lives. They both found themselves often going into heavy artillery exchanges. Alpha reported, "On one of the routes an IED exploded." Alpha explained how in that moment of survival, he knew all things were a matter of life or death. Charlie elaborated on how he found himself on missions located within areas where, "fire exchange was heavy and tanks, rockets, IEDs, and bombs." The common idea was discovered from the participants that they found themselves amid weapon rounds and rockets flying in multiple directions and the belief that it doesn't get any more life-threatening than those events. Bravo reported life-threatening events such as being near tanks, mortars, and gunfire often. Additionally, Bravo advised, "I definitely knew again after being in the middle of combat I was going to die." Delta reported a moderate level of exposure to daily life-threatening events. However, Delta took every moment seriously and never let their guard down. Delta reported never feeling safe and having lots of anxiety in addition to stating, "When mortar rounds were going off and having to go into bunkers, I can still

hear the sound, like a big firecracker just getting lit, and the swirling noise you hear until it pops loudly." Lastly, Echo explained that events in the combat zone were so dangerous that he would often find himself sleeping standing up, always being on high alert and guard. Each participant established an overwhelming theme of a high degree of life-threatening combat actions while deployed. The majority of the participants reported that they didn't exactly know what to expect going into their first combat mission. However, the researcher didn't get the impression that any of the participants expected anything other than being in the middle of some of the most dangerous zones within their respective areas of operations and all fearing for their lives.

Interview Question Nine: Discovering Themes Associated with the Participants' Challenges During Combat

Question nine: *Please speak about any challenges you faced during your combat experience*. This question allowed each participant to describe their challenges during combat experience. This question would provide details of the new life challenges that each participant faced while adapting to a combat zone. This would be an important question to bring forth important themes and details that each participant shared and had in common during everyone's respective deployment. The following theme became apparent from all the participants' answers.

***Theme 3*: New Life Norms**

Exploring the factors surrounding challenges that each participant faced, each had a different voice but many similarities. Alpha spoke about the challenges of anxiety and depression. He advised, "Being away from family and friends took a big toll on me." He further elaborated on the issue of not knowing whether he would make it back home or not from the war and that thought would weigh heavily on him daily. Bravo had a common experience challenge

stating, "Missing my family a lot initially." He went on to tell the story of how other Marines missed their families a lot as well. Bravo understood how this dynamic of overwhelmingly missing his family was having a negative impact on his daily life while in combat. He explained how he had to do something about this feeling if he wanted to live, therefore he stated, "I would put forth an effort to not miss my family, so I could focus while there." He went on to explain the consequences of forcing himself to not miss anyone while deployed, would have long-lasting effects on his life. This action has caused Bravo to this day to now be isolated and not reach out to loved ones whom before the deployment he had a close relationship with and was in frequent contact with. Charlie's challenge during combat was the anxiety of not having time to adapt to the new norm once he hit the ground. It was all a go and full speed ahead from day one since, "once you arrive you hear nearby gunfire and the nights are bright with all sorts of weaponry." Echo's challenge was a lot different from missing family; Echo voiced concerns of, "officers were treated way better than the enlisted." Echo felt that during his deployment the officers he encountered were not smarter than himself and just because of higher ranks they enjoyed better privileges in the combat zones. He would soon discover this was the new way of life in combat and was something he had to get accustomed to fast.

Interview Question Eleven: Discovering Themes Associated with the Participants' Meaning of Moral Injury being Defined

Question eleven: (Moral Injury - "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Franklin et al., 2016; 2017, p.400)). *Based on the definition I just provided of moral injury, what does this term mean to you*? This question allowed each participant to describe exactly what moral injury meant to them personally. This question would be the start to obtaining more information

specific to the focus of the study, moral injury. This would be an important question to bring forth vital themes and details from each participant as it relates to the topic of moral injury. The following theme became apparent from all the participants' answers.

*Theme 4***: Involved in Questionable Actions**

Each participant had their perspective on what exactly moral injury was to them. Alpha reported, "Moral injury to me means something was done against your beliefs." Alpha went on to explain how everyone grows up in different households and develops different beliefs in life. There are various values that one may or may not challenge within themselves based on the different actions that one might encounter in combat. After violating deeply held values, there are adverse effects that might begin to manifest. Bravo explained, "Moral injury is being ok doing something that you are not okay with. Forcing yourself to be ok with things that you would normally not be ok with. Normalizing things." Bravo advised that the process of normalizing things could be taxing, and the rapid transition in combat could become very confusing as to what just happened psychologically. Charlie's view on it was, "I did something that I possibly didn't want to do personally but had no choice such as being ordered by the US military." Delta explained that moral injury was when your established values are not met, going against what was priorly held in the areas of physical actions, emotional, mental, or social activities.

For Echo, he voiced that moral injury reminds, "me how lucky we are to be living in this country and it makes me sad how divided we are as a country because some people truly do not know what life could be if they were unfortunate enough to live in one of these third world countries. Even the poorest American lives the life of royalty compared to the rape, assault, deprivation, hungry, starving, etc. people out there. What we do as Americans pretend it is okay because we do not have to see it every day, we do not live it, we do not feel it. So, we do not

have to acknowledge it. Terribly sad." Echo's view on moral injury was much more elaborate than the other participants. Echo's position was geared in the realm of bearing witness to a much less level of entitlement and privilege of individuals of other countries where the wars were being fought.

Interview Question Twelve: Discovering Themes Associated with the Participants' Morals or Values being Violated

Question twelve: *Can you describe a combat experience when you felt like your morals (rules provided), or values (personally held beliefs) were violated*? This question allowed the participants to describe an experience where they felt their life ethics or belief system was put to the test. The following themes became apparent from the question.

Theme 5: Actions Involving Atrocities

When Alpha was presented with this question, he explained an experience surrounding an explosion that struck his convoy. The leading Humvee was flipped, and soldiers were killed and injured during this encounter. Alpha explained how he felt his values were violated due to the lack of care from command during the war. After this experience, he explained that "no physical or mental health issues were taken into consideration." Alpha went on to express that during many traumatic events during the war there is no time to regroup, which is unfortunate. However, Alpha did understand the concept of combat by sharing, "I understand we are here to do a job, but the job can't be done without healthy motivated soldiers."

Bravo advised that his moral violations occurred in many manners and noted, "I would say that orders start small being told what to do that I didn't agree with, and things would escalate over time, with me asking are they F***-ing serious." Bravo stated that he did not want to go into deep thoughts in this area; however, some of the worse missions evolved kids being

snipped on rooftops. Lastly, based on some of the horrifying events that took place he stated,

"When things calmed down, I cannot believe this was real and took place." Charlie being asked

about combat experiences when they felt like their morals or values were violated, advised,

"Absolutely, daily going into the nearby villages and having to defend me and my brothers. If I

had a weapon pointed at me no matter the age, you were a viable threat and nothing else could be

considered in the middle of battle. So regardless of how you feel at the time, if you want to

make it out alive, you do what must be done. It's called war."

Delta's violation involved the betrayal of an authority figure. Delta put her trust in

command for it to be misused by her not being protected by her leadership after a reported

sensitive incident. She would go on to explain how she no longer felt safe on the forward

operating base. Echo would identify an experience where he felt his morals were violated

detailing an encounter where, "There was a kid that would not listen to the translator. He kept

moving forward, we asked him to stop, then he was told that if he did not stop, he would be shot.

He did not stop. We had no choice but to stop the potential threat. The kid had to be no more

than 11 years old, we were all worried about suicide bombs at the time, those were the only skud

missiles we had to worry about." The concept of this theme highly presents that even for

survival it is a difficult task to be involved in atrocities but does become a way of life in combat

and a necessity.

Interview Question Thirteen: Discovering Themes Associated with the Participants'
Emotions After Their Morals or Values Were Violated

Question thirteen: *After the moral or value violation that occurred from your combat*

experience, how did your feel? Why do you think you felt that way? This question allowed the

participants to describe their feelings after they felt their morals or values were violated. This

was one of the questions that speak to the core topic of the study. The following themes became

apparent from the question.

***Theme 6*: Anger, Guilt, Emotionally Exhausted, and Abandoned**

When Alpha was presented with this question, he noted that he felt, "angry". Alpha

explained that he felt that even in combat there should be a period of adapting a time set to speak

to someone during this difficult time. He went on to share that mental health wasn't taken into

consideration during the deployment at any point, to assist with the transition from civilian life to

combat. After being involved in moral compromising missions he voiced that, "I didn't want to

be there anymore." Lastly, he shared that he felt that if he and other soldiers were putting their

lives in danger at least they could receive some level of care. However, physical wounds would

be the only emergent situation that would warrant a visit to a medic, or one being carried out in a

body bag. Bravo started out detailing that he felt, "Mentally stranded, but I would justify it in

my own way to not feel bad or down. I would tell myself it was something that had to be done.

Survival mode, just do what you must, to get out". Bravo felt this way because he simply

wanted to make it back to the ones he loved. Charlie's emotions were, "Once the action has

settled and you have time to think it hits you or at least me hard. I understand the mission of

staying alive and doing the requirement, but to have blood on your hand even when you have no

other choice or an order, it is still tough to process." Charlie additionally shared that his feelings

were based on the thought that he would like to think things could be better or different, but it is

an evil world we live in. When it came to Delta's feelings after a values violation, "I felt ignored

and abandoned. I felt this way even more because I was already on guard and edge being on a

deployment." Echo explained, "If I feel any other way other than what happened out there was a

job, then I should not be here today. I should not be here at all. So, I had a job to do, and I am

going to leave it at that. You want to be moral, then you should ask yourself that question asking me this question. I am not trying to be mean, but why don't you go and shoot a kid, and see what moral values you think you have violated, go see what it is like to kill someone then come back and talk to me about F***-ing morals."

Summary

The data obtained from this transcendental qualitative study presenting fourteen interview questions to retrieve the information demonstrated to be insightful details. The information gathered assisted with acquiring a better comprehension of the lived experience of each five Veterans dealing with a moral injury who took part in the study. Unique themes arose in their replies to each interview question in the quest to address the two research questions: *What are the lived experiences of veterans who have experienced moral injury?* and *What emerges from the data about the experiences of Veterans and moral injury?*

The details gathered from the presented questions produced ample information to achieve saturation and create meaning into the following themes: Theme 1: Afraid, nervous, and other rational emotions; Theme 2: High Degree of Exposure to Danger; Theme 3: New Life Norms; Theme 4: Involved in Questionable Actions; Theme 5: Actions Involving Atrocities; and Theme 6: Anger, Guilt, Emotionally Exhausted, and Abandoned. Only after the researcher began to hear very similar statements from each participant is when he would consider the possibility that data saturation was being accomplished (Saunders et al., 2017;2018). After the fourth interview the researcher began to consider the familiarly shared aspects of different participants' experiences that began to emerge, and details that would set the foundation for the generated themes. This is the juncture when the researcher felt saturation was achieved and that additional participants or further data collection was unwarranted.

Multiple detailed quotes were used to enhance the data and assist in the authenticity of the results generated by the researcher. This method additionally assisted in the process of providing full descriptive details of the Veterans' experiences. The researcher provided a discussion of the results found and a summary, in addition to discussing the implications of the finding considering the current literature surrounding the topic in the final chapter. Chapter five covered limitations and discuss recommendations for future research encompassing the finding from the study.

CHAPTER FIVE: CONCLUSION

Overview

The previous chapters provided an overview of the research topic, literature review, methods of

the research, and findings. This final chapter presented a summary of the findings, a discussion

of the findings, meaning, implications, limitations, recommendations for future research, and a

final summary. The participants were asked the following questions:

1.   To confirm, you do have combat experience, correct?

2.   What year or years did your combat tours take place?

3.   What theater did your combat experience occur in?

4.   Please describe how you felt while preparing for your first combat tour.

5.   What was your primary specialty/job during your combat missions?

6.   What type of combat did you experience?

7.   What was your degree of exposure to life-threatening combat?

8.   Tell me more about your combat experience?

9.   Please speak about any challenges you faced during your combat experience.

10.   Is there one thing that is more memorable about your combat experience than others?

11.   (Moral Injury - "Perpetrating, failing to prevent, bearing witness to, or learning about

        acts that transgress deeply held moral beliefs and expectations." (Franklin et al.,

        2016; 2017, p.400)). Based on the definition I just provided of moral injury, what

        does this term mean to you?

12.   Can you describe a combat experience when you felt like your morals (rules

        provided), or values (personally held beliefs) were violated?

13.   (If applicable) After the moral or value violation that occurred from your combat

experience, how did your feel? Why do you think you felt that way?

14.   Thank you for your patience and willingness to participate. One last question before

we close, what else do you think would be important for me to know concerning your

combat experience and history of moral injury that I have not asked you about?

Data gathered associated with each participant's details was retrieved from their

associated answers to each of the interview questions listed above. Common themes shared

amongst each participant were generated in the quest of creating the meaning of the data

gathered by utilizing qualitative research as suggested by Starks and Brown et al. (2016). The

interview questions permitted each participant to tell their experience to a level that they felt safe

and calm. They each shared details about where their first combat tour took place and how they

felt prepared for that initial tour. Their level of exposure to life-threatening events during

combat was discussed. Additionally, challenges faced during their tour and experiences where

they felt their morals or values were violated were explored. From these various questions

introduced, six main themes were highlighted to create a structure for analyzing the findings

considering the current literature.

This chapter will discuss ways that the results educate or confirm existing details of

literature in the journey of creating the meaning of the noted experiences of Veterans dealing

with moral injury after combat tours of duty. The results identify the nexus between the current

literature and unique themes retrieved by this research. The six main themes retrieved were:

Theme 1: Afraid, nervous, and other rational emotions; Theme 2: High Degree of Exposure to

Danger; Theme 3: New Life Norms; Theme 4: Involved in questionable actions; Theme 5:

Actions Involving Atrocities; and Theme 6: Anger, Guilt, Emotionally Exhausted, and Abandoned.

Summary of Findings

After conducting research with each of the five combat Veterans, valuable information was obtained to assist with providing additional details surrounding Veterans' experiences leading to a positive history of moral injury. Having a better understanding of the road that led to where an individual ended as it relates to moral injury is potentially beneficial to any party involved. The following data is meant to assist with confirming and adding descriptive details to the current literature concerning Veterans and moral injury. The mission of this data is to extend upon the lack of details that exist surrounding direct encounters of Veterans' experiences leading to a history of moral injury. The following information summarized the six main themes generated during the research. Figure 2 below is a quick view of some of the participants' direct examples as they relate to each corresponding theme.
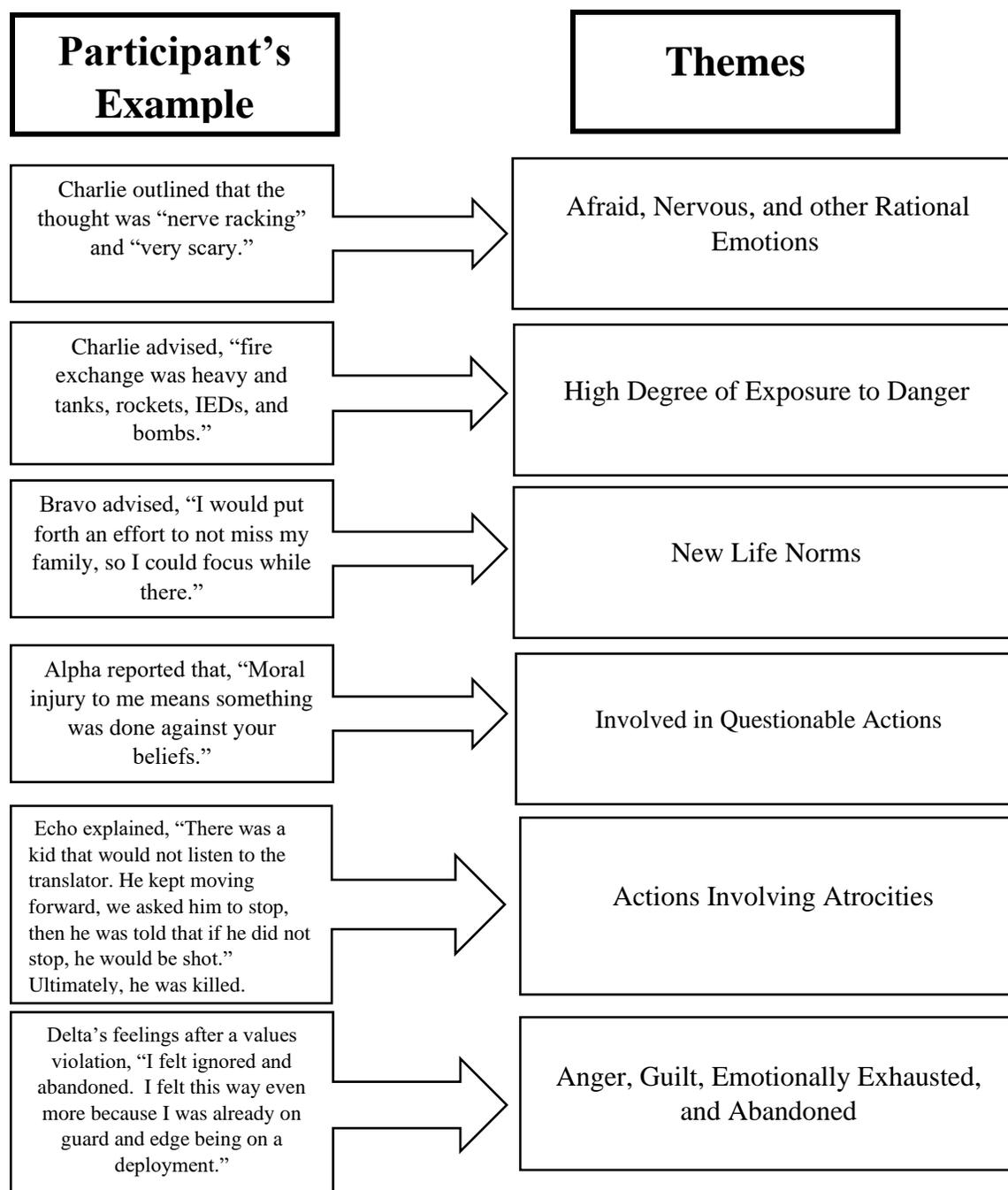
Participant's Example	Themes
Charlie outlined that the thought was "nerve racking" and "very scary."	Afraid, Nervous, and other Rational Emotions
Charlie advised, "fire exchange was heavy and tanks, rockets, IEDs, and bombs."	High Degree of Exposure to Danger
Bravo advised, "I would put forth an effort to not miss my family, so I could focus while there."	New Life Norms
Alpha reported that, "Moral injury to me means something was done against your beliefs."	Involved in Questionable Actions
Echo explained, "There was a kid that would not listen to the translator. He kept moving forward, we asked him to stop, then he was told that if he did not stop, he would be shot." Ultimately, he was killed.	Actions Involving Atrocities
Delta's feelings after a values violation, "I felt ignored and abandoned. I felt this way even more because I was already on guard and edge being on a deployment."	Anger, Guilt, Emotionally Exhausted, and Abandoned

Figure 2. Participant's Examples of Themes

Theme 1: Afraid, Nervous, and other Rational Emotions

The first identified theme was ushered by question four: *Please describe how you felt*

while preparing for your first combat tour? Each of the participants shared many of the same

concerns of being afraid and nervous. A few of the individuals had never left outside of their home communities. Echo was the only one to report having ever left out of the country before combat. One might expect an individual to be nervous to have their very first overseas trip to not be a vacation with the family on a beach or ship, but for it to be a deployment to a combat zone where one might not ever return could be a lot for many to process. Fear and anxiety of the unknown were sure to influence each of the individuals based on their recounters of events. Within the current literature, Purcell et al. (2018) spoke to the issue of these various elements potentially being a factor in various decisions being made in combat. Fear and anxiety are not effective traits to carry into combat, which can lead to many mistakes and unfortunate events taking place.

Theme 2: High Degree of Exposure to Danger

This second main theme was promoted by question seven: *What was your degree of exposure to life-threatening combat*? Each participant outlined and expressed how each felt they were exposed to a high level of life-threatening events within their respective combat zone. The presents and hearing of improvised explosive devices, rocket launchers, guns, and other artillery were confirmed by each participant. Several of the participants were directly involved in the gunfire exchange and felt they would not make it out of the fight alive. Only one of the participants wasn't in direct front line fire exchange, however, the participant was still in imminent danger. The participant was exposed to rockets being launched toward the base causing the participant to retreat into bunkers on several occasions. Considering these extreme levels of life-threatening events and having to defend one's life and those around them at any cost will often lead to having to participate in more actions that a soldier may still not be comfortable with, causing adverse effects on their life. These conditions acknowledge the

research that Zerach and Levi-Belz (2018) identified concerning this level of combat often being associated with morally injurious events occurring in an individual's life. Events occurring in an individual's life such as committing acts of abusive violence or killings, if even in the name of survival.

Theme 3: New Life Norms

Theme three a life of new norms was created by using question nine: *Please speak about any challenges you faced during your combat experience*. Alpha's and Delta's detailed experiences of adjusting to their new norms which speak to the concept that Antonelli (2017) outlined in suggesting that a larger issue may be present within certain populations of Veterans. The idea is that a new way of life during combat experiences focuses on an apparent lack of compassion during combat, as a person might expect kindness from others and it does not happen. This was true for leadership within both Alpha's and Delta's deployment. Alpha explained how he expected a level of care from his higher command, and during the entire deployment, it never took place.

Delta voiced how the lack of attention and compassion from leadership after several violations of abuse and her trust being taken for granted by higher-ranking officials. These new living conditions did create a higher level of internal damage for participants. Antonelli's research presented the case that situation as such could occur. Other participants noted how adjusting to missing their families could take a toll on their mental state periodically. One of the participants reported they are currently still affected by the conditioning of combat and is isolated from their family. Combat adaptation has proven to have future life effecting consequences based on the encounters of each participant. This question also pointed out elements of betrayal by some of the participants and was identified as one of the precursors to

potentially having a positive history of moral injury as Antonelli (2017) noted. These details

provide a story of the type of betrayal experienced as Alpha and Delta outlined.

Theme 4: Involved in Questionable Actions

This generated theme was adapted from Question eleven: *Based on the definition I just*

provided of moral injury, what does this term mean to you? The theme noted here was presented

by the words of most of the participants' noted definitions of what moral injury was to them.

Within an earlier chapter, it was captured that Shay (2014) defines moral injury as an issue of

Veterans having feelings of guilt or shame, for acts they have committed in their military service

that goes against their internal beliefs or life compass. Antonelli (2017), however, defined moral

injury as an experience of betrayal of what is right grounded in an individual's moral standards,

whether determined by the law, ethical traditions, religious belonging, or one's belief system.

The participants' concept of moral injuries was something occurring after doing

something that went against their beliefs, along with forcing oneself to be okay with things they

would not normally do or be okay with was shared. Participants also communicated in addition

to participating in an act that an individual did not want to be a part of personally, but had no

other options after being ordered by a higher command could have negative consequences. The

included actions or transgression being referred to have a common consensus of committing

abusive violent acts or killings that Zerach and Levi-Belz (2018) highlighted in the journey to a

possible connection to moral injury.

Theme 5: Actions Involving Atrocities

The fifth theme used Question twelve: *Can you describe a combat experience when you*

felt like your morals (rules provided), or values (personally held beliefs) were violated? Many of

the participants spoke about how they felt their morals or values were violated after they had to

take orders and go on missions where their weapons would be frequently used to eliminate the

enemy. The common notion of morals or values being questioned and potentially violated did

involve some of the most severe acts such as being involved in killings. Taking another person's

life, even if justified by being a method of survival and defense, did come across by the

participants as a difficult task for most. Some of the participants did advise they questioned why

they were even there and ever joined the military; however, having acknowledged they priorly

knew the mission of being in the United States Military could involve taking lives in combat.

These components of guilt and an individual questioning why they ever joined the

military do speak to Purcell and Burkman et al. (2018) research around soldiers developing

moral injury or other psychological issues. This concept is likely more relevant for Veterans who

have witnessed or participated in atrocities during their combat tours. Their research discovered

that when Veterans spoke about their feelings after combat, many noted partaking in atrocities

during combat as a life-changing event that modified their awareness of self and their life and

most times in disparaging ways. Having experienced morally injurious acts of killing potentially

led to having substantial emotions of self-regret that was likely to stay with the Veterans for

lengthy stages even after the soldier left combat. These details were confirmed by the

participant's voiced experiences and provided descriptive details of the various activities that

lead to this self-awareness.

Theme 6: Anger, Guilt, Emotionally Exhausted, and Abandoned

The final theme six was defined by question thirteen: *After the moral or value violation*

that occurred from your combat experience, how did your feel? Why do you think you felt that

way? The noted emotions after a participant was involved in a moral or value violation varied.

Alpha noted that he experienced anger. Bravo voiced that he felt mentally stranded but found

ways to reduce the feelings of guilt and shame that had the potential to manifest. Charlie noted a

feeling of guilt and shame for having blood on their hands. Delta felt ignored and abandoned

after having been involved in a morally injurious event and no attention being provided for the

level of trauma experienced. Lastly, Echo's experience was one of guilt and something that

made him upset to speak about considering his deep involvement in several atrocities.

Yan (2016) highlighted some of these difficulties that Veterans face after being involved

in morally injurious events such as guilt and shame. His research also spoke about other

emotional components that could manifest after such experiences. Additionally, it was noted

how important it was to understand specifically what exactly an individual's feelings were to

better understand the case being presented and not group everyone into one category of only

guilt and shame. This was deemed to be true considering a few of the participants noted

emotions of something other than guilt and shame. Anger and self-disgust were two additional

emotions that presented themselves within the participant's stories and Schorr et al. (2018) noted

that they indeed could potentially be elements of one's emotions that could present themselves

after an individual had been involved in actions that went against their morals or values.

Meaning

In addition to each highlighted theme and meaning mentioned above, the overall

takeaway of the various themes and statements presented is the selflessness and bravery of each

participant. Throughout each theme, the researcher found that each participant ultimately did

whatever was necessary to defend their country in their act of service and valor during their

deployments. Being deployed to an unknown combat zone presented fears and anxiety for 80

percent of the participants. However, the acknowledgment from the participants of being aware

of the dangers before joining the military and deployments, followed by each confirming the

high degree of exposure to life-threatening combat during their deployment, and still having joined the military indicates a true level of selflessness and putting country above self. The act of joining the military during an active war period takes real bravery which each participant displayed.

The new life norms of living in a combat zone where emotions and mental health had to be pushed aside for many and during a period where some type of assistance during this new adjustment would have been instrumental. It is noted however that generally, it is often impossible to acquire mental health assistance versus care for a physical wound. This notion for some means that it is even more important for an individual to seek assistance immediately once home, which normally doesn't occur. Concerning this factor and its meaning to future potential health professionals of this population, they should take note that having a general professional attitude toward those who have delayed treatment and should have been assisted earlier and regularly could potentially exaggerate the traumatized individual's struggles (Antonelli, 2017).

The reason for many delaying assistances is first due to the culture of the military, along with the components of the theme of anger and guilt/shame that can sometimes become overwhelming for some and them choosing to not acquire help. To counteract the individual's anger, guilt, shame, and self-disgust, the clinician should implement an active attitude that goes against prior experiences of decisions to not seek assistance and potential interactions that the individual has had with other professionals concerning their issues. This experience would also include prior relationships with family and friends.

Implications

Kelley and Braitman et al. (2019) identified that many researchers reduce moral injury to only guilt and shame. Most researchers in studies covering moral injury also simply identify the

fact that guilt and shame are the key symptoms of moral injury. These are significant elements of

the effects of moral injury, however other factors should always be considered when assessing

and dealing with different individuals, for no one case is the same. Likely, clients could

potentially seek assistance for emotions after having experienced a combat mission that involved

committing transgressions. Implications for this research so that the affected population receives

the best care and benefits from it include, but are not restricted to the following:

1. Providing tailored care to the Veteran's specific needs and not simply guilt and shame

2. Implementing real-life best care practices for combat Veterans such as proven effective
   peer support assignment at discharge and/or assigning mental health professionals that
   are combat Veteran when possible

3. Providing Veterans, the opportunity to explain their view on what moral injury is to them
   as a beginning and working basis.

4. Implementing awareness of the various psychological and non-psychological barriers that
   may exist from various acts of combat, so that early processing can occur for everyone.

   As mental health and other non-psychological factors exist, a better coalition and

collaboration could be implemented between the US military, the Department of Veterans, and

private entities to better serve Veterans in all areas of care. Each participant seems they would

have benefited from a support group or self-awareness before their combat tour, if it was anyway

possible, and after to help cope and gain a better understanding of what has transpired in their

life during the new norms of life during combat. A few of the participants acknowledged how

they were not prepared mentally for combat and had no time once boots were on the ground and

how once atrocities and life-changing events occurred during combat had no support and that

was challenging. It was suggested that each participant could have benefited from the noted implications of this research.

Considering how some of the participants felt mental health was an important factor in their lives before and during their deployments, treatment after the fact is even more imperative for these individuals. The mental health challenges that many of these Veterans are faced with, will not be addressed by the constraint of globally acknowledged PTSD treatment plans. As discussed earlier, current research highlighted that current PTSD treatments are not tailored specifically for moral injury. This requires that a comprehensive understanding of the matter is acquired to assist with the proper treatment of moral injury. Current PTSD treatments are focused on adjustment to fear elements. Moral injury is associated more with emotional components such as anger, guilt, shame, and self-disgust (Schorr et al., 2018). These emotional aspects should be the focus in most cases on the journey to an effective treatment plan for moral injury

Limitations

There were limitations involved during the study. Of the Veteran participants, all were enlisted members and no officers. This does not provide an equivalent representation of all members of the United States Military, considering there are several ranking systems involved during periods of combat, which could produce different findings for other ranking groups. To obtain a better understanding of moral injury and its effects on higher-ranking officials, future researchers could potentially focus on warrant officers and officers. Additionally, the research participant list was limited to five individuals. Starks and Brown et al. (2016) highlighted where a larger participant list could achieve broader results, however, significant data from simply a few individuals who have experienced the phenomenon could produce meaningful information.

As outlined earlier, the saturation of the study was achieved by being able to provide various themes and meanings of the experiences.

Recommendations

The researcher would recommend future researchers explore the effects of fear and anxiety going into combat and its association with moral injury. There is potentially a difference in the reported links to moral injury and whether an individual possessed any elements of fear verse excitement to be on the battlefield serving one's country. This could include establishing two populations of participants. The first group with a positive acknowledgment of fear and anxiety once finding out an individual was being deployed to combat. Lastly, the second group had a negative or significantly low level of fear and anxiety acknowledged before the combat tour.

It is also recommended to study the effects or association of whether moral injury is a factor within the officers' rank in the military. This study was unable to acquire an officer with a positive history of moral injury. This would be instrumental because the United States Military does not only exist of enlisted members and the potential that high-ranking military personnel could also be affected by this topic.

Antonelli's (2017) main concept was moral injury being built upon forms of betrayal and not so much of the notion of committing atrocities that leads one to the feeling of guilt and shame. Additional research could be conducted focusing on individuals who have a positive history of moral injury has not committed acts of killings or being involved in other violent activities. This population is more prone to potentially exist within the branches of the Air Force and Navy. This study found that its participants consisted of only Army and Marine Corps who are more likely to be sent into direct combat zones where atrocities often take place.

Summary

The purpose of this study was to explore and investigate moral injury. The researcher was able to retrieve and create themes based on the details of each of the five participants. The goal was to address the two research questions which were, what are the lived experiences of veterans who have experienced moral injury? The second question is, what emerges from the data about the experiences of Veterans and moral injury? The first question was answered fully by providing a detailed encounter with the Veteran and using direct quotes to ensure accuracy and reliable data. The second question was validated by providing six main themes that emerged from the data based on the common shared experiences of each participant. It was discovered that the information obtained from the participant did both share a connection with the research outlined by both Shay (2014) and Antonelli (2017).

Identified earlier in the research, it was established that Veterans live with remorseless mental effects of depression, anxiety, emotional numbness, and anger resulting from their moral injury (Purcell & Burkman et al., 2018). Veterans of all branches and periods of service who honorably served their country are deserving of the time being invested to obtain a better understanding of the unique challenges that each individual faces. This research is one of the attempts to provide a small imprint on a much larger conversation of all the difficulties that are attached to the life of a Veteran. Moral injury is a real challenge for some and affects many but not all individuals in its way. It was a pleasure and joy for the researcher to get to know each of the participants during the research. Initially, it was challenging to find Veterans who were willing to become vulnerable and share their experiences. The researcher commends each of the Veterans that took the time and challenged themselves to be a part of this study and share their

sometimes emotional but important experiences. The researcher's lasting hopes are that this

research could potentially help Veterans in some aspects in the future.

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APPENDIX A

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

October 18, 2021

Corey Douglas
Thomas Vail

Re: IRB Exemption - IRB-FY21-22-232 A PHENOMENOLOGICAL STUDY AND INVESTIGATION OF MORAL INJURY WITH VETERANS

Dear Corey Douglas, Thomas Vail,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at ▮▮▮▮▮▮▮▮

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX B

A PHENOMENOLOGICAL STUDY AND INVESTIGATION OF MORAL INJURY

WITH VETERANS

Moral Injury - "Perpetrating, failing to prevent, bearing witness to or learning about acts

that transgress deeply held moral beliefs and expectations." (Franklin et al., 2016; 2017,

p.400).

• Are you a discharged or retired combat Veteran?

• Do you have a history of moral injury?

If you answered yes to these questions, you may be eligible to participate in a Veterans' study.

The purpose of this study is to explore and investigate moral injury surrounding Veterans.

Your name and other identifying information will be requested as part of your participation, but

the information will remain confidential.

Participants will be asked to complete an interview through the video chat platform and later

review their interview transcript for accuracy. The interview will take approximately 45 to 60

minutes to complete.

If you are interested in participating in this study, please contact me by email/telephone using the

email address and phone number are provided below.

Corey Douglas, a doctoral candidate in the School of Behavioral Sciences at Liberty University,

is conducting this study.

APPENDIX C

Interview Questions

Interviews

Each Veteran will state their alias and rank to be referred by during the interview.

1. To confirm, you do have combat experience, correct?

2. What year or years did your combat tours take place?

3. What theater did your combat experience occur in?

4. Please describe how you felt while preparing for your first combat tour.

5. What was your primary specialty/job during your combat missions?

6. What type of combat did you experience?

7. What was your degree of exposure to life-threatening combat?

8. Tell me more about your combat experience?

9. Please speak about any challenges you faced during your combat experience.

10. Is there one thing that is more memorable about your combat experience than others?

11. (Moral Injury - "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Franklin et al., 2016; 2017, p.400)). Based on the definition I just provided of moral injury, what does this term mean to you?

12. Can you describe a combat experience when you felt like your morals (rules provided), or values (personally held beliefs) were violated?

13. (If applicable) After the moral or value violation that occurred from your combat experience, how did your feel? Why do you think you felt that way?

14. Thank you for your patience and willingness to participate. One last question before

we close, what else do you think would be important for me to know concerning your

combat experience and history of moral injury that I have not asked you about?

APPENDIX D

Consent

Title of the Project: A Phenomenological Study and Investigation of Moral Injury with Veterans
Principal Investigator: Corey Douglas, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 59 year of age or below, a male or female combat Veteran having served in a conflict over the past three decades. You must also have a positive history of a moral injury. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore and investigate moral injury. Veterans' experiences with moral injury will be studied, described, and analyzed.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:
1. Take part in a video/audio recorded semi-structured interview. The interview is estimated to take roughly 45-60 minutes.
2. Play a part in a member checking process. After the data is gathered and transcribed, you will be asked to verify certain responses to questions asked in the interview process for quality assurance.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include adding valuable information leading to having a better understanding of moral injury. This information could potentially help with future diagnoses and treatment of mental health conditions and working with moral injury.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. However, certain topics in the interview process may become sensitive subject that could possibly lead to re-traumatization, in which it will be monitored closely to avoid at all cost. This could also mean termination of your participation. Additionally, if I become privy to information that triggers the mandatory reporting requirement of things such as child abuse, child neglect, elder abuse, or intent to harm self or others, this may become a risk to you as a participant. I am a mandatory reporter and have a duty to report such instances to the authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify you as a participant. Research records will be stored

securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential using pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Corey Douglas. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him   @liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Thomas Vail, a   @liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board ████████████████████████████████████ email at ███████ du.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date