Observing the Moderating Role of Self-Compassion Among Veterans and Service Members with Moral Injury, Shame, and Guilt

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfilment

Of the Requirements for the Degree

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Abstract

A growing body of research indicates various mental and behavioral health problems are associated with combat-related experiences and witnessing the atrocities of war. Emerging research demonstrates the importance of identifying resilient traits in individuals that lessen the degree to which they develop symptoms associated with moral injury. The current study examined the relationship between moral injury, shame, and guilt outcomes. It also examined the potential moderating role self-compassion may have in these relationships. Participants were 139 military veterans and service members who completed an online questionnaire. Simple linear regression analyses show that morally injurious experiences moderately predicted shame and slightly predicted guilt among the participants in the sample. Simple moderation analyses indicate that self-compassion moderated the effect of morally injurious experiences in predicting shame and guilt. Individuals in the sample were found to experience shame and guilt with high self-compassion. However, the effect greatly depends on the level of self-compassion. The results indicate that self-compassion may heighten self-awareness and have an important role in developing mental health outcomes associated with morally injurious experiences, and further research into this association is recommended.

Keywords: moral injury, self-compassion, shame, guilt, veterans, service members

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List of Abbreviations

American Psychiatric Association (APA)

Cognitive Processing Therapy (CPT)

Operation Enduring Freedom (OEF)

Operation Iraqi Freedom (OIF)

Posttraumatic Stress Disorder (PTSD)

Prolonged Exposure (PE)

Chapter One: Introduction

Overview

Moral injury, shame, and guilt are common responses to combat-related experiences and are associated with an increase in mental and behavioral health disorders among veterans and service members (Capone et al., 2021; Sze, 2017; Wisco et al., 2016). During combat, service members are vulnerable to situations that go against moral codes and ethics, and the attributions and negative appraisals of the actions or inactions can create a discrepancy between their worldview and view of the self (Norman et al., 2014; Litz et al., 2009; Richardson & Lamson, 2021). Service members exposed to acts of transgression during combat may develop emotions associated with moral injury that cause further psychological, behavioral, and social problems; and more research is needed on mindfulness-based approaches to help with recovery (Davies et al., 2019; Farnsworth et al., 2014; Forkus et al., 2019). This research study explored whether the characteristics of self-compassion affected the degree to which people developed shame and guilt associated with moral injury. This chapter introduced a background on the issue, including a historical, social, and theoretical framework. It also presented a problem statement, the purpose of the study, which is to observe self-compassion as a potential moderator in the relationship between moral injury, shame, and guilt. Lastly, the chapter presented a summary of the significance of the study, research questions, definitions, and a summary.

Background

Over 1.6 million service members have been deployed to the ongoing conflicts in Iraq and Afghanistan since 2001, and for some, the combat-related experiences of war have left a lasting impact on their well-being (Davies et al., 2019; Yan, 2016). This impact is present in the risk returning service members have in developing mental and behavioral health

problems (Farnsworth et al., 2014; Forkus et al., 2019; Yan, 2016). Emerging research shows that moral injury is associated with various mental and behavioral health problems returning service members experience (Davies et al., 2019; Forkus et al., 2019; Griffin et al., 2019). Moreover, returning service members also encounter self-conscious emotions, such as shame and guilt, which increase the emotional and psychological challenges associated with combat-related experiences (Bhuptani & Messman, 2022; Farnsworth et al., 2014; Litz et al., 2009). Research showed that the attributions and appraisals assigned to these combat-related experiences influence the self-conscious emotions experienced by individuals (Farnsworth et al., 2014; Litz et al., 2009). These self-conscious emotions, such as shame and guilt, emerge from internal assumptions against social and moral standards (Farnsworth et al., 2014). Shame, characterized by a negative self-evaluation stemming from personal inadequacy, is associated with the belief of unworthiness or incompetence (Sedighimornani et al., 2019). This emotional response to moral injury may have various psychological effects and impact a person's well-being and overall quality of life.

In contrast to shame, guilt is associated with actions or behaviors perceived as morally or socially inappropriate, leading to remorse and a desire to make amends (Litz et al., 2009). The psychological impact of shame and guilt is profound and is found to be a critical aspect of an individual's well-being, self-esteem, self-image, and relationships (Bhuptani & Messman, 2022). Features of self-compassion include self-kindness, common humanity, and mindfulness, and may help alleviate negative emotions by creating an empathetic response to moral injury (Neff, 2003a; 2023). The following background information will provide a historical context for moral injury, examine the social aspects of moral injury, and introduce a theoretical framework that guides the research study.

Historical

During the Vietnam War, service members demonstrated mental and behavioral health problems resulting from their combat-related experiences (Barnes et al., 2019; Marmar et al., 2015; Sze, 2017). In 1980, five years after the war ended, the American Psychiatric Association recognized the problems veterans and service members were experiencing and added posttraumatic stress disorder (PTSD) to its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III), which helped measure and diagnose the symptoms experienced by those served (U.S. Department of Veteran Affairs, 2022a). However, according to Sze (2017), the diagnostic criteria for PTSD fell short of capturing a distinct feature of combat-related trauma that was being experienced by returning service members. Exposure to traumatic events during combat not only led to PTSD symptoms but it also affected moral and ethical beliefs, reshaped worldviews, and weakened the sense of self (Shay, 2014). In response to these additional effects of combat-related experiences, mental health professionals working with veterans and service members began to research and develop a diagnosis for a relatively new syndrome, which is now classified as moral injury (Sze, 2017). This syndrome has gained traction over the past decade, offering insight into psychological distress and moral emotions, including shame and guilt, combined with combat-related experiences (Griffin et al., 2019). The progression from PTSD to the emerging concept of moral injury indicates that there was an effort many researchers have taken to recognize the psychological and moral impacts of combat-related trauma and its social impact.

Social

The development of morals, values, and beliefs begins in early childhood and evolves throughout life (Litz, 2015; 2016). This development is shaped by family, culture, and

societal norms, which contribute to an individual's moral framework (Mathes, 2021). Within a society, norms, morals, and values are grounded in social beliefs and rules defining right and wrong. For many individuals, these concepts establish the basis of moral development and guide ethical decision-making during difficult times (Gibb, 2019; Mathes, 2021). Moral developmental theories propose that people go through various stages of moral reasoning, creating a set of moral codes that drive behavior, including avoiding feelings of shame and guilt (Eisenberg, 2000). These theories highlight the importance of forming a healthy ethical decision-making process and having a sense of empathy towards oneself and others.

When service members return from war, they struggle with processing and reconciling the choices made during combat and have trouble readjusting to civilian life (Farnsworth et al., 2014; Yan, 2016). Memories of combat-related experiences may produce negative emotions and cognitive distress, creating a sense of detachment from reality (Farnsworth et al., 2014). The weight of moral transgressions may reflect in a poor quality of life and strained relationships (Griffin et al., 2019; Litz et al., 2009). These transgressions often manifest in various mental health issues such as depression, anxiety, and suicidality, as well as behavioral challenges like withdrawal, isolation, and substance abuse (Battles et al., 2018; Davies et al., 2019; Forkus et al., 2019; Litz & Kerig, 2019). This backdrop sets the stage for moral injury, which can evoke negative emotions like shame, guilt, and anxiety, significantly impacting an individual's overall well-being (Litz et al., 2009). Individuals dealing with moral injury have trouble connecting with others, resulting in feelings of social alienation and anxiety (Griffin et al., 2019). Furthermore, previous research indicated that moral injury increases returning service members' vulnerability to suicidal ideation and self-

harm (Ames et al., 2018). Considering this risk, the absence of a concrete definition has led researchers to develop various theories to understand the syndrome.

Theoretical Framework

Although the definition of moral injury lacks clarity, researchers have attempted to conceptualize its features and develop theories that define the syndrome (Griffin et al., 2019; Jinkerson, 2016; Litz et al., 2009; Litz & Kerig, 2019; Shay, 2014). Jinkerson (2016) defined moral injury as a trauma characterized by specific psychological, behavioral, and interpersonal challenges arising from experiences incongruent with a person's values and morals. Other theoretical frameworks proposed that moral injury originates from violating moral standards that shape an individual's perception of justice and righteousness, either by the betrayal of a trusted leader or an authoritative figure (Litz et al., 2009; Shay, 2014). Further examination revealed that some researchers proposed moral injury emerges from transgressions, encompassing both acts of commission and omission that contradict personal moral values and beliefs (Litz et al., 2009; Shay, 2014; Sze, 2017). One such theory is the causal model of moral injury, in which the syndrome evolves from a transgressive act to a clinical outcome.

This study's guiding theoretical framework draws from Litz et al. (2009) causal model of moral injury (See Figure 1). The model details the mechanisms through which moral injury unfolds, beginning with a transgression that violates an individual's deeply held beliefs, leading to changes in a person’s self-perception and worldview (Frankfurt & Frazier, 2016). Such transgressions create an internal dissonance between the event and personal assumptions (Litz et al., 2009). If this dissonance progresses to negative attributions and individuals struggle to integrate the moral dilemma into their worldview, they experience

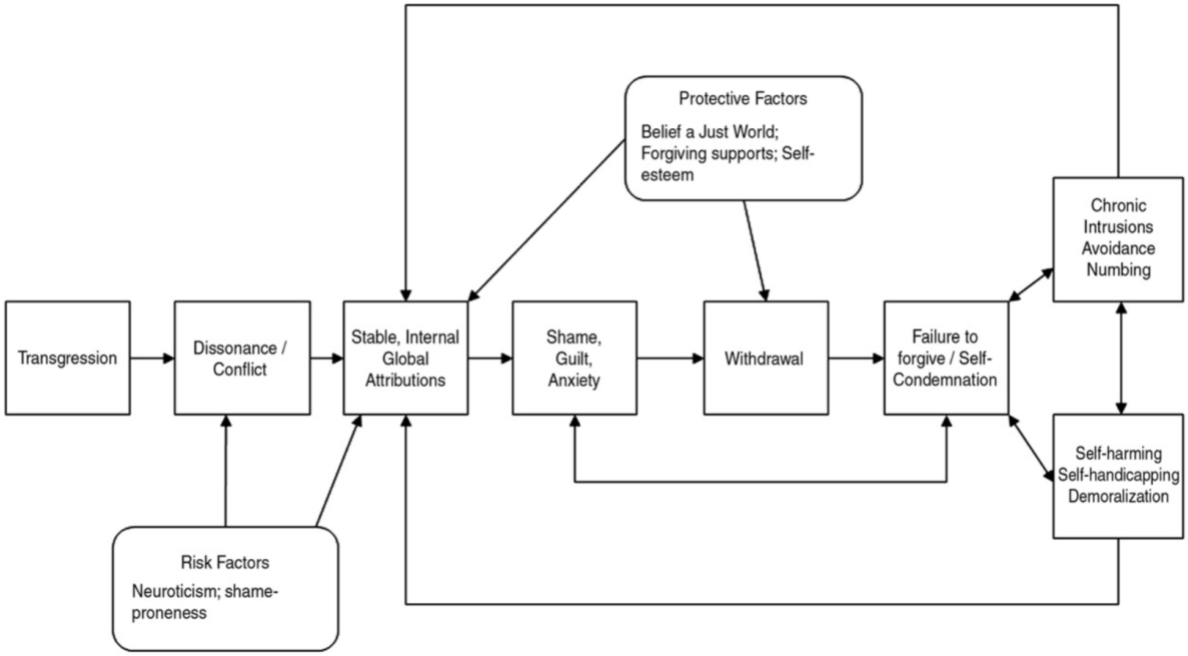
harmful moral emotions such as shame, guilt, and anxiety (Farnsworth et al., 2014; Frankfurt & Frazier, 2016; Litz et al., 2009). These negative emotions may lead to withdrawal symptoms.

For veterans and service members, withdrawal may occur when they fail to reconcile, heal, or process the event, potentially leading to self-condemnation (Litz et al., 2009). This self-condemnation, or an inability to forgive, can pave the way for various adverse clinical outcomes, including chronic intrusions, avoidance, numbing, self-harm, or demoralization (Litz et al., 2009). The Litz (2009) framework also presents the role of risk and protective factors in shaping these responses, with shame-proneness and guilt-proneness influencing dissonance and attributions and protective factors, such as a belief in a just world and self-esteem, influencing attributions and withdrawal.

Interestingly, research has shown that mindfulness-based approaches, like the one investigated in this study, may moderate the effects of moral injury (Davies et al., 2019; Forkus et al., 2019). This study explored whether self-compassion influenced the impact of morally injurious experiences and its prediction of shame and guilt. While the concept of moral injury remains complex, many researchers have made great efforts to conceptualize its features and develop theories that can help understand this phenomenon (Farnsworth et al., 2014; Griffin et al., 2019; Jinkerson, 2016; Koenig et al., 2020; Richardson & Lamson, 2021; Shay, 2014; Sze, 2017; Yan et al., 2012). This study aimed to explore moral injury and its impact on negative feelings by offering a potential avenue for intervention in observing self-compassion as a potential moderator.

Figure 1. Litz et al. (2009)

Working Causal Framework for Moral Injury.



Summary

Moral injury, shame, and guilt are common psychological responses to moral transgressions during combat-related experiences and are associated with increased mental and behavioral health problems among veterans and service members (Capone et al., 2021; Wisco et al., 2016; Sze, 2017). Severe moral transgressions can affect a person's quality of life and personal relationships (Battles et al., 2018; Davies et al., 2019; Forkus et al., 2019; Litz & Kerig, 2019). Research studies on mindfulness-based approaches have suggested that more studies are needed to address the adverse effects of moral injury among veterans and service members (Davies et al., 2019; Farnsworth et al., 2014; Forkus et al., 2019). This study helped fill the gap by observing the role of self-compassion in moderating the effects of moral injury, shame, and guilt associated with combat-related experiences. Results from this study contribute to the

existing literature on alternative mindfulness-based interventions for veterans and service members.

Problem Statement

The problem is that while veterans and service members with combat-related experiences develop profound mental and behavioral health problems associated with moral injury, more research is needed on mindfulness-based approaches to help with recovery. In one study involving 244 military service members who had undergone combat-related experiences, Davies et al. (2019) aimed to determine whether features of mindfulness (e.g., observing, nonjudging, nonreactivity, awareness, and describing) moderated the relationships between moral injury, PTSD, and substance use. Their findings revealed that while mindfulness did not significantly moderate the relationship between moral injury and PTSD or moral injury and alcohol use, it did between moral injury and drug abuse (Davies et al., 2019). Awareness and nonjudging (features of mindfulness) were associated with weakening the relationship between moral injury and drug abuse, implying that service members who were aware of their negative moral emotions were less likely to have harmful coping mechanisms (Davies et al., 2019). The study suggested the need for further research on mindfulness-based techniques that could alleviate the symptoms of moral injury (Davies et al., 2019). However, this study did not focus on secondary symptoms of moral injury, like shame and guilt, which can lead to maladaptive behaviors.

In another study involving 203 veterans, Forkus et al. (2019) observed the moderating role of self-compassion in the relationship between morally injurious experiences and mental health outcomes. The researchers proposed that self-compassion might be a protective factor in reducing PTSD symptoms and depression. Their study showed that individuals with high levels of self-compassion demonstrated fewer PTSD symptoms, whereas those with low self-

compassion showed more pronounced PTSD symptoms (Forkus et al., 2019). This study revealed the protective role of self-compassion on the psychological, behavioral, and overall well-being of veterans and service members with combat-related experiences. Both studies showed the potential benefits of self-compassion and mindfulness-based approaches in reducing the adverse effects of moral injury and PTSD. However, Davies et al. (2019) and Forkus et al. (2019) indicated that there is a lack of research on such interventions for addressing moral injury resulting from combat-related experiences. Failure to reconcile past transgressions may lead to a variety of psychological, psychiatric, and behavioral health issues (Farnsworth et al., 2014; Frankfurt & Frazier, 2016; Litz et al., 2009). By observing the moderating role of self-compassion, the researcher aimed to observe whether self-compassion could serve as a protective feature in the moral injury process, thereby lessening the shame and guilt associated with combat-related experiences.

Purpose Statement

The purpose of this study was to expand the literature on mindfulness-based approaches for veterans and service members experiencing moral injury, shame, and guilt associated with combat-related experiences. The study used a quantitative research method to the gather the data to answer the research questions. Two simple linear regression analyses were used to observe if there is a statistical relationship between morally injurious experiences and shame and morally injurious experiences and guilt. And two simple moderation analyses were used to observe whether self-compassion moderates the strength or direction of the relationships. Mental health professionals working with veterans and service members experiencing moral injury have relied on traditional evidence-based treatments such as prolonged exposure therapy (PE) and cognitive processing therapy (CPT) to address moral injury symptoms (Goodson et al., 2013; Held et al.,

2018). Although these evidence-based treatments are effective, they do not have the ability to address the suffering aspect of moral injury and its related symptoms.

Current research has found that veterans and service members with high self-compassion may have less distress because they are less likely to perceive morally injurious experiences negatively (Forkus et al., 2019). It is possible that by exploring the relationship between morally injurious experiences, shame, and guilt, this study will demonstrate the resiliencies of self-compassion (e.g., self-kindness, common humanity, mindfulness) that can decrease the degree to which veterans and service members develop self-conscious emotions. Findings from this study can be used to guide mental health professionals in supporting and improving the overall mental health of veterans and service members.

Significance of the Study

The potential significance of this study was to address the existing gap in mindfulness-based approaches aimed at reducing mental and behavioral health problems associated with moral injury. Various studies have demonstrated how vulnerable this population is to moral violations resulting from combat-related experiences and indicated the need for further research into the underlying reasons that influence combat-related outcomes (Dahm et al., 2015; Forkus et al., 2019; Hall et al., 2020; Hiraoka et al., 2015; Yan, 2016). To expand moral injury research, the researcher explored whether there is a statistical relationship between morally injurious experiences and shame and guilt and if self-compassion had the potential to moderate the strength or direction of those relationships within a sample of veterans and service members with combat-related distress.

Features of self-compassion are associated with resilience and well-being and may have protective capabilities in the attribution process of moral injury (Litz et al., 2009; Neff, 2023a;

2023). Interestingly, prior to this study, no research has explored the moderating role of self-compassion in the relationship between morally injurious experiences and shame and guilt. Within the military mental health field, experts have expressed the need to explore ways to enhance mental health outcomes for veterans and returning service members (Davies et al., 2019; Forkus et al., 2019; Litz et al., 2018). This study observed whether self-compassion may contribute to some form of resiliency in developing a moral injury. The findings from this study could serve as a clinical utility to improve mental health treatments for veterans and service members.

Research Questions and Hypotheses

RQ1: Is there a statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences?

$H_0$1: There is no statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

H_A1: There is a statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

RQ2: Is there a statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences?

$H_0$2: There is no statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

H_A2: There is a statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

RQ3: Does self-compassion affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences?

$H_0$3: Self-compassion does not affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

H_A3: Self-compassion does affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

RQ4: Does self-compassion affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences?

$H_0$4: Self-compassion does not affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

H_A4: Self-compassion does affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

Definitions

1. *Cognitive Processing Therapy (CPT)* - An evidence-based, trauma-focused therapy that effectively reduces developing and maintaining PTSD symptoms (Wachen et al., 2016).
2. *Guilt* - An adverse emotion ascribed to the experience of a negative outcome (Han et al., 2014). It is associated with distressful guilt cognitions, such as violated moral standards

and norms, feeling responsible for the event, remorse, and distress associated with the trauma-related memory (Browne et al., 2015).

3. *Moral Injury* - A trauma syndrome with significant psychological, existential, behavioral, and interpersonal issues "that emerge following exposure to an event(s) that conflict with one's moral, ethical, or spiritual beliefs" (Jinkerson, 2016, p.126).
4. *Morally Injurious Experiences (MIEs)* - Experiences during combat where a person's moral code is violated, leading to various internal reactions and external circumstances (Kelley et al., 2019a).
5. *Operation Enduring Freedom (OEF)* - Synonymous with the War in Afghanistan, it was a conflict between the United States and al-Qaeda and Taliban forces in Afghanistan; the war lasted between 2001- 2014 (Naval History & Heritage Command, 2020).
6. *Operation Iraqi Freedom (OIF)* - A conflict from 2003- 2011 between the United States and the Iraqi government, led at the time by Saddam Hussein (Naval History & Heritage Command, 2022).
7. *Posttraumatic Stress Disorder (PTSD)* - A mental health disorder that occurs in individuals who have experienced or witnessed a traumatic event and is identified by the following symptom clusters that are present for more than a month: intrusion symptoms, such as involuntary and recurrent distressing memories; avoidance of uncomfortable thoughts, memories, or feelings; negative alterations in cognitions and mood; hyperarousal and reactivity (American Psychiatric Association [APA], 2013).
8. *Prolonged Exposure Therapy (PE)* - PE therapy is evidence-based psychotherapy. It reduces PTSD symptom clusters (e.g., re-experiencing symptoms, avoidance symptoms, negative cognitions and mood, and hyperarousal) (Goodson et al., 2013). PE therapy

confronts anxiety-provoking memories and fear through repeated in-vivo and imaginal exercises (Foa et al., 2019).

9. *Shame* - An emotion caused by something degrading, unethical, dishonorable, or absurd (Mintz, 2012). Feelings associated with shame manifest in various symptoms (Aldridge et al., 2019). It is heavily related to how people feel about themselves. Sedighimornani et al. (2019) describe it as an internal wound that leads to devaluation, condemnation, and a sense of self-worthlessness.
10. *Self-Compassion* - A feature demonstrated by awareness, resilience, and emotional strength (Lemire, 2018). Self-compassion includes recognizing that personal suffering is part of the human experience and addressing personal failure and inadequacies with self-kindness (Neff, 2003a; 2023).

Summary

In conclusion, this chapter presented background information, including historical and social aspects of moral injury and a theoretical framework that guides the study. The chapter also presented a problem statement and the significance of the study, in that veterans and service members with combat-related experiences develop significant problems associated with moral injury, and further research on mindfulness-based approaches is necessary to help with recovery. Self-compassion is a mindfulness-based approach that may lessen the degree to which people develop shame and guilt associated with combat-related experiences since it is associated with various positive features. Therefore, it is a mindfulness-based approach worth investigating. This chapter also included the research questions, hypotheses, and definitions.

Chapter Two: Literature Review

Overview

The following chapter introduces features of moral injury, shame, guilt, and self-compassion. It begins by exploring moral injury, a syndrome that has gained attention in recent years, especially within the context of combat-related experiences. Then, the chapter introduces a theoretical framework demonstrating the moral injury process. The model constructed by Litz et al. (2009) will guide this study and highlight the process and consequences of moral injury. The chapter also includes a literature review of moral injury, morally injurious experiences, and moral injury and mental health. The development of shame and guilt resulting from moral injury will also be discussed, as shame and guilt are negative emotions that lead to mental and behavioral health problems.

The chapter will also present current interventions for moral injury and provide information on whether self-compassion may moderate the relationship between moral injury, shame, and guilt. The chapter will then address concepts of self-compassion that may serve as protective features from the emotional effects of moral injury. Self-compassion includes self-kindness, common humanity, and mindfulness, which can counteract some of the negative effects of morally injurious experiences. Lastly, the chapter summarizes the literature review and proposes suggestions for future research on mindfulness-based approaches for moral injury among veterans and service members with combat-related experiences.

Theoretical Framework

Service members returning from overseas combat have shown various mental and behavioral health problems associated with their unique experiences (Yan, 2016). Moral injury, posttraumatic stress disorder (PTSD), and other mental and behavioral health disorders are

common problems service members experience when they return from war (Ames et al., 2019; Davies et al., 2019). Moral injury is a syndrome described as personal suffering people experience from an event that directly violates deeply held morals and values (Griffin et al., 2019). Moral injury manifests in various mental health problems, such as depression, anxiety, suicidality, and behavioral health problems, including withdrawal, isolation, and substance use (Ames et al., 2019; Battles et al., 2018; Davies et al., 2019; Forkus et al., 2020; Litz et al., 2009; Thomas et al., 2021). Along with these mental health problems, moral injury has also been found to co-occur with PTSD.

Moral injury and PTSD are two conditions associated with the psychological impact of combat-related experiences (Hall et al., 2020). Researchers have found that moral injury and PTSD overlap and may co-occur; therefore, it is essential to consider the psychological impact of PTSD within the development and maintenance of moral injury (Barnes et al., 2019; Davies et al., 2019; Hall et al., 2020; Koenig et al., 2020). While PTSD centers on the symptoms and consequences of traumatic experiences, moral injury centers on moral distress resulting from violating deeply held moral beliefs. Since its introduction in 1980, mental health professionals working with veterans and service members experiencing mental and behavioral health problems have relied on traditional evidence-based treatments such as prolonged exposure therapy (PE) and cognitive processing therapy (CPT) to address symptoms associated with moral injury and PTSD (Goodson et al., 2013; Held et al., 2018). Although these evidence-based treatments are effective at helping veterans and service members process and make sense of cognitive distortions related to combat experiences, the treatments fail to address moral distress and secondary symptoms.

Secondary symptoms associated with moral injury include shame and guilt and are considered negative emotional consequences (Hall et al., 2020; Litz et al., 2009). Shame impacts a person's self-identity; it is associated with the belief that one's actions or inactions make them worthless, leading to self-condemnation, self-criticism, and self-blame, and is considered one of the most distressing emotions experienced (Litz et al., 2009; Sedighimomani et al., 2019). Guilt tends to focus more on the awareness of the action and the behavior toward the action that has violated the moral code (Litz et al., 2009). It is described as a negative emotion that results in an altered worldview (Williams & Berenbaum, 2018). Veterans and service members struggling with guilt can experience remorse and process morally injurious experiences when they have well-established moral codes and beliefs (Litz et al., 2009; Williams & Berenbaum, 2018). Secondary symptoms of moral injury can be addressed with therapeutic alternatives to traditional evidence-based treatments.

With the growing need for mental health alternatives to address moral injury symptoms and emotions such as shame and guilt, various research studies have shown that mindfulness-based approaches effectively reduce emotional and psychological distress (Brahler & Neff, 2020; Davies et al., 2019; Forkus et al., 2019; Hiraoka et al., 2015). Traditional methods for moral injury and PTSD focus primarily on symptom reduction and do not consider moral conflicts associated with combat-related experiences (Dahm et al., 2015; Forkus et al., 2019; Koenig et al., 2018). Mindfulness-based approaches for moral injury have been found to reduce some of the adverse behavioral symptoms (Dahm et al., 2015; Davies et al., 2019). Mindfulness-based approaches encourage individuals to be present with their thoughts and emotions related to traumatic experiences (Kelley et al., 2019b; Neff, 2003a; 2023). However, there is a lack of

research on mindfulness-based approaches to address moral injury, shame, and guilt among veterans and service members with combat-related experiences.

The theoretical framework guiding this study is adapted from a working causal framework for moral injury created by Litz et al. (2009) (see Fig. 1). Researchers constructed a theoretical concept of the moral injury process. The framework has contributed to modern theories and working definitions within the practice and theory of moral injury (Farnsworth et al., 2014). The theoretical framework demonstrates how moral injury manifests from a transgressive act to clinical outcomes (Litz et al., 2009). Moral injury is a syndrome that evolves from an event that directly or indirectly violates a person's moral code and beliefs, causing psychological trauma (Litz et al., 2009; Shay, 2014). For service members, these acts of transgression during combat are also morally injurious experiences (Kelley et al., 2019a). Morally injurious experiences are events during combat where the outcome may profoundly contradict moral belief systems (Battles et al., 2018; Farnsworth et al., 2014; Kelley et al., 2019a; Litz et al., 2009). These experiences and interpretations of the experience vary among individuals.

Service members may be placed in combat-related situations where behaviors and actions are inconsistent with moral codes (Litz et al., 2009). The internal conflict experienced in a combat-related situation may create a dissonance between what the service member did or failed to do and the reaction and behaviors towards the act (Te Brake & Nauta, 2022). Most service members exposed to combat experiences are trained to respond and process such experiences without developing psychopathology (Hiraoka et al., 2015). However, when such experiences are incongruent with a person's moral beliefs, there is a greater risk of dissonance. If the dissonance advances to negative attributions and individuals cannot assimilate, accommodate, or

reconcile the cause of the moral violation within their worldview, they will experience negative emotions (e.g., shame, guilt, anxiety) (Frankfurt & Frazier, 2016; Farnsworth et al., 2014; Litz et al., 2009). In association with moral injury, shame and guilt emerge as pervasive negative emotions.

Shame is strongly associated with negative self-judgment and self-blame for actions or inactions during a traumatic experience (Litz et al., 2009; Norman et al., 2014; Sedighimornani et al., 2019). Kubany and Manke (1995) developed a comprehensive model of guilt associated with trauma and explained that it comprises affective distress and guilt-related cognitions. Affective distress develops when an individual perceives the experience as unfavorable and becomes the source of psychological distress (Kip et al., 2022). Guilt-related cognitions emerge from denial about personal responsibility, a lack of justification for the outcome, and false beliefs (Kubany & Manke, 1995). These negative emotions lead to withdrawal and self-condemnation (Litz et al., 2009). Service members experiencing withdrawal may isolate themselves from others and encounter reintegration problems within the community upon returning from war (Liz et al., 2009). Failure to reconcile, heal, and process combat-related experiences with others or in time, may lead to self-condemnation (Litz et al., 2009). Feelings of self-condemnation, or failure to forgive oneself or others over a transgression, may lead to hallmark symptoms of moral injury such as self-harm, suicidal tendencies, demoralization, and PTSD symptoms of chronic intrusions, avoidance, and numbing (Litz et al., 2009). Considering this, certain risk factors can contribute to these adverse effects.

Research shows that risk factors like guilt and shame-proneness contribute to the moral injury process (Litz et al., 2009). The causal working framework of moral injury presents the risk factors that influence dissonance and internal conflict a service member may experience from an

act of transgression. Shame and guilt are moral appraisals that influence how people perceive transgressions (Aldridge et al., 2019). Compared to risk factors, protective factors (e.g., belief in a just world, self-esteem, and forgiving) can influence the attributions assigned to the transgression and lessen the degree of negative emotions and withdrawal (Litz et al., 2009). Various studies have called for additional mindfulness-based approaches to be investigated for their potential to moderate moral injury and its symptoms (Davies et al., 2019; Forkus et al., 2019). A mindfulness-based concept investigated in this study was self-compassion. Self-compassion can be a protective trait against the harmful effects of morally injurious experiences by counteracting self-judgment, isolation, and overidentification through self-kindness, mindfulness, and common humanity, which is understanding that suffering is part of the human experience (Forkus et al., 2019; Neff, 2003a; 2023). Therefore, self-compassion may have an important role in the moral injury process.

Related Literature

Moral Injury

During the Vietnam War, returning veterans experienced readjustment problems and mental and behavioral health symptoms resulting from combat (Barnes et al., 2019; Marmar et al., 2015; Sze, 2017). The Vietnam War included intense combat-related situations causing significant exposure to violence and war tactics, which resulted in mental and behavioral health problems (U.S. Department of Veteran Affairs, 2022b). Vietnam Veterans demonstrated many unexplained symptoms such as flashbacks, disturbing memories, and anxiety following their war-related experiences that were later described as a stress disorder (U.S. Department of Veteran Affairs, 2016b). Returning veterans experienced a lack of support and understanding of their mental health problems, which perpetuated feelings of isolation and alienation, and there

was a clear need for mental health services to support this population (Hoffman et al., 2003). The lack of support and understanding contributed to the need for a comprehensive way to diagnose the disorder and a clear need for mental health help for this population.

In 1980, the American Psychiatric Association added PTSD to its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) to help diagnose and treat trauma symptoms (U.S. Department of Veteran Affairs, 2022a). Since its introduction, the PTSD criteria have evolved to include intrusion symptoms, such as involuntary and recurrent distressing memories; avoidance of uncomfortable thoughts, memories, or feelings; negative alterations in cognitions and mood; hyperarousal and reactivity; and symptoms must result from exposure to or witnessing a traumatic event and last longer than a month (APA, 2013). Although the revised PTSD diagnosis helped with psychiatric theory and practice for veterans, additional symptoms could not be easily explained or diagnosed.

Sze (2017) noted that the PTSD diagnostic criteria failed to account for a different manifestation of combat-related trauma. Witnessing or engaging in a traumatic event that directly violated morals and ethical beliefs resulted in the deterioration of one's sense of self, causing moral distress (Shay, 2014). Within the last decade, mental health professionals working with veterans and service members experiencing combat-related trauma have continuously conceptualized the relatively new syndrome (Sze, 2017). Since then, theoretical concepts have aimed to understand the psychological distress and emotional reactions associated with combat-related experiences (Griffin et al., 2019). Although theoretical concepts have evolved over time, a specific diagnosis remains unclear.

Since its introduction in 1990, moral injury has evolved and gained attention; however, a consensus regarding the definition of moral injury has yet to be established (Barnes et al., 2019;

Farnsworth et al., 2014; Koenig et al., 2020; Sze, 2017). PTSD was initially discussed in the context of war and its effect on returning veterans (Sze, 2017). Moral injury is defined by Jinkerson (2016) as a moral wound evolving from deeply rooted behavioral, existential, and psychological problems following exposure to a traumatic event that contradicts personal morals and values. Other researchers characterize moral injury as psychological trauma distinguished by negative moral emotions such as guilt, shame, betrayal, and existential or spiritual distress to a certain degree (Currier et al., 2019; Jinkerson, 2016; Litz, 2009; Wortmann et al., 2017; Yan, 2016). The concepts surrounding the development of moral injury continue to grow.

The concept of moral injury is continuously evolving, and the exact causes of moral injury are not fully understood (Farnsworth et al., 2014; Richardson & Lamson, 2021). Litz et al. (2009) proposed that the moral injury process begins with the betrayal of a trusted leader or person of authority, an act of omission or commission, or witnessing a transgressive act against moral beliefs during combat theater. A common theme regarding moral injury is that it results from a transgressive act (Farnsworth et al., 2014; Litz et al., 2009; Shay, 2014). Some researchers consider it an act of transgression, while others have called these encounters morally injurious experiences or events (Litz et al., 2009; Battles et al., 2018; Forkus et al., 2019). During combat, a morally injurious experience can happen when a service member is exposed to a situation that violates their moral beliefs (Farnsworth et al., 2014; Litz et al., 2009). For example, they may kill or witness civilian casualties and engage in actions contradicting their sense of right and wrong (Litz et al., 2009). For the remainder of this chapter, morally injurious experiences will be used to identify acts of transgression.

Morally Injurious Experiences

Acts of transgression (e.g., atrocities of war, violence, and killings) are common experiences during combat (Litz et al., 2009). According to Litz et al. (2009), the military embraces a culture with a strict moral and ethical code of conduct. During combat, bombings, engaging in open fire, infiltrating enemy lines, witnessing violence, and killings are expected (Litz et al., 2009). Service members engaging in these experiences are educated and trained to be resilient in combat-related violence and warfare (Litz et al., 2018). However, morally injurious experiences expose service members to situations that profoundly contradict deeply held moral beliefs, leading to future pathology (Litz et al., 2009). The psychological impact of morally injurious experiences can be profound and have lasting consequences (Farnsworth et al., 2014; Litz et al., 2009). Mental and behavioral health research reveals that individuals exposed to morally injurious experiences are at greater risk for psychiatric symptoms such as PTSD and related symptoms of intrusive thoughts, flashbacks, hypervigilance, and emotional reactivity; secondary symptoms include shame, guilt, and betrayal (Battles et al., 2018; Davies et al., 2019). These symptoms have been present in returning veterans and service members.

Within the last decade, there has been an increased awareness of mental health and behavioral health problems associated with morally injurious experiences in combat theater (Battles et al., 2018; Forkus et al., 2019). Returning service members from Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) have described combat-related incidences that have violated moral codes, leading to the development of morally injurious experiences (Wisco et al., 2017). In a sample of 564 OIF/OEF combat veterans, Wisco et al. (2017) found that 10% of the veterans in the sample acknowledged committing an act of transgression that violated their moral code, 25% witnessed an act of transgression committed by someone else,

and 25.5% have been exposed to the betrayal of a leader or person of authority. The high levels of acknowledging moral violations showed that returning veterans and service members exposed to morally injurious experiences develop mental health disorders and suicidal ideations.

Hiraoka et al. (2015) noted that veterans of OIF/OEF are at greater risk for PTSD; however, not all individuals exposed to combat develop the condition. Service members returning from war may feel estranged as memories of war can lead to negative cognitions and emotions, resulting in a detachment from reality (Farnsworth et al., 2014). Experiences during combat can profoundly impact a person's mental and emotional well-being (Hiraoka et al., 2015; Kelley et al., 2019b). Although service members are trained to endure stress associated with combat experiences, responses to the experiences are unique, and the risk of developing psychopathology increases when the transgression cannot be processed (Hiraoka et al., 2015). The triggers of morally injurious experiences may remain long after combat theater, leading to considerable distress, inner conflict, and turmoil (Litz et al., 2009). Moral injury resulting from morally injurious experiences may develop from two potential pathways.

Litz and Kerig (2019) discuss two pathways in which a moral injury may occur during combat. A moral injury may result from an act of commission (i.e., engaging in violence or killing others) or an act of omission (i.e., failing to stop a killing or witnessing an atrocity). Moral injury resulting from an act of commission occurs when a person engages in a behavior or action that violates their moral conscience and deeply held values and beliefs (Williams & Berenbaum, 2019). For example, an act of commission is when a service member is assigned to execute an official order or carry out an action that involves harming innocent civilians that goes against their personal, spiritual, or religious convictions to protect innocent lives (Litz & Kerig, 2019). This moral conflict can result in deep psychological pain as the service member deals

with shame, guilt, and self-condemnation (Farnsworth et al., 2014; Litz et al., 2009). Currier et al. (2019) described this concept as a self-directed moral injury perpetuating shame-related cognitions and feelings. Moral injury resulting from acts of commission is associated with a great sense of betrayal of one's moral codes.

A moral injury resulting from an act of omission occurs when a service member witnesses a betrayal or atrocity committed by a trusted leader and fails to act in a situation that goes against moral beliefs (Jinkerson, 2016). A moral injury resulting from leadership betrayal significantly affects personal values that coincide with a sense of belonging and camaraderie, resulting in cognitive and emotional guilt (Battles et al., 2018). The act profoundly changes a person's view of the self, others, and the world, and it carries the most psychopathology among veterans and service members (Williams & Berenbaum, 2019). Litz and Kerig (2019) found that acts of commission and omission are related to various psychological and psychiatric problems among post-war veterans. Moreover, according to Williams and Berenbaum (2019) and Sze (2017), acts of commission and omission are associated with severe PTSD symptoms and dysfunctional problems such as depression and suicidal tendencies, meaning that acts of commission and omission result in mental and behavioral health problems.

Moral Injury and Mental Health

Veterans and service members are at high risk of experiences that can cause moral transgressions, which may develop into moral injury (Battles et al., 2018; Davies et al., 2019; Kelley et al., 2019b). Moral injury is described as the deterioration of one’s character by developing profound inner conflicts, negative emotions, and distrust in oneself and others (Kelley et al., 2019; Shay, 2014). The syndrome has been found to manifest in various mental health problems (i.e., depression, anxiety, suicidality) and behavioral health problems (i.e.,

isolation, withdrawal, substance use) (Battles et al., 2018; Litz et al., 2009). Specifically, individuals exposed to morally injurious experiences during war tend to have higher rates of psychopathology (Battles et al., 2018; Forkus et al., 2019). Thus, veterans and service members are returning from war with detrimental health problems.

In the past 13 years, 500,000 veterans have been diagnosed with PTSD (Reisman (2016). Veterans and service members with combat exposure display hallmark symptoms associated with PTSD (i.e., flashbacks, intrusive thoughts, nightmares, hyperarousal, and reactivity) (Koenig et al., 2020). For example, veterans from OIF and OEF have demonstrated various mental and physical health problems (Ames et al., 2018; Yan, 2016). In a study sample of 100 OEF/OIF veterans investigating the impact of moral injury on returning service members, the study found that moral injury and combat-related experiences predict PTSD outcomes and physical well-being (Yan, 2016). When individuals return from war, PTSD is found to be a leading cause of adverse mental health.

Returning service members unable to justify or reconcile war-related experiences within a personal moral framework are more likely to experience PTSD (Yan, 2016). Williams and Berenbaum (2018) found that high rates of PTSD, depression, and suicidality are associated with cognitive alterations in worldviews, meaning that acts of omission (i.e., failing to stop harm or inaction) and related emotional guilt lead to more significant psychological problems. When individuals fail to intervene or act during a morally injurious experience, it may lead to a profound sense of guilt and moral dissonance. If left unresolved, it may contribute to mental and behavioral health problems (Williams & Berenbaum, 2018). Some symptoms associated with these problems come from feelings of shame and guilt.

When veterans and service members experience a moral injury that violates their sincerely held morals and values, it often leads to feelings of guilt, shame, and dissonance (Litz et al., 2009). These negative emotions can affect an individual's self-worth, self-esteem, and identity. Moral transgressions from morally injurious experiences may lead to isolation, withdrawal, and depressive-related symptoms (i.e., sadness, hopelessness, despair) (Norman et al., 2022). Battles et al. (2018) found that combat experiences result in poor mental health, depression, suicidality, and substance use. For some, the atrocities of war are profound and become too difficult to bear, leaving some individuals with suicidal ideations (Battles et al., 2018). Moral injury, witnessing or experiencing acts of violence can contribute to suicidal ideation among veterans and service members when moral dissonance, guilt, shame, and a sense of betrayal create overwhelming feelings that are too difficult to process, resulting in some individuals contemplating taking their own lives (Kelley et al., 2019b). The initial moral transgressions create a profound sense of withdrawal and loneliness.

Moral transgressions create dissonance, resulting in hopelessness and despair for individuals (Litz et al., 2009). Veterans and service members can experience internal conflicts between what happened and their moral perspectives, creating estrangement and disconnection from others, leading to further self-condemnation, isolation, and withdrawal (Battles et al., 2018). Individuals with moral injury may use maladaptive ways to cope with distressing emotions that arise from moral conflicts (Davies et al., 2019). The burden of shame and guilt can cause individuals to cope with emotional pain through substance and alcohol use (Davies et al., 2019). Self-medicating to relieve symptoms may temporarily numb the pain and suffering associated with the violations; however, it can perpetuate feelings of shame and guilt (Battles et al., 2018). An interesting concept mentioned by Battles et al. (2018) is that betrayal from a

trusted leader (i.e., an act of omission) results in higher rates of PTSD symptoms and drug and alcohol abuse.

Kelley et al. (2019a) found that male and female veterans and service members can have similar levels of moral injury. Moral injury is shown to result in adverse mental and behavioral health outcomes, and gender alone has not been found to moderate the association, but it may influence how people cope; however, this theory is inconclusive (Kelley et al., 2019a). Research shows that females experience more mental health problems, such as depression and anxiety, with combat-related experiences, and males experience more behavioral health problems, such as substance use (Kelley et al., 2019a). Female veterans and service members are more likely to seek social support, engage in emotion-focused coping strategies, or connect with others with similar experiences (Kelley et al., 2019a). Research suggests that male veterans and service members may be more inclined to utilize avoidant coping mechanisms when faced with moral injuries, such as substance abuse, aggression, or emotional detachment (Kelley et al., 2019a). It is essential to note that coping strategies vary widely among individuals, and these gender-based coping methods vary (Kelley et al., 2019a). Mental health practitioners working with veterans and service members with moral injury should consider gender differences regarding how females and males cope with the disorder (Kelley et al., 2019a). However, gender alone does not determine which coping approach a person might have, and more research is needed.

Shame and Guilt

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) acknowledged the significance of shame and guilt in the context of trauma and included them as key features of PTSD (APA, 2013). By including shame and guilt in the diagnostic criteria, it demonstrated the profound influence these emotions have on the experiences of people with the disorder. It also

helped to understand how self-conscious emotions fit within the context of mental health and trauma. This inclusion has helped develop treatment approaches for PTSD and moral injury. While both shame and guilt are negative responses to a traumatic experience and have been recognized to be key features of PTSD and moral injury, they both have different characteristics.

Koenig et al. (2020) described shame and guilt as core symptoms of moral injury. They stated that it stems from individuals experiencing betrayal, loss of trust and meaning, self-condemnation, and difficulty forgiving themselves and others. Litz et al. (2018) found that moral injury to the self, or in the realm of traumatic loss, occurs when an individual experiences high levels of sadness and guilt, suggesting that traumatic loss and morally injurious experiences can have lasting effects that are painful to the self-conscious. Shame is strongly associated with negative self-judgment and the belief about the act or inaction of a specific experience, and guilt is the regret over the action (Norman et al., 2014; Sedighimornani et al., 2019). Both concepts contribute to the emotional aspect of moral injury.

Shame

Shame is an emotion that emerges from experiences that are found to be degrading, unethical, dishonorable, or absurd (Litz & Kerig, 2019; Mintz, 2012). It is accompanied by embarrassment, and humiliation, causing individuals to feel exposed and vulnerable. Feelings associated with shame are personal, complex, and manifest in various symptoms (Aldridge et al., 2019). Sedighimornani et al. (2019) found that shame is a self-conscious emotion and is related to how people feel about themselves. It is an internal wound that leads to devaluation, condemnation, and a sense of self-worthlessness (Sedighimornani et al., 2019). Feelings of shame arise from an act of commission and judgment resulting from the action (Capone et al., 2021). Feelings of self-criticism and adverse emotions associated with shame can provoke

avoidance symptoms in people with PTSD and prolong recovery (Oktedalen et al., 2014). Shame leads to the belief that the person is fundamentally flawed.

This concept coincides with Bhuptani and Messman's (2022) research, indicating that shame comes from an internal source and develops when individuals experience judgment. Thoughts of shame include self-judgment, self-criticism, which trigger negative emotions and maintain avoidance symptoms among veterans and service members experiencing moral injury and PTSD (Oktedalen et al., 2014). According to Browne et al. (2015), shame and guilt are closely related constructs and can be distinguished by certain features. Shame is related to the negative feelings one embraces about the self, others, and the world, guilt includes negative appraisals about actions and behaviors (Oktedalen et al., 2014). Guilt involves recognizing personal responsibility associated with the morally injurious experience.

Guilt

Veterans and service members experiencing guilt after a morally injurious experience have emotional and physical pain associated with traumatic memory and high rates of post-traumatic guilt (Browne et al., 2015). Browne et al. (2015) noted that the prevalence of post-traumatic guilt comes from various factors, including acts of commission or omission that transgress their moral codes. Guilt emotions include intrusive thoughts and a profound sense of remorse (Litz et al., 2009). The emotional toll of guilt can lead to symptoms of depression, anxiety, and alcohol abuse (Kachadourian et al., 2021). The guilt associated with trauma is prevalent among U.S. veterans and active-duty military with moral injury and PTSD; in a sample of 345 veterans, 65% reported PTSD symptoms, 41% reported experiencing guilt symptoms within the past month, and 53% reported experiencing guilt during their lifetime (Miller et al., 2013). The high prevalence of guilt may be associated with combat-related experiences during a

war when individuals are placed in situations that go against moral codes (Litz et al., 2009). Guilt related to trauma is a distinctive feature of moral injury and PTSD; it includes negative appraisals and cognitions about the actions and behaviors associated with a traumatic experience (Nazarov et al., 2015). This emotional response creates an internal struggle to reconcile a person's actions within their personal moral framework.

Williams and Berenbaum (2018) found that returning veterans experienced higher rates of PTSD, depression, and suicidality when there were significant alterations in personal worldviews, meaning that acts of omission (i.e., failing to stop harm or inaction) and emotional guilt lead to higher rates of psychological problems. Addressing trauma-related guilt in treatment reduces feelings associated with posttraumatic psychopathology and promotes positive treatment outcomes (Norman et al., 2014). Held and Owens (2015) conducted a study with 47 homeless veterans experiencing trauma. Participants in the study were introduced to self-compassion training for trauma-related guilt. Self-compassion training was an effective intervention for the veterans in the study. Self-compassion training helped veterans to recognize and process trauma-related guilt while practicing self-forgiveness and self-acceptance (Held & Owens, 2015). The study revealed that self-compassion, which involves treating the self with self-kindness, common humanity, and mindfulness, can significantly reduce feelings of trauma-related guilt among veterans (Held & Owens, 2015). This study revealed that interventions that include self-compassion have the potential to promote protective features in mental health treatments for veterans and service members experiencing shame and guilt with moral injury.

Current Interventions for Moral Injury

Since its introduction in 1980, PTSD has been the go-to diagnosis for veterans with stress-related symptoms following combat-related experiences (APA, 2022). However, when

veterans returned from war, it was clear that the symptoms they were experiencing were not easily understood and could not be diagnosed through PTSD criteria (Sze, 2017). Veterans described a range of emotions associated with their combat-related experiences. Some of the symptoms presented by returning veterans included profound shame, guilt, anger, loss of trust, and self-judgment resulting from moral transgressions (Sze, 2017). The range of unexplained symptoms demonstrated that combat experiences resulted in negative emotions associated with mental health outcomes.

A decade after introducing PTSD as a diagnostic category, the concept of moral injury as a distinct syndrome gained recognition (Barnes et al., 2019). Since then, it became clear that the existing therapeutic interventions, which focused on addressing the thoughts, feelings, and behaviors associated with PTSD, neglected a unique cluster of symptoms specific to moral injury (Koenig et al., 2020). The unique cluster of symptoms was characterized by the deterioration of one's sense of self and contributed to ongoing misery and suffering experienced by individuals with moral injury (Koenig et al., 2020). Moral injury manifests in symptoms, including moral distress, loss of meaning and purpose, and a profound sense of betrayal, and these symptoms are not recognized in the diagnostic criteria for PTSD (Koenig et al., 2020). Not including these emotions in the diagnostic criterion leaves the opportunity for misdiagnosing or underdiagnosing individuals.

Moral injury is not classified as a mental health disorder and does not have a diagnostic construct (U.S. Department of Veterans Affairs, 2021). Instead, it is viewed as a syndrome that co-occurs and overlaps with PTSD (Barnes et al., 2019). Since moral injury and PTSD share similar features, with a few exceptions, mental health professionals working with veterans and service members with moral injury rely on self-reported assessments and clinical interviews to

evaluate and establish the presence of a moral injury (Barnes et al., 2019). The assessments gather information about experiences related to morally injurious experiences, including negative emotions, shame, guilt, and moral distress.

Current interventions for moral injury include prolonged exposure (PE) and cognitive processing therapy (CPT) (Griffin et al., 2019; Held et al., 2018; Richardson & Lamson, 2021). These evidence-based treatments have been studied and are highly effective in reducing symptoms and improving a person's quality of life following a traumatic experience (Held et al., 2018; Goodson et al., 2013). PE therapy is an evidence-based psychotherapy that effectively reduces PTSD symptom clusters (e.g., re-experiencing symptoms, avoidance symptoms, negative cognition and mood, and hyperarousal) (Goodson et al., 2013). PE helps individuals gradually confront and process the memory associated with the traumatic experience (Foa et al., 2019). This treatment method helps process traumatic experiences through various exercises.

PE therapy confronts anxiety-provoking memories and fear through repeated in-vivo and imaginal exercises (Foa et al., 2019). Through a process of repeated exposure, individuals learn to confront fear-based emotions and gain an understanding of their experiences (Foa et al., 2019). Rupp et al. (2017) note that provoking fear during exposure allows new information to replace thoughts within the fear construct of the memory, allowing the person to react differently to triggering stimuli. In time, people can recognize fear associated with the trauma memory and change the conditional responses to the memory and related behaviors (Rupp et al., 2017). Over time, the feelings and thoughts associated with the traumatic memory decrease.

Evidence shows that this approach effectively addresses PTSD and moral injury symptoms by reducing avoidance behaviors and emotional distress associated with the memory of moral transgression (Foa et al., 2019). Although PE therapy effectively addresses moral

injury-based PTSD symptoms, Held et al. (2018) found that intense feelings of shame and guilt can be challenging to process. More attention must be given to deeply rooted feelings about a traumatic experience. Most traditional trauma-focused treatments do not fully address the emotions and beliefs associated with moral injury. Therefore, it is essential to recognize the complexity of moral injury to provide veterans and service members with effective treatment.

CPT is another evidence-based treatment with some of the same concepts as PE, processing thoughts and memories of the trauma and addressing patterns of thinking that maintain trauma-related symptoms (Wachen et al., 2016). Held et al. (2018) explain that combat-related traumatic experiences are often involved in developing PTSD among veterans and service members. Individuals exposed to traumatic experiences may develop distorted thoughts and beliefs about themselves, others, and the world (Sloan et al., 2020; Wachen et al., 2016). In addition, veterans and service members may experience intense emotions such as shame, guilt, and the inability to forgive themselves and others (Held et al., 2018). Treatment for moral injury-related PTSD includes challenging and changing irrational beliefs and thoughts about the traumatic event through a series of sessions that include, but are not limited to, Socratic questioning and worksheets (Sloan et al., 2020). Monson et al. (2006) found that CPT exercises are effective with veterans and service members experiencing PTSD because they target and help to process the thoughts associated with combat-related trauma, such as witnessing, engaging, or participating in violence. CPT also helps process the adverse emotional reactions associated with traumatic experiences (Monson et al., 2006). CPT encourages individuals to challenge the thoughts that lead to negative emotions, but it does not address the complex emotional responses of moral injury.

Additional research shows that recognizing strengths in individuals can lessen emotional reactions associated with moral injury (Davies et al., 2019; Forkus et al., 2019). Davies et al. (2019) investigated whether certain features of mindfulness (e.g., observing, describing, awareness, nonjudging, and nonreactivity) can alleviate the adverse effects of moral injury. Researchers found that certain features of mindfulness (i.e., nonjudging and self-awareness) serve as protective methods from the adverse effects of moral injury and lessen the degree to which people develop PTSD and substance use (Davies et al., 2019). These findings indicate that accepting personal character flaws plays a crucial role in how people make meaning of traumatic experiences.

Along with these findings, researchers suggest other mindfulness-based interventions like self-compassion can decrease moral injury, PTSD, and substance use (Davies et al., 2019). Recognizing key features of self-compassion, such as self-kindness, common humanity, and mindfulness, may lessen the adverse effects of moral injury (i.e., shame and guilt) that perpetuate mental and behavioral health problems (Davies et al., 2019; Forkus et al., 2019; Sedighimornani et al., 2019; Valdez & Lilly, 2018). Dahm et al. (2015) conducted a study including 115 veterans with combat-related trauma. They discovered that mindfulness and self-compassion are uniquely related to reducing the adverse effects of PTSD symptoms and lessening symptom severity. Researchers suggest that future interventions should focus on increasing mindfulness and self-compassion because the fundamental concepts reduce the severity and occurrence of PTSD symptoms (Dahm et al., 2015).

Self-Compassion

Self-compassion refers to treating oneself with kindness, understanding, and acceptance in times of difficulty, failure, or suffering. It involves recognizing one's pain and struggles

without judgment and responding with kindness, empathy, self-love, and care (Braehler & Neff, 2020; Neff, 2023). It includes understanding that humans are not perfect, and feelings of inadequacy and suffering are part of the human experience (Neff, 2003a; 2023). Self-compassion views emotional experiences through a non-judgmental and accepting perspective and recognizes that hardships and setbacks are a part of life (Forkus et al., 2020). It involves understanding that life's hardships are shared experiences, and that life can be unpredictable (Neff, 2023). When people avoid and isolate themselves from their problems, the suffering from painful experiences increases, leading to stress, self-criticism, and disappointment (Neff, 2023). Self-compassion consists of three main ideas: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. overidentification.

Self-Kindness vs. Self-Judgment

The first characteristic of self-compassion is self-kindness. Self-kindness involves having a compassionate attitude toward oneself rather than criticism and judgment (Neff, 2003a; 2023). It requires supporting the self when faced with challenges or personal struggles. Self-kindness means giving oneself the same kindness that would be given to a friend during a difficult time (Neff, 2003a; 2023). In comparison, self-judgment is responding to oneself with negative self-talk, self-blame, and criticism when faced with life's challenges (Sedighimornani et al., 2019). When comparing the two, self-kindness promotes well-being and resilience, and self-judgment leads to feelings of inadequacy, low self-esteem, and stress.

Common Humanity vs. Isolation

The second characteristic of self-compassion pits common humanity versus isolation. Common humanity and isolation are two contrasting ways individuals may perceive painful experiences (Neff, 2003a; 2023). Common humanity means realizing that failures, suffering, and

imperfections are a part of the shared human experience (Neff, 2003a; 2023). Individuals with trauma may realize that others in similar situations experience the same problems (Neff, 2023). In other words, they realize they are not alone. Realizing that others share a common experience promotes a sense of connectedness and support needed to process painful experiences (Braehler & Neff, 2020). In contrast, when service members experience a morally injurious experience, feel alone, and feel that no one understands what they are going through, the negative emotions of shame, guilt, and anxiety emerge (Litz et al., 2009). Isolation and withdrawal also prolong mental and behavioral health problems such as depression, substance use, and suicidal ideations (Litz et al., 2009). When individuals embrace the concept of common humanity, they can realize that their experiences are not uncommon and can begin the healing process.

Mindfulness vs. Overidentification

The third component of self-compassion is one comparing mindfulness versus its opposite, overidentification. Mindfulness is the concept of being aware of and processing negative thoughts and feelings without avoidance (Braehler & Neff, 2020; Neff, 2003a; 2023). Mindfulness is the practice of recognizing and reflecting on personal struggles and having the ability to respond with compassion and kindness (Braehler & Neff, 2020). Mindfulness allows individuals to reflect on their experiences without overthinking or become too attached (Neff, 2023). The practice can help veterans and service members from being consumed by their experiences by allowing them to process negative thoughts and feelings without overidentifying with them (Kelley et al., 2019b). In contrast, overidentification is the result of individuals overthinking painful experiences or violations and beginning to identify themselves solely based on their actions or inactions (Neff, 2023). Overidentification can lead to intrusive symptoms and reliving traumatic experiences; it prevents individuals from acknowledging and processing their

pain (Neff, 2023). Mindfulness can counter overidentification by helping individuals practice self-awareness and detach themselves from painful experiences.

Mental and Behavioral Health Benefits of Self-Compassion

Self-compassion has many mental and behavioral health benefits. According to Neff (2023), self-compassion contributes to psychological well-being by improving self-worth and emotional regulation (Neff, 2023). Research shows that high levels of self-compassion have been associated with reduced psychopathology (Neff, 2023). Individuals with high self-compassion can relate to problems with warmth and a positive attitude. They are more likely to feel less overwhelmed and isolate themselves from others, resulting in less psychopathology (Neff, 2023). Self-compassion improves self-worth by reducing self-criticism and feelings of inadequacy by being less preoccupied with negative thoughts about themselves and of what others may think (Neff, 2023). Through self-compassion, individuals can enhance their overall mental and emotional well-being by treating themselves with kindness, understanding, and self-acceptance (Neff, 2003a; 2023). Self-compassion improves emotion regulation by allowing individuals to respond to challenging situations by reducing self-blame and self-judgment by adopting positive thinking and avoiding negative emotions (Neff, 2023). When Individuals practice the positive features of self-compassion, demonstrate self-kindness towards themselves, and embrace a non-judgmental stance, they can develop resilience, self-acceptance, and emotional well-being.

In a study of 115 Iraq and Afghanistan war veterans exposed to one or more combat-related traumas, Hiraoka et al. (2015) found that self-compassion influences the degree to which they develop PTSD symptoms and that increasing self-compassion in treatment reduces symptoms and promotes an overall sense of well-being. This finding suggests that veterans and service members with high self-compassion may be less likely to perceive morally injurious

experiences negatively, causing less distress. By practicing concepts of self-compassion, veterans and service members can recognize transgressions while knowing they are not alone in their experiences. Veterans and service members can learn to accept themselves and their experiences through an acceptance lens rather than self-judgment and self-condemnation.

Could Self-Compassion Moderate the Association Between Morally Injurious Experiences and Shame and Guilt?

Self-compassion may moderate the association between morally injurious experiences and feelings of shame and guilt because it is associated with high levels of well-being and the ability to adapt to various challenges and difficulties (Bhuptani & Messman, 2022; Forkus et al., 2019; Kelley et al., 2019). Self-compassion acts as a buffer, providing a compassionate and non-judgmental perspective toward oneself when confronted with moral conflicts or transgressions (Neff, 2023). Individuals can develop a more understanding and forgiving stance toward their actions and experiences by developing self-compassion (Neff, 2023). Several studies have shown that mindfulness-based methods can lessen the degree to which people develop mental and behavioral health problems associated with moral injury (Dahm et al., 2015; Davies et al., 2019; Forkus et al., 2019; Hiraoka et al., 2015; Sedighimornani et al., 2019). Moral injury resulting from a morally injurious experience can create a profound sense of shame and guilt due to violating one's moral code (Farnsworth et al., 2014; Litz et al., 2009). During combat, veterans and service members are placed in situations that may lead to a morally injurious experience that cause psychological distress (Ames et al., 2019; Battles et al., 2018; Davies et al., 2019; Kelley et al., 2019). Through self-kindness, common humanity, and mindfulness, veterans and service members can respond to their negative emotions and cognitions with kindness, understanding, and acceptance, which can help process the negative self-conscious emotions from moral injury.

Self-Kindness

Self-compassion involves extending kindness, understanding, and acceptance toward oneself in moments of pain and suffering (Neff, 2003a). Self-compassion may be a protective factor against the self-judgment and self-criticism often associated with the reactions toward a morally injurious experience. Individuals who experience a moral injury may engage in self-criticism and self-blame, contributing to feelings of shame and guilt (Farnsworth et al., 2014; Litz et al., 2009). Sedighimomani et al. (2019) found that the protective features of self-compassion challenge the characteristics of shame. When veterans and service members experience shame, they view themselves as flawed or unworthy of forgiveness. Researchers noted that self-compassion offers a healing alternative by reducing self-condemnation and self-criticism with self-kindness and understanding (Sedighimomani et al., 2019). Self-compassion may counteract some of the negative judgment that results from a moral injury by promoting resilience and accepting the self. Accepting personal imperfections as a part of the human condition is necessary to overcome the negative feelings and emotions associated with combat-related experiences (Forkus et al., 2019). Self-acceptance and understanding create a positive perspective where individuals can recognize their pain, mistakes, and moral conflicts without self-condemnation.

Common Humanity

Self-compassion reduces shame and guilt by emphasizing common humanity, in which shame and guilt are relatable feelings that others experience (Neff, 2023). When individuals are exposed to a morally injurious experience, they may experience feelings of shame or guilt over their actions or inaction and isolate themselves from others, thinking that they are the only ones to experience a moral transgression (Farnsworth, 2019; Litz et al., 2009). Isolation from others

only increases these feelings (Kelley et al., 2019). Litz et al. (2009) noted that individuals with guilt may experience remorse and are more likely to seek help with their problems than individuals with shame. Self-compassion reminds individuals that life challenges are a part of the human experience and that everyone experiences suffering at some point (Neff, 2023). Self-compassion reduces the desire to withdraw and isolate from a morally injurious experience when there is a sense of connectedness to others.

Mindfulness

Mindfulness-based methods may help veterans and service members process shame and guilt through acceptance and the desire to make amends for their experiences (Kelley et al., 2019). Mindfulness is the balance of being aware of the present moment without avoidance (Neff, 2023). It allows individuals to recognize their thoughts, emotions, and experiences without being absorbed by the negative attributes of the experience (Neff, 2023). Guilt involves an awareness of one's actions and behaviors from a transgression (Nazarov et al., 2015; Oktedalen et al., 2014). Mindfulness-based self-compassion encourages individuals to treat their emotions with kindness, understanding, and acceptance, which may lessen shame and guilt (Sedighimornani et al., 2019). Self-compassion may help veterans and service members address guilt by encouraging them to take responsibility for their actions and forgive themselves through mindfulness and compassion.

Current Research on Self-Compassion and Moral Injury

Current research on self-compassion and moral injury demonstrated the critical role of self-compassion in reducing the psychological effects of moral injury (Forkus et al., 2019; Kelley et al., 2019). Features of self-compassion (i.e., self-kindness, common humanity, and mindfulness) serve as protective factors by offering positive responses to the self when faced

with moral challenges and transgressions during combat-related experiences (Eaton et al., 2020). In an online survey of 203 military veterans, Forkus et al. (2019) found that self-compassion significantly moderates the development of moral injury, PTSD, depression, and deliberate self-harm. Self-compassion may counteract the mechanisms between morally injurious experiences and mental health and behavioral health problems by reducing negative evaluations of the self, promoting a sense of connectedness with others, and lessening the over-identification of the experiences (Neff, 2023). Davies et al. (2019) examined the trait of mindfulness as a protective factor against the harmful effects of moral injury, PTSD, and substance use. They found that mindfulness did not weaken the relationship between PTSD and alcohol use, but there was a significant association between mindfulness and PTSD (Davies et al., 2019). Researchers suggest that additional studies are needed to observe the conditions that may moderate or mediate the association of all three, such as self-compassion (Davies et al., 2019). In another study, Kelley et al. (2019) noted that future research should monitor the variables that strengthen or weaken the relationship between moral injury and adverse behavioral problems. Researchers evaluated the protective factors of self-compassion on the negative effects of morally injurious experiences and encouraged future research to build on additional variables (Kelley et al., 2019). One approach could be determining whether a significant statistical relationship exists between morally injurious experiences, shame, guilt, and self-compassion.

Summary

With over a million veterans and service members returning from war, many return with more than a sense of accomplishment and pride. Various studies have shown that returning veterans and service members experience profound psychological and behavioral health problems (Davies et al., 2019; Forkus et al., 2019; Yan, 2016). Combat-related experiences and

witnessing atrocities can have a long-lasting impact on interpersonal relationships and overall well-being (Griffin et al., 2019). PTSD and moral injury are two conditions that help explain and understand the impact combat-related experiences can have on veterans and service members. Moral injury is a disorder that has gained momentum and helped explain some of the negative feelings and emotions associated with combat-related experiences. When veterans and service members are exposed to situations that do not alight with their morals and values, the response to the violation can result in symptoms of shame, guilt, and anxiety. However, certain traits in individuals, such as those found in self-compassion, can increase resilience and healing.

Neff (2023) noted that self-compassion includes three major domains: 1) how individuals respond to their negative experiences and emotions (e.g., self-kindness), 2) how individuals think about their negative experiences and emotions compared to others (e.g., as part of human nature or withdrawal and isolate), and 3) how individuals perceive their suffering (e.g., either mindful or over-identify with the experience). Self-kindness may be crucial in mitigating self-judgment in morally injurious experiences (Bhuptani & Messman, 2022). When individuals experience a moral violation, they may experience self-judgment, self-criticism, and self-blame, which may result in shame and guilt (Braehler & Neff, 2020; Litz et al., 2009; Sedighimornani et al., 2019). Self-kindness is an alternative to self-judgment and self-criticism (Bhuptani & Messman, 2022). Self-kindness includes a careful approach to understanding and processing personal pain and suffering through compassion and self-support (Neff, 2023). In other words, individuals live in the moment and are present with their pain and associated feelings instead of avoiding them. This approach involves treating oneself with kindness, warmth, and empathy as one would treat others.

Common humanity can reduce feelings of isolation associated with a moral injury by allowing individuals to recognize that pain and suffering are shared human experiences. Neff (2023) noted that common humanity allows individuals to feel connected to others rather than isolated during their struggles. Embracing common humanity is important to counter feelings of isolation that are associated with a moral injury. Litz et al. (2009) stated that negative psychological and emotional experiences associated with a moral injury may lead to isolation and withdrawal symptoms, preventing individuals from reconciliation and forgiveness. Veterans and service members can realize that moral conflicts are a part of the human experience and feel less isolated and alone.

Mindfulness allows individuals experiencing moral injury to process their pain and suffering without becoming overly absorbed by the experience (Neff, 2023). Veterans and service members can gain a healthy perspective of the experience when they realize that the thoughts and emotions associated with the events are just that, thereby establishing emotional resilience and self-acceptance (Neff, 2023). All three domains of self-compassion have the potential to decrease the degree to which people develop moral injury, shame, and guilt associated with combat-related experiences.

PE and CPT are evidence-based approaches that help process negative cognitions and feelings associated with moral injury. However, both approaches fail to address the suffering aspect associated with the syndrome. This study aimed to fill a gap in the literature by observing the moderating role of self-compassion among veterans and service members experiencing moral injury, shame, and guilt associated with combat-related experiences. By observing whether there is a significant statistical relationship between moral injury, shame, guilt, and self-compassion,

the study hopes to contribute to a deeper understanding of moral injury to improve clinical outcomes for veterans and service members.

Chapter Three: Methods

Overview

This study examined the moderating role of self-compassion among veterans and service members experiencing moral injury, shame, and guilt associated with combat-related experiences. The chapter includes the design, variables that were examined, the research questions, hypotheses, and a description of the participants and setting. The chapter also includes information on measures known for validity and reliability that were used to collect data from the participants. Lastly, the chapter presents the data analysis methods used to answer the research questions, test the hypotheses, and a summary.

Design

This research study used a correlational design to observe the relationship between morally injurious experiences and shame, morally injurious experiences and guilt, and whether self-compassion moderated any of the interactions. A quantitative method approach was used to answer the research question, gather the data to measure the strength of the relationship between the predictor variable (morally injurious experiences) and the outcome variables (shame and guilt), and to determine the effect the moderating variable (self-compassion) has on these associations (Heppner et al., 2016). An online survey collected data representing a sample of veterans and service members. The survey allowed individuals to participate in the study anonymously and respond to the questions openly and honestly. Participants were asked questions regarding their feelings, thoughts, and behaviors about past military experiences and current opinions toward themselves. The measures in this study are the Moral Injury Symptom Scale Short-Form, Trauma-Related Shame Inventory, Trauma-Related Guilt Inventory, and the Self-Compassion Scale Short-Form and were selected based

on strong validity and reliability (Koenig et al., 2018; Neff, 2003b). Heppner et al. (2016) noted that using inventories with established psychometric properties is essential for strong validity and reliability to provide consistent and reliable results. Similar studies using surveys to examine factors associated with moral injury have shown that survey studies are effective in observing the mental health outcomes of veterans and service members (Bovin et al., 2016; Davies et al., 2019; Forkus et al., 2019; Koenig et al., 2018). Therefore, a survey approach was appropriate to gather data to answer the following research questions.

Research Questions and Hypotheses

RQ1: Is there a statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences?

$H_0$1: There is no statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

H_A1: There is a statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

RQ2: Is there a statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences?

$H_0$2: There is no statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

H_A2: There is a statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

RQ3: Does self-compassion affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences?

$H_0$3: Self-compassion does not affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

H_A3: Self-compassion does affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences.

RQ4: Does self-compassion affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences?

$H_0$4: Self-compassion does not affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

H_A4: Self-compassion does affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences.

Participants and Setting

An online survey was administered through SurveyMonkey, which provides target audience responses for academic research and marketing (SurveyMonkey, 2024). The survey collected 356 responses, and after answering an initial screening question, "*Have you served in the United States Armed Forces, served in an overseas conflict, and experienced any combat-related distress?"* 151 respondents answered yes, of which 139 were complete responses and submitted for data analysis. To ensure the quality of the data, SurveyMonkey has proprietary sources, including bot and fraud detection, regular panel calibration, and

accurate audience targeting (SurveyMonkey, 2024). The study procedures were approved by Liberty University's Institutional Review Board.

Instrumentation

The Moral Injury Symptoms Scale Short-Form (MISS-SF)

The Moral Injury Symptoms Scale Short-Form (MISS-SF) is a 10-item measurement that screens for moral injury symptoms in veterans and service members with combat-related experiences (Koenig, 2018; Koenig et al., 2018). The scale assesses symptoms of guilt, shame, betrayal, violation of moral values, loss of meaning, difficulty forgiving, loss of trust, self-condemnation, spiritual/religious struggles, and loss of religious faith/hope that are associated with a moral injury (Koenig et al., 2018). The measurement uses a 1-10 scale to rate each statement associated with symptoms (Koenig et al., 2018). The respondents are asked to reflect on combat-related experiences and present feelings (Koenig, 2018). Koenig (2018) noted that the measure effectively examines relationships between moral injury and mental and behavioral health issues. Results from the measurement indicate that the possible score range is 10-100, and higher scores will suggest that the individual experiences a severe moral injury.

A study of MISS-SF has shown the measurement to have high internal reliability and validity (Koenig et al., 2018; Volk & Koenig, 2019). The predictor variable (morally injurious experiences) in this study will be assessed using the MISS-SF. The MISS-SF is available through an open-access PDF provided by the author (Koenig, 2018) (Appendix A). The instrument has been used in various studies to assess moral injury and mental health (Ames et al., 2019; Koenig et al., 2018; Volk & Koenig, 2019). Reliability in the current study is $\alpha = .80$.

The Trauma-Related Shame Inventory (TRSI)

The Trauma-Related Shame Inventory (TRSI) is a 24-item self-report scale that measures internal and external shame experiences associated with trauma (Oktedalen et al., 2014). The measurement uses a 4-point Likert scale where 0 = Not true of me, 1 = Somewhat true about me, 2 = Mostly true about me, 3 = Completely true of me (Oktedalen et al., 2014). Respondents are asked to respond to statements that describe thoughts and feelings about themselves related to the traumatic experience. The measure references thoughts, feelings, and reactions on a frequency scale (Oketdalen et al.,2014). Prior studies on TRSI have demonstrated generalizability and dependability coefficients of .87 and .86, suggesting high internal consistency (Oketdalen et al., 2014). The first outcome variable, shame, was assessed using the TRSI. Dr. Sonya Norman, a professor in clinical psychology at the University of California, San Diego, advised that the measure is available for use (Appendix B). Reliability in the current study is $\alpha = .95$. It is important to recognize that participants with no combat-related distress were disqualified and excluded from this study.

The Trauma-Related Guilt Inventory (TRGI)

The Trauma-Related Guilt Inventory is a 32-item self-report instrument that measures a person's guilt after encountering a traumatic event (Browne et al., 2015). There are three scales to the measure: (1) Distress, (2) Guilt Cognitions (i.e., violation of personal standards), and (3) Global Guilt (i.e., posttraumatic guilt); it also displays high internal consistency, test-retest reliability, and validity (Browne et al., 2015; Kubany et al., 1996). Kubany (1996) explains that the measure addresses three subscales identifying traumatic guilt. The first subscale is a person's hindsight in which a person bears some responsibility for the traumatic event. The second subscale is the distress experienced by the trauma. The third subscale is a

thought associated with the action or misconduct. Kubany (1996) describes this as wrongdoing or a violation of personal standards. Lastly, the final subscale is the absence of justification for the incident. The measurement uses a 5-point Likert scale, where 4 = Extremely true and 0 = Not at all true. Seven items (4, 8, 12, 17, 18, 22, and 25) are reversed scored, where 0 = Never and 4 = Always. Studies using the TRGI have shown that the instrument displays high internal consistency (Kachadourian et al., 2021; Norman et al., 2014). The second outcome variable, guilt, was assessed using the TRGI. Again, Dr. Sonya Norman, has used the TRGI in previous studies and has advised that the TRGI inventory is available to use (Appendix C). Reliability in the current study is $\alpha = .94$.

The Self-Compassion Scale Short-Form (SCS-SF)

The Self-Compassion Scale is a 12-item self-report instrument to assess six traits of self-compassion: self-kindnesses, self-judgment, common humanity, mindfulness, isolation, and overidentification (Neff, 2003b). Self-compassion is strongly associated with positive mental health outcomes (Neff, 2003b). Respondents are asked to answer statements on how they feel about themselves during difficult emotional moments and answer each question by choosing a number on a 5-point scale, where 1 = Almost never and 5 = Almost always. Individuals may choose any number between 1 and 5, the closer they relate to the statement. Results from the measurement indicate that when individuals display kindness and understanding during difficult moments, they have fewer mental health disturbances and greater life satisfaction (Neff, 2003b). Previous studies show construct reliability and validity (total score, Cronbach's $\alpha = .86$), indicating that self-compassion is a constructive measure of healthy mental health and a positive attitude toward oneself (Neff, 2003b; Neff, 2023; Raes et al., 2011).

The SCS-SF will assess the moderating variable, self-compassion. Dr. Kristen Neff (2003b) grants permission to use the SCS-SF for research, education, or clinical assessments (Appendix D). The instrument has been used in various studies to observe the relationship between self-compassion and various mental health symptoms (e.g., PTSD, posttraumatic guilt, shame) (Bhuptani & Messman, 2022; Eaton et al., 2020; Forkus et al., 2019; Kelley et al., 2019b; Neff, 2003b; Raes et al., 2011; Sedighimornani et al., 2019). Reliability in the current study is $\alpha = .85$.

Procedures

The proposal was given to Liberty University's Institutional Review Board for evaluation and approval. After approval, the survey was created on the SurveyMonkey platform. It included a screening question to disqualify respondents who did not meet the study's criteria. The survey included a study information sheet (Appendix E) where participants could read the study's description and instructions to proceed if they understood the purpose and consented. It was an anonymous 80-question survey with no time limit. A survey panel was purchased, and completed responses were collected and delivered within a day. The survey received 356 responses, of which 139 participants said yes to the screening question and completed the survey. Afterward, the completed responses were formatted and uploaded to SPSS, a software program that allows researchers to perform a moderation analysis (Hayes, 2022). Participants in the study remained anonymous, and no personal identifying information was collected. The researcher did not offer compensation for participation, and it remains unclear what type of compensation or incentive SurveyMonkey gives its survey audience.

Quantitative Data Analysis

Two types of data analyses were done to test the hypotheses in this study. First, two simple linear regression analyses were used to observe the relationship between morally injurious experiences and shame and morally injurious experiences and guilt. Then, two simple moderation analyses were performed to observe how self-compassion affected the direction/strength between morally injurious experiences and shame and morally injurious experiences and guilt (Hayes, 2022). A moderation analysis was appropriate for this study because it observed how self-compassion levels might moderate the strength of the association between morally injurious experiences and shame and guilt (Heppner, 2016).

There were four assumptions observed to prevent inaccurate or invalid predictions. The first assumption was that there must be a linear relationship between the dependent and independent variables, and any changes to the predictor variable are equal to the changes in the outcome variables (Hayes, 2018). The second assumption was that there is some form of normality. Hayes (2018) explained that the normality assumption indicates that the differences between the predicted and observed values are normally distributed (Hayes, 2018). The third assumption was homoscedasticity, in which the variance remains constant across all tested variables (Hayes, 2018). Hayes (2018) suggested enlarging the sample size when this assumption is violated. The last assumption mentioned by Hayes (2018) was that any presented errors are independent, and there are no systematic patterns or repeated correlations of variables. It is essential to observe these assumptions so that the results from the regression analyses are valid and reliable.

Summary

This chapter presented a quantitative methodology that was used in a correlational research study investigating the potential moderating role of self-compassion among veterans and service members with morally injurious experiences, shame, and guilt related to combat. The research design included a correlational research design to examine the degree to which morally injurious experiences predict shame and the degree to which morally injurious experiences predict guilt. A simple moderation analysis was used to observe the direction/strength of self-compassion as a moderation of those associations. The research questions and hypotheses aimed to observe whether there is a relationship between the moderating variable and the predictor and outcome variables. Participants in the study were part of a panel purchased through SurveyMonkey. The data for the study was gathered through an online survey using measures that have demonstrated strong validity and reliability in previous studies. Lastly, the chapter included the analyses used to observe the variables in the study.

Chapter Four: Findings

Overview

An initial analysis was done to screen the data for skewness and kurtosis, outliers, multivariate outliers, duplicate responses, and any missing data among the study's variables: morally injurious experiences, shame, guilt, and self-compassion. Descriptive statistics were performed, and Pearson's correlations were calculated to observe correlations among all the variables. Four analyses were performed to answer the research questions. For the first two research questions, two simple linear regression analyses were conducted to observe whether there was a statistically significant relationship between morally injurious experiences and shame and morally injurious experiences and guilt and to determine how the variables vary from one another. The third and fourth research questions were answered using model 1 in PROCESS SPSS version 4.2 (Hayes, 2022). Each simple moderation analysis was conducted to determine whether self-compassion influenced the interaction between morally injurious experiences and shame and morally injurious experiences and guilt.

Descriptive Statistics

Descriptive statistics were calculated on all variables to observe each variable's minimum and maximum scores, mean, and standard deviation (see Table 1). Descriptive statistics in the study show that in a sample of veterans and service members who experienced any combat-related distress in an overseas conflict (n = 139), on average, the participants reported a moderate level of morally injurious experiences (M = 64.76, SD = 17.17), with a range score of 26 to 94, indicating a moderate to high level of experience within the sample. Regarding shame, participants reported a low level (M = 11.98, SD = 7.86). The scores with shame varied from 0 to 24, suggesting that the level of shame varied

greatly between participants, with some participants experiencing no shame emotions at all. Guilt was reported high (M = 73.52, SD = 25.56). The guilt scores ranged from 24 to 112, indicating a high variability of feelings of guilt within the sample. Lastly, participants reported a moderate level of self-compassion (M = 42.76, SD = 8.46). Scores on self-compassion ranged from 24 to 56, indicating a significant variability of feelings of self-compassion among the sample.

Table 1

Descriptive Statistics for Morally Injurious Experiences, Shame, Guilt, and Self-Compassion

Variables	N	Minimum	Maximum	Mean	SD
Morally Injurious Experiences	139	26	94	64.76	17.170
Shame	139	0	24	11.98	7.857
Guilt	139	24	112	73.52	25.558
Self-Compassion	139	26	56	42.76	8.463

Bivariate correlations were calculated to examine whether there was a statistically significant correlation between all variables (see Table 2). Morally injurious experiences were positively associated with shame, r = .70, p < .01, positively associated with guilt, r = .49, p < .01, and strongly positively associated with self-compassion, r = .80, p < .01. Shame was positively associated with guilt, r = .73, p < .01, and positively associated with self-compassion, r = .64, p < .01. Guilt was also found to be positively associated with self-compassion r = .50, p < .01. These bivariate correlations suggest that all variables are found to be positively associated with one another and statistically significant.

Table 2

Bivariate Correlations Among Morally Injurious Experiences, Shame, Guilt, and Self-Compassion

Variables	Morally Injurious Experiences	Shame	Guilt	Self-Compassion
Morally Injurious Experiences	-	.70**	.48**	.79**
Shame	.70**	-	.73**	.64**
Guilt	.48**	.73**	-	.50**

Self-Compassion	.79**	.64**	.50**	-

Note. ** p <.01.

Results

Two simple linear regression analyses were performed to observe whether morally injurious experiences significantly predict shame and guilt. All variables were examined for normality of residuals, linearity, homoscedasticity, outliers, independence of observations, multicollinearity (Hayes, 2018). H1 proposed that there is a statistical relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences. A simple linear regression analysis showed that morally injurious experiences accounted for 49% of the variance in shame, $R^2 = 0.49$, F (1, 137) = 131.29, p <.001. The Durbin-Watson statistic was 1.46, indicating that there was no autocorrelation in the residuals.

Morally injurious experiences moderately predicted shame among veterans and service members in the study. The unstandardized coefficient B for morally injurious experiences was 0.32 (95%CI [0.27, 0.38], β = 0.70, t = 11.46, p < .001). This suggests that for each unit increase in morally injurious experiences, shame increases by 0.32 units. The intercept was -8.75 (95% CI [-12.45, -5.05], t = -4.68, p < .001). The residual statistic showed that the residuals had a mean of zero and an SD = 5.62. As a result of this analysis, H1 was supported.

H2 proposed that there is a statistical relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences. A second simple linear regression analysis showed that 24% of the variance in guilt is explained by morally injurious experiences, $R^2 = 0.24$ F (1, 137) = 42.70, p <.001.

The Durbin-Watson statistic was 1.38, indicating that there was no autocorrection in the residuals.

Morally injurious experiences slightly predicted guilt among the sample. The unstandardized coefficient *B* for morally injurious experiences was 0.73 (95%CI [0.50, 0.95], $\beta = 0.49$, $t = 6.54$, $p < .001$). This suggests that for each unit increase in morally injurious experiences, guilt increases by 0.73 units. The intercept was 26.52 (95% CI [11.81, 41.23], $t = 3.57$, $p < .001$). The residual statistic showed that the residuals had a mean of zero and an $SD = 22.31$. Morally injurious experiences appeared to have a high to moderate correlation between shame and guilt (see Table 2). The significance level for each test was $p < .001$, indicating that all effects are statistically significant. The predetermined alpha level was set at 0.05 to observe the probability that an effect is significant if one does exist. The results of this simple linear regression analysis showed that there is a statistical relationship between morally injurious experiences and guilt. As a result of this analysis, H2 was supported.

Two simple moderation analyses were performed to observe whether self-compassion moderated the association between morally injurious experiences and shame and morally injurious experiences and guilt. All assumption tests were observed before performing the analyses. H3 proposed that self-compassion does affect the direction/strength of the relationship between morally injurious experiences and shame among a sample of veterans and service members with combat-related experiences. A simple moderation analysis was performed via Model 1 in PROCESS SPSS (Hayes, 2018). Overall, the model was significant, indicating that 53.8% of the variance in shame was predicted by morally injurious experiences x self-compassion, $R^2 = 0.538$, $F(3, 135) = 52.44$, $p < .001$.

Table 3 displays the unstandardized regression coefficients. The effect of morally injurious experiences on shame was statistically significant, $B = 0.243$, $se = 0.045$, $t = 5.453$, $p < .001$, 95% CI [0.155, 0.331], indicating that high levels of morally injurious experiences are associated with high levels of shame. The interaction of self-compassion was also significant, $B = 0.201$, $se = 0.090$, $t = 2.219$, $p = .028$, 95% CI [0.022, 0.380], suggesting that high self-compassion is associated with high levels of shame. The interaction between morally injurious experiences and self-compassion was significant, $B = 0.008$, $se = 0.003$, $t = 2.868$, $p = .005$, 95% CI [0.002, 0.013], indicating that the effect of morally injurious experiences and shame depends on the level of self-compassion.

Table 3

Summary of Moderated Regression Analysis Predicting Shame

				95% CI	
	B	*t*	*p*	Low	Up
Constant	11.069	19.875	.000	9.968	12.171
Morally Injurious Experiences (A)	.243	5.453	.000	.155	.331
Self-Compassion (B)	.201	2.219	.028	.022	.380
A x B	.008	2.868	.005	.002	.013

The moderating effect described is shown in Figure 2. The graph demonstrates the relationship between morally injurious experiences and shame. The graph shows that shame is stronger for individuals with high self-compassion and lower for individuals who scored moderately or low on self-compassion.

Figure 2

Moderating Effects of Self-Compassion

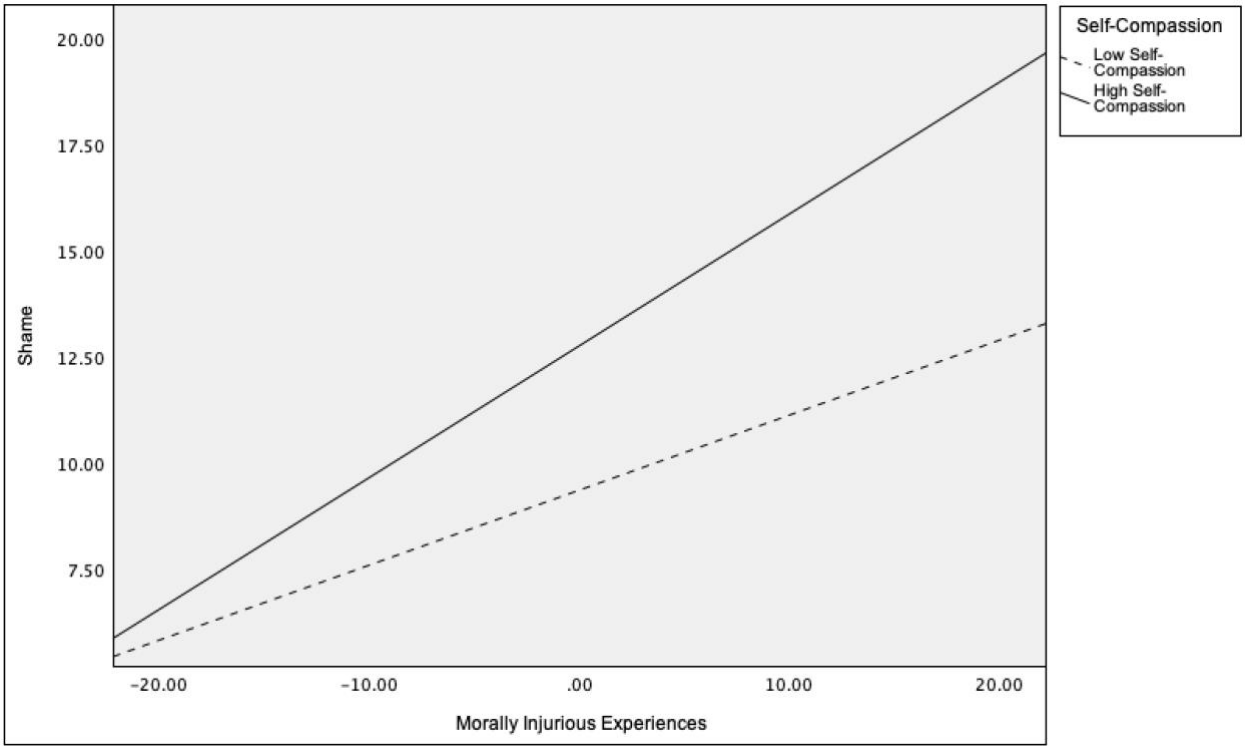


Table 4 presents the conditional effects of morally injurious experiences on three levels of self-compassion. The table shows the effects of morally injurious experiences on shame vary depending on the level of self-compassion. The conditional effects of morally injurious experiences on shame at the three levels of self-compassion are: at low self-compassion (-8.463): $B = 0.176$, $se = 0.049$, $t = 3.628$, $p < .001$, 95% CI [0.080, 0.273], at the mean level (0), $B = 0.243$, $se = 0.045$, $t = 5.453$, $p < .001$, 95% CI [0.155, 0.331], and at high self-compassion, (8.463): $B = 0.310$, $se = 0.052$, $t = 5.966$, $p < .001$, 95% CI [0.207, 0.413].

Table 4

Conditional Effects of Morally Injurious Experiences

					95% CI	
Self-compassion	*Effect*	*se*	*t*	*p*	Low	Up
-1 SD	.176	.049	3.628	.000	.080	.273
Mean	.243	.045	5.453	.000	.155	.331
+1 SD	.310	.052	5.966	.000	.207	.413

The analysis showed that self-compassion at different levels moderated the relationship between morally injurious experiences and shame. The effect of morally injurious experiences on shame gets stronger as self-compassion increases. In other words, people within the sample with high self-compassion experience a stronger effect of morally injurious experiences and shame than those with low self-compassion. As a result of this analysis, H3 is supported.

H4 proposed that self-compassion does affect the direction/strength of the relationship between morally injurious experiences and guilt among a sample of veterans and service members with combat-related experiences. A simple moderation analysis was performed via Model 1 in PROCESS SPSS (Hayes, 2018). Overall, the model was significant, indicating that 54.4% of the variance in guilt was predicted by morally injurious experiences x self-compassion, $R^2 = 0.544$, F (3, 135) = 53.65, p <.001.

Table 5 displays the unstandardized regression coefficients. The effect of morally injurious experiences on guilt was statistically significant, $B = 0.467$, $se = 0.144$, $t = 3.241$, p <.002, 95% CI [0.182, 0.752], indicating that high levels of morally injurious experiences are associated with high levels of guilt. The interaction of self-compassion was also significant, $B = 0.711$, $se = 0.293$, $t = 2.431$, $p = .016$, 95% CI [0.133, 1.290], suggesting that high self-compassion is associated with high levels of guilt. The interaction between morally injurious experiences and self-compassion was significant, $B = 0.080$, $se = 0.009$, $t = 8.978$, p = <.001, 95% CI [0.062, 0.097], indicating that the effect of morally injurious experiences and guilt depends on the level of self-compassion.

Table 5

Summary of a Moderated Regression Analysis Predicting Guilt

				95% CI	
	B	*t*	*p*	Low	Up
Constant	64.317	35.722	.000	60.756	67.878
Morally Injurious Experiences (A)	.467	3.241	.002	.182	.752
Self-Compassion (B)	.711	2.431	.016	. 133	1.290
A x B	.080	8.978	.000	.062	.097

Figure 3 demonstrates the moderating effect described. The graph shows that the relationship between morally injurious experiences and guilt is stronger for individuals with high self-compassion and weaker for individuals who scored moderately or low on self-compassion.

Figure 3

Moderating Effects of Self-Compassion

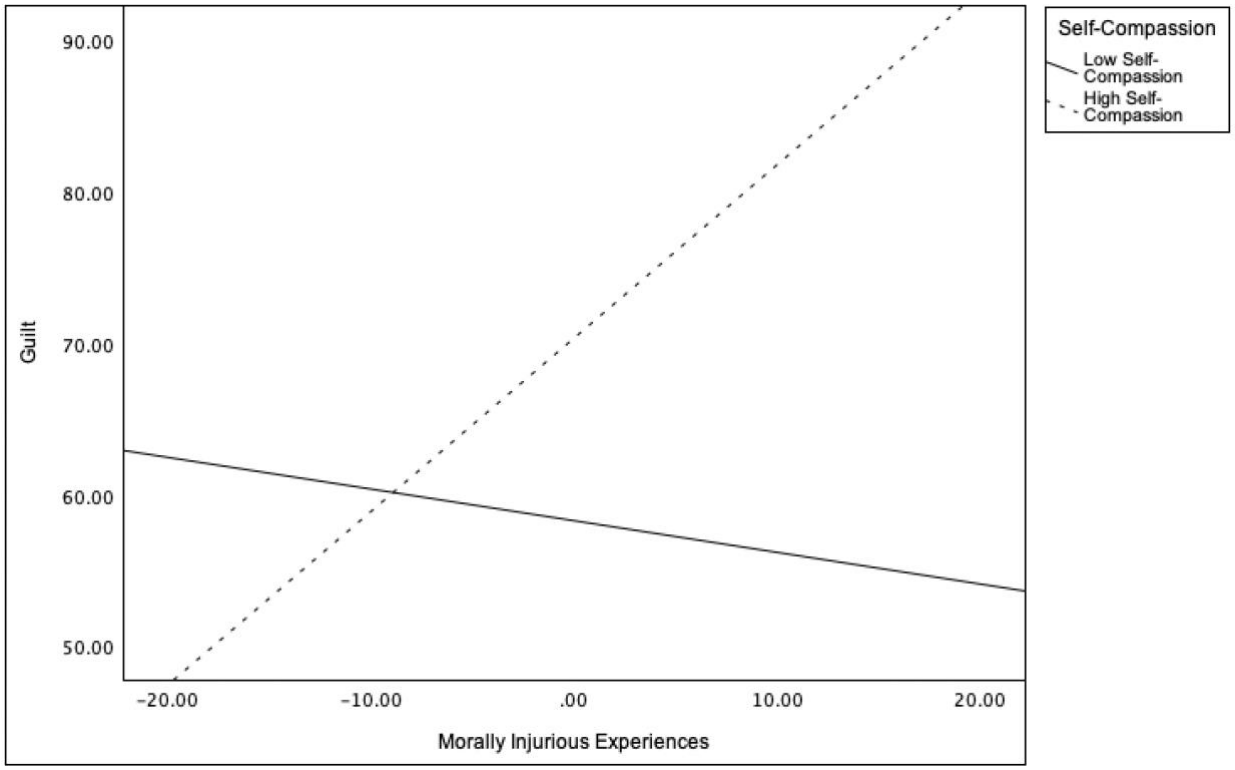


Table 6 presents the conditional effects of morally injurious experiences on three levels of self-compassion. The table shows that the effects of morally injurious experiences on guilt depend on the level of self-compassion. The conditional effects of morally injurious

experiences on guilt at different levels of self-compassion show that at low self-compassion the effect of morally injurious experiences on guilt is not significant (-8.463): B = -.209, se = 0.157, t = -1.328, p = .186, 95% CI [-.520, 0.102], this indicates that morally injurious experiences do not predict guilt at low levels of self-compassion for this sample. However, it does at the mean level of self-compassion (0), B = 0.467, se = 0.144, t = 3.241, p = .002, 95% CI [0.182, 0.752], and at a high level of self-compassion, (8.463): B = 1.143, se = 0.168, t = 6.806, p < .001, 95% CI [0.811, 1.476].

Table 6

Conditional Effects of Morally Injurious Experiences

					95% CI	
Self-compassion	*Effect*	*SE*	*t*	*p*	Low	Up
-1 SD	-.209	.157	-1.328	. 186	-.520	.102
Mean	.467	.144	3.241	.002	.182	.752
+1 SD	1.143	.168	6.806	.000	.811	1.476

The analysis showed that different levels of self-compassion moderated the relationship between morally injurious experiences and guilt. The effect of morally injurious experiences on guilt gets stronger as self-compassion increases. In other words, people with high self-compassion experience a stronger effect of morally injurious experiences and guilt than those with low self-compassion. As a result of this analysis, H4 is supported.

Chapter Five: Conclusion

Overview

This final chapter begins with a discussion regarding the study's findings and compares the findings to the existing literature on moral injury, shame, and guilt. The chapter then includes implications for counseling professionals working with veterans and service members experiencing moral injury from combat-related events. A brief discussion on implications for a Christian worldview is also included, as some veterans and service members may rely on their spiritual or religious beliefs to process the effects or moral dilemmas. The remainder of the chapter includes limitations found in the study, attempts to reduce those limitations, and suggestions for future research and practice.

Discussion

The first and second research questions in this study examined the statistical relationship between morally injurious experiences and shame and guilt among veterans and service members with combat-related experiences. The findings from the study show a positive correlation between morally injurious experiences and shame ($r = .70$), as well as a moderate correlation between morally injurious experiences and guilt ($r = .48$). Two simple linear regression analyses found that morally injurious experiences moderately predicted shame, $\beta = 0.70$, $t = 11.46$, $p < .001$ and significantly predicted guilt among the sample, $\beta = 0.49$, $t = 6.54$, $p < .001$.

The results of the analyses are consistent with previous research suggesting that shame and guilt are associated with moral injury (Koenig et al., 2020). Shame is strongly associated with negative self-judgment and beliefs about the act or inaction of the event, and guilt is regret over the action (Norman et al., 2014; Sedighimornani et al., 2019). Litz and

colleagues (2009) found that morally injurious experiences cause an internal conflict between the experience and one's assumptions (Litz et al., 2009). This concept coincides with findings by Farnsworth et al. (2014), Frankfurt and Frazier (2016), and Litz et al. (2009), in which dissonance progresses into negative attributions and individuals struggle to integrate the moral violation into their worldview. When this happens, they can experience harmful negative emotions such as shame and guilt.

Recognizing shame and guilt as core symptoms of moral injury, as described by Koenig et al. (2020), highlights the importance of observing these negative emotional responses in the context of combat-related experiences. Moreover, Browne et al. (2015) found that veterans and service members experiencing guilt after a morally injurious experience continue to demonstrate significant emotions associated with the trauma. This research study contributes to the existing body of literature by highlighting moral injury, shame, and guilt as common psychological responses to moral transgressions during combat-related experiences, which are associated with increased mental and behavioral health problems among veterans and service members, as indicated by multiple research studies (Capone et al., 2021; Sze, 2017; Wisco et al., 2016).

The third and fourth research questions of this study examined the impact of self-compassion on the relationship between morally injurious experiences and shame and guilt among veterans and service members. Findings from the study suggest that self-compassion may have a significant role in moderating the interaction between morally injurious experiences and negative emotional outcomes for some individuals. Morally injurious experiences moderated by self-compassion were statistically significant at $p < .001$, meaning that different levels of self-compassion moderated the effect of morally injurious experiences

in predicting shame and guilt. The relationship between morally injurious experiences and shame and guilt was found to be stronger for individuals with high self-compassion and weaker for individuals who appeared to have moderate or low self-compassion.

This relationship is contrary to findings by Forkus et al. (2019), where researchers conducted a study involving 203 veterans and observed that self-compassion may moderate the association between morally injurious experiences and mental health outcomes. Individuals with high self-compassion had fewer posttraumatic stress disorder symptoms, and individuals with low self-compassion demonstrated more pronounced symptoms. This indicates that individuals with high self-compassion may have coping skills to process feelings and emotions associated with morally injurious experiences, which may lead to less combat-related distress. In another study, Hiraoka et al. (2015) findings supported that research and found that increasing features of self-compassion, self-kindness, common humanity, and mindfulness in treatment may reduce moral injury symptoms and enhance the overall well-being among individuals. However, the sample in this study was not questioned on whether they had received self-compassion training or therapy.

Sedighimomani and colleagues (2019) also discovered that the protective features of self-compassion challenge the characteristics of shame. When individuals experience shame, they perceive themselves as flawed or unworthy of forgiveness. Researchers noted that self-compassion offers a healing path by reducing self-condemnation and self-criticism with self-kindness and understanding (Sedighimomani et al., 2019). However, self-compassion in this study was found to be high. Therefore, the results need to be taken with caution as the relationship between morally injurious experiences and shame was found to be stronger for

individuals with high self-compassion and weaker for individuals who scored moderately or low on self-compassion. There could be some explanations for this occurrence.

Individuals in this study with high self-compassion, despite being exposed to morally injurious experiences, may be resilient, have coping skills, rely on spiritual or religious beliefs, have social support, or participate in mindfulness-based therapy. The protective role of self-compassion can help individuals develop resilience and coping mechanisms to process morally injurious experiences (Davies et al., 2019). However, the concepts of self-compassion are typically incompatible with shame. Self-compassion involves extending self-kindness, compassion, and understanding to personal experiences and can contradict the negative perception and self-criticism of shame (Neff, 2003a). It is unknown why individuals in the sample experienced high self-compassion with shame, but it is worth noting that 12% of the sample did not have any shame scores. When it comes to guilt, it is possible for individuals with guilt to have high self-compassion. As mentioned in the literature review, guilt is closely related to specific actions, and people with high self-compassion can differentiate their actions and self-worth (Browne et al., 2015). Experiencing moral injury and dealing with feelings of guilt could have led the individuals in this study to have greater self-awareness, empathy, and compassion for themselves and others (Arndt & Goldenberg, 2004). Individuals in this study with high self-compassion may have developed or learned ways to cope with shame and guilt.

For other individuals with strong spiritual or religious beliefs, their faith may influence how they respond to and process moral dilemmas. Faith-based beliefs and practices that include compassion, forgiveness, and redemption could have helped people with moral injury to cope with shame and guilt, resulting in awareness and increasing their self-

compassion (Bodok-Mulderij et al., 2023). Also, being a part of a congregation and being around others who provide support and spiritual guidance could have increased their sense of belonging and common humanity, which is a key feature of self-compassion.

Social support groups are a healthy approach to dealing with the negative effects of morally injurious experiences. Individuals with social support may feel validated, accepted, and understood by others with the same combat-related experiences (Hendrikx & Murphy, 2021). If the individuals in this study with high self-compassion participated in a support group that embraced common humanity, that could have caused them to have high self-compassion despite experiencing feelings of shame or guilt. They may have learned to reduce their feelings of isolation that are associated with a moral injury by allowing veterans or service members to recognize that pain and suffering are shared combat-related experiences (Neff, 2023a). Neff (2023a) noted that the feature of common humanity allows people to relate to others rather than feeling isolated during personal struggles. Veterans and service members could have shared combat-related stories and recognized that many of their experiences and feelings are also shared by others.

Another possible reason individuals may have high self-compassion despite experiencing shame and guilt is that they have been in mindfulness-based therapy, which increases self-awareness. As mentioned in this dissertation, therapeutic interventions aimed at promoting self-compassion can help individuals with morally injurious experiences embrace compassion as part of the healing process (Davies et al., 2019; Forkus et al., 2019). Individuals may have learned self-kindness, common humanity, and mindfulness techniques, but feelings of shame and guilt remain. Mindfulness-based techniques that increase self-awareness can also temporarily increase shame and guilt as people become more aware of

their behaviors and actions (Arndt & Goldenberg, 2004). It is important to note that the participants in this study were not screened for resilience and coping skills, spiritual or religious beliefs, or participating in a social support group or mindfulness-based therapy; therefore, the results of this study need to be interpreted with caution.

Implications

To expand moral injury research, the researcher explored whether there was a statistical relationship between morally injurious experiences, shame, and guilt and whether self-compassion had the potential to moderate the strength or direction of the relationship among a sample of veterans and service members with combat-related experiences. The findings reveal several clinical and practical implications for mental and behavioral health counseling. Implications for counseling include understanding client experiences, assessment, and intervention, targeting self-compassion in therapy, addressing spiritual and moral struggles, promoting social support groups, and continued professional development.

The results of this study can inform counseling professionals on how morally injurious experiences, shame, and guilt may affect the well-being of veterans and service members with combat-related experiences. Counseling professionals can use this information to understand the unique experiences associated with combat. Counselors may use the measures in this study (Moral Injury Symptoms Scale Short-Form, the Trauma-Related Guilt Inventory, the Shame-Related Guilt Inventory, and the Self-Compassion Scale Short-Form) in their assessments to apply interventions and treatments that are aimed at reducing symptoms associated with combat-related experiences.

In therapy, counselors can teach clients the concepts of self-compassion to help them process feelings of shame and guilt more effectively. Counselors can also use the results of

this study to understand that some individuals with high self-compassion could still experience shame and guilt feelings that are not fully processed. There could be underlying reasons for this occurrence that were not investigated in this study.

Counselors can also help clients with strong spiritual or religious beliefs process morally injurious experiences in a safe and supportive environment. They have the unique opportunity to help clients explore the spiritual aspects of their moral struggles by including faith-based or Christian counseling methods or interventions when appropriate (Sherman et al., 2015). Using faith-based or Christian counseling methods may help clients resolve spiritual struggles and find meaning and purpose in their suffering associated with morally injurious experiences (Sherman et al., 2015).

Another implication of this study is that counselors can refer veterans or service members to peer-to-peer, faith-based, or moral support groups to hear the experiences of others and share their personal experiences with moral injury. The last implication of this study is that the results show that shame and guilt are strongly associated with morally injurious experiences, and it is important for counselors working with veterans and service members to be aware of this association. Current research trends and best practices are important for counselors working with veterans and service members so they can have an advantage on assessments, interventions, and support strategies for clients with combat-related experiences.

Christian Worldview Implications

The results of this study can have Christian worldview implications, especially regarding concepts of morality, compassion, shame, and guilt. In a Christian worldview, morally injurious experiences may include actions or events that go against moral values or

beliefs, causing distress or spiritual struggles (Brémault-Phillips et al., 2019). These could include betrayal, moral failure, or witnessing acts against one's faith or beliefs. Concepts of self-compassion can resemble Christian teachings on compassion, forgiveness, and agape love. Christ came to this world to teach us to forgive and to show compassion to one another, "Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness, and patience. Bear with each other and forgive one another if any of you have grievances against someone. Forgive as the Lord forgave you" (Colossians 3:12-13, NIV). Veterans and service members with moral injury, shame, and guilt can recognize their personal imperfections as part of God's loving grace, "If we confess our sins, he is faithful and just and will forgive our sins and purify us from all unrighteousness" (1 John 1:19, NIV). God demonstrates his kindness despite our imperfections and wrongdoings and encourages us to do the same.

Christian counselors can teach veterans and service members that self-compassion involves self-kindness and self-forgiveness, which is God's gift to us, "Praise be to the God and Father our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God" (2 Corinthians 1:3-4, NIV). People with high self-compassion may be more willing to extend that grace to themselves and others. Integrating a Christian worldview with the results of this study could suggest that veterans and service members with high self-compassion may experience shame and guilt in response to their moral transgressions. Individuals with strong spiritual beliefs may be more sensitive to their moral wrongdoings and have a deeper understanding of the need for redemption and forgiveness.

Limitations

The study revealed that veterans and service members with morally injurious experiences, shame, and guilt can also have high self-compassion. These findings contradict various research studies mentioned in this paper regarding self-compassion and moral injury. Various studies in this paper have indicated a negative correlation between these concepts (Forkus et al., 2019; Davis et al., 2019). The following section includes limitations that should be considered when interpreting the results of this paper.

The first limitation of the study is that there might be some unknown characteristics of the sample that may have influenced their responses to the survey questions. Some veterans or service members may have been trained on how to react during combat-related distress or may have gone through therapeutic interventions that have increased their self-compassion. Resiliency training for service members is not uncommon, as noted by Hiraoka et al. (2015) and Litz et al. (2018), in which service members are trained to adapt to combat theater. Future research studies should consider targeting a specific demographic or implementing some form of profiling to see if these factors could influence survey responses. Second, the instruments used in this study may be different in diagnosing a specific trait when compared to the measures used in other research studies on moral injury and mental and behavioral health. Repeating the study with different measures could help verify the study's findings. Third, cultural differences within the sample might have impacted how respondents react to morally injurious experiences. Future studies should observe how cultural practices, customs, and beliefs can influence how people respond to morally injurious experiences. A fourth limitation that should be considered is that this cross-sectional study and it limits the ability to draw conclusions. Future studies should use a

longitudinal approach to observe how self-compassion moderates morally injurious experiences, shame, and guilt over time. A fifth limitation is that this study was quantitative, indicating that the method is objective and does not observe personal experiences. This method does not allow us to understand why people experience high self-compassion despite having shame and guilt. To address this limitation, using a different research method could offer a better understanding of why there are high levels of self-compassion among some people with morally injurious experiences and shame and guilt. Future studies could use a phenomenological approach to gather data.

Other limitations in this study include sample size, predictive power and variability, model residuals, measurement disadvantage, windsorization, and the overall use of an online survey development software. The sample in this study was relatively small (n = 139). A small sample may affect the reliability and generalizability of the findings and may not represent the larger military population. While similar studies in this field use larger sample sizes (Davies et al., 2019; Farnsworth et al., 2014; Forkus et al., 2019), certain constraints and criteria limited the number of participants for this study. The study sample was purchased from SurveyMonkey Audience for a fee, limiting the sample size. Bootstrap methods were used to limit the impact of a small sample. The methods were used to estimate the confidence interval at 95% and observe the quality of the findings.

There was a limitation found in H1 regarding the unstandardized coefficient (B = 0.32), which indicated a moderate prediction of shame by morally injurious experiences, and the intercept (-8.75, 95% CI [-12.45, -5.05], t = -4.68, p < .001) suggesting that a baseline level of shame varies depending on the level of shame. This baseline could affect the interpretation of the results. The residuals were another limitation found in H1. The residuals

had a mean of zero and a standard deviation of 5.62, indicating variability, and there could be other variances influenced by unknown factors that need further research.

Another limitation to consider in interpreting the results of this study is that there was a disadvantage experienced with the Trauma-Related Shame Inventory (TRSI). To address an excessively high Cronbach's alpha, which may indicate redundancy among the items in the scale, the number of items in the TRSI was reduced. However, the measure did maintain reliability after reduction at $\alpha = .95$. This step was necessary to avoid overestimating internal consistency. During the data screening, there was a lot of variability between the values, and windsorization was applied to all variables to minimize the impact of extreme values, which may lead to the influence of outliers. Using windsorization to address extreme values may have led to a more conservative estimate of the relationship between the variables; however, the researcher felt it was necessary. As a result, the study lost some data variability that could affect the generalizability of the findings. The last limitation to consider when interpreting the results of this study was the overall use of an online survey development software such as SurveyMonkey.

As previously mentioned, purchasing a sample from SurveyMonkey Audience can be expensive and it limits the number of responses an independent researcher can purchase. The quality of the responses is another factor to consider when purchasing a sample. The quality of responses may not be the same as if the study was conducted under different circumstances or in a controlled environment, such as a clinical research setting. Some respondents might not have been interested in the topic or provided low-quality or rushed answers, affecting the study's outcome. Overall, there is very little control over the sampling method when using a platform like SurveyMonkey. To address this issue, the researcher used

a screening question and criteria to have some control over the demographic; however, when using SurveyMonkey, the respondents' characteristics are limited when compared to other sampling methods.

Recommendations for Future Research

The analyses in this study revealed a unique relationship between morally injurious experiences, shame, and guilt and the moderating role of self-compassion. Research studies have demonstrated the interaction between morally injurious experiences and self-compassion, with high self-compassion contributing to lower levels of negative mental health and behavioral health symptoms (Davies et al., 2019; Farnsworth et al., 2014; Forkus et al., 2019). Interestingly, that was not the case with this study. The study showed that individuals with morally injurious experiences, shame, and guilt can still experience high self-compassion. Recommendations for future studies would be using a different approach and sampling methods to research the moderating role of self-compassion in the relationship between moral injury, shame, and guilt. Future research could implement a larger sample size, different target groups, or different research designs, such as a longitudinal study.

Recommendations for Future Practice

A recommendation for future practice would be to assess for self-compassion and introduce its concepts as part of the moral injury healing process. The concepts of self-compassion, such as self-kindness, common humanity, and mindfulness, can help combat the shame and guilt associated with a moral injury. Mental health practitioners working with veterans and service members can observe whether an individual has low or high self-compassion and discuss how it may influence the symptoms of a moral injury to better understand this complex association.

Conclusion

In conclusion, this study aimed to observe whether there was a statistical relationship between moral injury, shame, and guilt and to observe the moderating role of self-compassion among these associations. Various research studies have shown that self-compassion has the potential to lessen the degree to which people develop mental and behavioral health problems associated with combat-related experiences (Dahm et al., 2015; Eaton et al., 2020; Forkus et al., 2019; Hiraoka et al., 2015). Results from this study have shown that people with morally injurious experiences, shame, and guilt could still experience high self-compassion. There could be several reasons for this occurrence that were not investigated in this study. However, there is still potential in the results. Shame and guilt are negative emotions that are associated with morally injurious experiences, and mental health practitioners can introduce self-compassion as a resource to address these outcomes. The findings from this study could serve as a clinical utility to improve mental health treatments for veterans and service members.

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Appendices

Appendix A

The Moral Injury Symptoms Scale-Military Version Short-Form (MISS-SF):

- **10-item Moral Injury Symptoms Scale – Short Form**

  Koenig, H.G., Ames D, Youssef N, Oliver JP, Volk F, Teng EJ, Haynes K, Erickson Z, Arnold I, O'Garo KN, Pearce MJ (2018). Screening for Moral Injury – The Moral Injury Symptom Scale-Military Version Short Form. Military Medicine, in press (https://doi.org/10.1093/milmed/usy017) (**institutional access only; see below for scale**)

Re: A previous student with a question about the MI symptoms scale

VF **Volk** [redacted] Sunday, January 22, 2023 at 10:10 AM
To: Smith, Elizabeth

It is available for use.

[redacted]

From: Smith, Elizabeth [redacted]
Sent: Saturday, January 21, 2023 7:38:48 PM
To: Volk, [redacted]
Subject: A previous student with a question about the MI symptoms scale

Hello Dr. Volk,

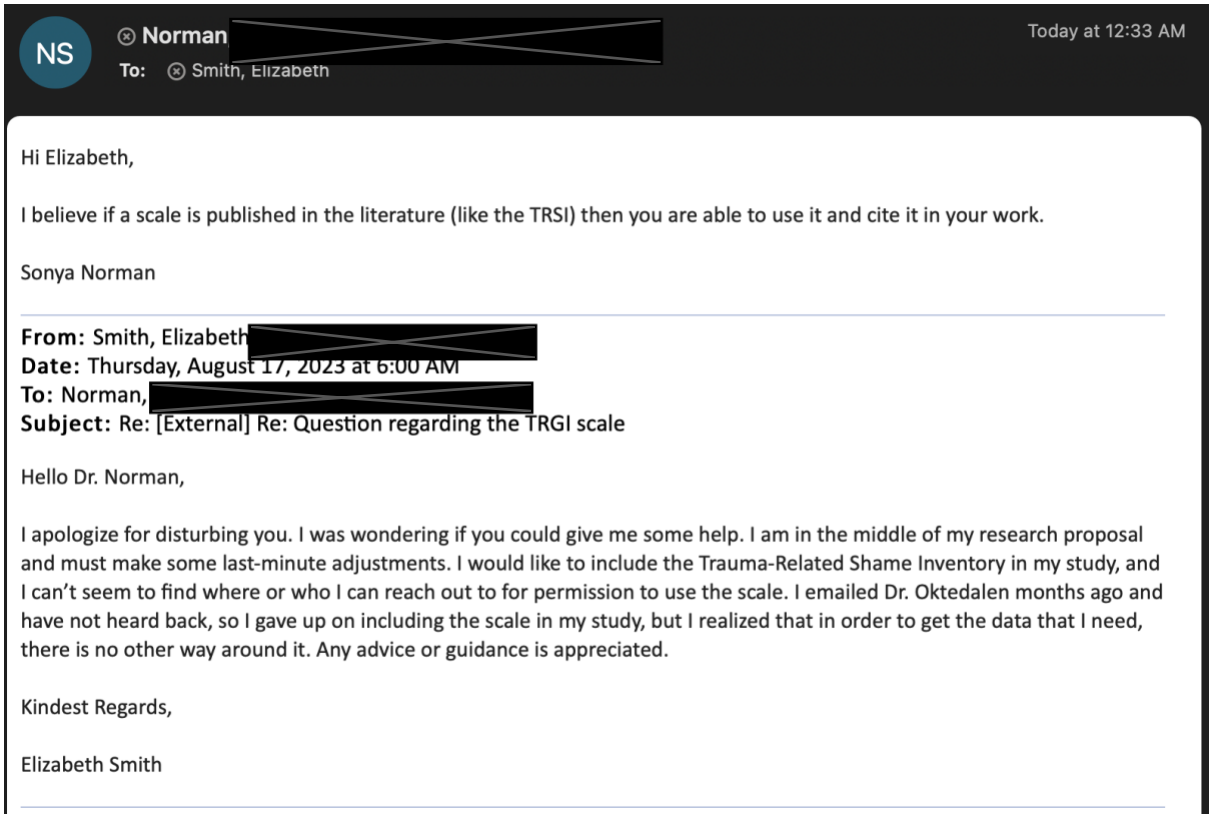
I am one of your previous students and have a question regarding a scale used in your research. I am conducting a study to observe the moderating effects of self-compassion among veterans and active duty servicemembers experiencing shame and guilt associated with moral injury, and I need some advice in requesting permission to use a scale.

I have noticed that you have extensive work with the Moral Injury Symptom Scale- Military Version, Short Form, and could you let me know whom I may contact to use the scale for my research? This is my first time performing this type of study, and I would appreciate any information you could give me.

Kind Regards,

Elizabeth Smith

Appendix B



NS

Norman [redacted]

To: Smith, Elizabeth

Today at 12:33 AM

Hi Elizabeth,

I believe if a scale is published in the literature (like the TRSI) then you are able to use it and cite it in your work.

Sonya Norman

From: Smith, Elizabeth [redacted]
Date: Thursday, August 17, 2023 at 6:00 AM
To: Norman, [redacted]
Subject: Re: [External] Re: Question regarding the TRGI scale

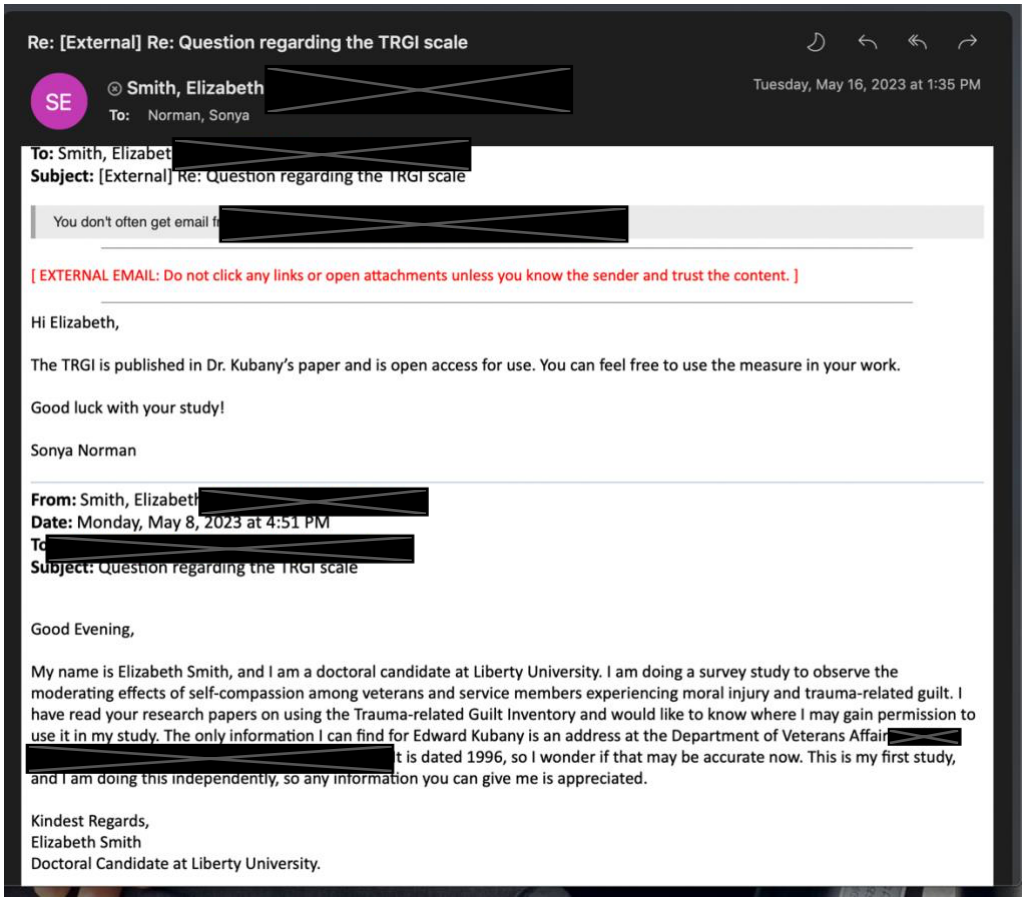
Hello Dr. Norman,

I apologize for disturbing you. I was wondering if you could give me some help. I am in the middle of my research proposal and must make some last-minute adjustments. I would like to include the Trauma-Related Shame Inventory in my study, and I can't seem to find where or who I can reach out to for permission to use the scale. I emailed Dr. Oktedalen months ago and have not heard back, so I gave up on including the scale in my study, but I realized that in order to get the data that I need, there is no other way around it. Any advice or guidance is appreciated.

Kindest Regards,

Elizabeth Smith

Appendix C



Re: [External] Re: Question regarding the TRGI scale

SE

Smith, Elizabeth [redacted]
To: Norman, Sonya

Tuesday, May 16, 2023 at 1:35 PM

To: Smith, Elizabet[redacted]
Subject: [External] Re: Question regarding the TRGI scale

You don't often get email f[redacted]

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Hi Elizabeth,

The TRGI is published in Dr. Kubany's paper and is open access for use. You can feel free to use the measure in your work.

Good luck with your study!

Sonya Norman

From: Smith, Elizabeth[redacted]
Date: Monday, May 8, 2023 at 4:51 PM
To[redacted]
Subject: Question regarding the TRGI scale

Good Evening,

My name is Elizabeth Smith, and I am a doctoral candidate at Liberty University. I am doing a survey study to observe the moderating effects of self-compassion among veterans and service members experiencing moral injury and trauma-related guilt. I have read your research papers on using the Trauma-related Guilt Inventory and would like to know where I may gain permission to use it in my study. The only information I can find for Edward Kubany is an address at the Department of Veterans Affair[redacted] t is dated 1996, so I wonder if that may be accurate now. This is my first study, and I am doing this independently, so any information you can give me is appreciated.

Kindest Regards,
Elizabeth Smith
Doctoral Candidate at Liberty University.

Appendix D

To Whom It May Concern:

Dr. Kristin Neff grants permission to use the Self-Compassion Scale Short Form (Raes et al., 2011) for any purpose whatsoever, including research, clinical work, teaching, etc. Please cite:

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. ***Clinical Psychology & Psychotherapy***, 18, 250-255.

Permission is also given to translate the Self-Compassion Scale Short Form using the analytic approach to validate the factor structure that was established in:

Neff, K. D., Tóth-Király, I., Yarnell, L., Arimitsu, K., Castilho, P., Ghorbani, N.,… Mantios, M. (2019). Examining the Factor Structure of the Self-Compassion Scale using exploratory SEM bifactor analysis in 20 diverse samples: Support for use of a total score and six subscale scores. ***Psychological Assessment, 31 (1), 27–45.***

Best wishes,

Kristin Neff, PhD

Appendix E

Study Information Sheet

Title of the Project: Observing the Moderating Role of Self-Compassion Among Veterans and Service Members with Moral Injury, Shame, and Guilt.

Principal Investigator: Elizabeth Smith, a doctoral student in Liberty University's School of Behavioral Sciences.

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must have:

- Served in the United States Armed Forces.
- Been deployed to or served in an overseas combat or war zone.
- Experienced combat-related trauma

Taking part in this research project is voluntary. Please take the time to read this entire form and ask any questions before deciding whether to participate in this research.

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

The purpose of the study is to observe if self-compassion lessens the degree to which veterans and service members develop moral injury, shame, and guilt. This study will address a lack of research on mindfulness approaches to help this population with mental and behavioral health symptoms associated with combat-related experiences.

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. Read each question thoroughly.
2. Answer each question to the best of your knowledge.
3. Submit the survey.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study. The benefit of this study is for the military community. The findings from this study will help observe how mindfulness-based methods may improve mental and behavioral health treatments for veterans and service members with combat-related experiences.

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. A list of mental and behavioral health resources will be provided at the end of the survey if you feel the need to reach out and speak to someone. Please exit the survey if you feel the need to at any time.

How will personal information be protected?

Participant responses will be anonymous. The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. The data collected from you may be shared for use in future research studies or with

other researchers. The 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.

How will you be compensated for being part of the study?

There was no compensation from the researcher for this study.

Does the researcher have any conflicts of interest?

The researcher does not have any conflicts of interest.

Is study participation voluntary?

Participation in this study is voluntary. Your participation will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any questions or withdraw at any time.

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

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

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

The researcher conducting this study is Elizabeth Smith. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at esmith122@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. LaRonda Starling, at ldstarling@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, 1971 University Blvd., Green Hall St. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

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

Before agreeing to be part of the research, please be sure that you understand what the study is about. If you have any questions about the study later, you may contact Elizabeth Smith using the information provided above. By proceeding to the survey, you consent that the questions you are about to answer are accurate to the best of your recollection.