Moral Dilemmas: A Phenomenological Exploration of Military Members Experience of War

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Moral Dilemmas: A Phenomenological Exploration of Military Members’ Experience of War

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

Deborah Allsbrook Roth

B.S. University of New Orleans, 2005
M.H.S. Louisiana State University Health Sciences Center New Orleans, 2007

May 2024
DEDICATION

To my grandpa the World War II veteran, Charles L. Allsbrook, and his namesake, my brother, Charles Lee Allsbrook. I love and miss you both. May you rest in peace.

For all those who have served.
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Working on a Ph.D. takes a village. There were a lot of ups and downs; times that I questioned myself, and times that I wanted to quit, but my village whether they knew it or not helped me through.

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ABBREVIATIONS

ACA  American Counseling Association
APA  American Psychiatric Association
AMCD  Association for Multicultural Counseling and Development
ASERVIC  Association for Spirituality, Ethics, and Religion in Counseling
CBT  Cognitive Behavioral Therapy
CCMP  Competencies for Counseling Military Populations
DSM  Diagnostic and Statistical Manual
EPMP  Exemplary Practices for Military Populations
LMGCA  Louisiana Military and Government Counseling Association
MGCA  Military and Government Counseling Association
MOS  Military Occupational Specialty
MST  Military Sexual Trauma
NBCC  National Board for Certified Counselors
OEF  Operation Enduring Freedom
OIF  Operation Iraqi Freedom
PTG  Posttraumatic Growth
PTSD  Posttraumatic Stress Disorder
PMIE  Potentially Morally Injurious Event
TBI  Traumatic Brain Injury
VA  Veterans Administration
ABSTRACT

Due to increasing mental health concerns in combat exposed military members, including posttraumatic stress, there is a commiserate need for improved mental health services. Other mental health concerns include an increasing rate of suicide deaths in military members who have served during Operation Enduring Freedom (OEF), or Operation Iraqi Freedom (OIF). There is a need for mental health counselors to have a more nuanced understanding of the clinical needs of combat exposed military members. In more recent years the construct of moral injury has emerged as a potential explanation for the presentation of certain combat exposed military members. Moral injury can be thought of as the social, spiritual, psychological, emotional, and existential wound that can occur in the aftermath of either doing or witnessing acts that are contrary to the individual’s moral belief system. The purpose of this phenomenological study is to gain an understanding of how moral injury might better explain the clinical presentation of certain traumatized military members. This study seeks to add to a growing body of knowledge surrounding the construct of moral injury as it pertains to certain combat exposed military members presenting with trauma symptoms. Participants will have deployed to a combat zone during either the Gulf War or OEF / OIF and will have held a job within the military (military occupational specialty; MOS) commonly associated with combat exposure (e.g. reconnaissance).

Key words: military, PTSD, trauma, suicide, mental illness, moral injury, morality, war, OEF/OIF, Gulf War
Chapter I

Introduction

Chapter I includes an overview of the research as well as the problem statement, purpose of the study and significance of the study. The research method, research question, limitations and delimitations of the research are described. Finally, the assumptions of the research and definitions of terms are provided.

Overview

In 1991, the Gulf War brought the U.S. military into conflict in the Middle East. Over the course of the Gulf War approximately 700,000 troops, including reservists, were deployed to Iraq and Afghanistan (Toomey et al., 2007). Following the attacks in New York City and the Pentagon on September 11, 2001 by al-Qaeda as well as the resulting Global War on Terror that includes Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), the U.S. has engaged in ongoing military conflict overseas (Vincenzes, 2013). Between 2001 and 2011, military members from several branches of the military; Army, Navy, Marines, and Air Force who deployed to Iraq and Afghanistan totaled 930,000. Of these 930,000 military members; 50,000 remained deployed for four or more years (Frankfurt & Frazier, 2016). Since 2007, approximately 1.4 million American troops were sent to the Middle East. Many of these military members return home for only brief periods of time before they are re-deployed, which reduces their opportunity for recuperation from their military experiences overseas (Vincenzes, 2013).

A result of multiple deployments is the increased risks for mental health concerns, particularly posttraumatic stress. Kim et. al. (2011) stated that “…up to 30% of service members reported some type of mental health problem…,” which includes a variety of mental health issues encompassing diagnoses such as depression, anxiety, or Posttraumatic Stress Disorder
(PTSD) (p. 66). Veterans of the Gulf War have had higher incidences of depression and anxiety along with substance use disorder as a common co-occurring condition (Forman-Hoffman et al., 2005) with a higher incidence of mental health concerns found in deployed Gulf War veterans when compared to their non-deployed counterparts during the same time period (Toomey et al., 2007). In a study conducted 10 years after the end of the Gulf War, veterans of that conflict reported continued difficulty with depression and anxiety (Toomey et al., 2007). Additionally, Gulf War veterans are prone to a condition known as Gulf War Illness (GWI) where 25% to 32% of veterans experience symptoms such as joint pain, sleep disturbance, cognitive impairment, and gastrointestinal problems (Stebnicki, 2021). From 2004 to 2014, the incidences of PTSD have increased by six times the previous rate in veterans of other wars (Eckart & Dufrene, 2015). When narrowing the focus to incidences of PTSD in veterans of OIF and OEF, the percentage is 14 to 22% (Brenner et al., 2015), with a 50% increase in occurrence of PTSD in those military members who have been deployed multiple times (Vincenzes, 2013). Consequently, an emerging mental health crisis is occurring in the form of traumatized military members who are coming home from multiple deployments to combat zones.

Military members, including those post-deployment, who are struggling with trauma or other mental health conditions, such as depression, tend to be hesitant to acknowledge and address their mental health concerns (Eckart & Dufrene, 2015; Kim et al., 2011; Stebnicki, 2021). Their hesitancy to seek mental health services is compounded by the military culture’s emphasis on stereotypical masculine attributes, such as their members must be able to handle their own problems. When military members recognize that they need mental health services and seek treatment, a risk of stigma and shame can occur (Westwood et al., 2013). The shame experienced by a military member in need of mental health services can be attributed to what Stebnicki
(2021) described as a component of the warrior ethos in the military culture involving the military member “submitting to the values of seeking psychotherapy [which] disavows military cultural philosophy and ideology” (p. 19).

Also, a military member’s mental health status has implications for a military group’s cohesiveness that is central to the military identity (Eckart & Dufrene, 2015; Kim et al., 2011), where group cohesiveness of fellow members is largely determined by the initial indoctrination in the military training and is primary to members (Farnsworth et al., 2014). Any member or members who may be perceived as weak because of mental health issues are believed to reflect on the overall strength of the military unit as a whole (Eckart & Dufrene, 2015), which is complicated by military members who may be prohibited from doing their duties as a result of their mental health status (Stebnicki, 2021). Stigma, shame, and the potential for the military unit to be negatively impacted are part of the multi-faceted reasons why some distressed military members do not seek mental health treatment.

Further complicating military members seeking mental health treatment is that some combat military members are exposed to a potentially morally injurious event (PMIE) or multiple events while deployed, which can further a sense of stigmatization (Farnsworth, 2021). At times, especially during deployment, military members are required to engage in behaviors or observe behaviors that for some members may be contrary to their core moral beliefs, creating a sense of distress that results in trauma (Yan, 2016). When military members experience cognitive dissonance and spiritual and existential questioning as a consequence of a struggle to reconcile their behaviors during combat and their deeply held moral beliefs, they are said to have experienced a moral injury (Jinkerson, 2016). Their moral injury is “characterized as damage done to [a member’s] core morality or moral worldview as a result of a stressful or traumatic life
event” (Yan, 2016, p. 451). Currier et al. (2015) described the process of moral injury as the result of a psychological wound that can “…emerge in part from conflicts between the appraisal of warzone traumas and Veterans’ guiding moral beliefs/values about themselves, others, and the larger world” (p. 231). A violation of a member’s moral beliefs can occur and itself be a betrayal to a member (Drescher et al., 2011; Farnsworth et al., 2016). Military members’ experience of betrayal can be connected to military leaders and politicians as well as fellow military members and even civilians (Bryan et al., 2014; Harris, 2015; Jinkerson, 2016). The sense of betrayal and lack of trust from multiple sources becomes a basis for a member’s moral injury.

**Problem Statement**

Prolonged conflict in the Middle East has led to an increase in trauma and mental health concerns for returning American military members. As a result of the conflict, PTSD, in addition to other mental health issues, such as posttraumatic stress, clinical depression, and suicide has significantly risen for military members (Eckart & Dufrene, 2015). A “…veteran commits suicide every hour and one active-duty soldier commits suicide each day. There are now more suicide deaths among active-duty soldiers than combat deaths” (Pilisuk & Mahr, 2015, p. 131). One possible cause of military members’ increase in mental health issues and deaths by suicide is the relationship between incidences of suicidal ideation or suicide attempts to moral injury (Bryan, et al., 2015). For military members, the result of their moral injury can be because they believe that they deserve their experiences difficulties because of observing and being part of or committing acts that violate their deeply held personal moral code. Moral injury may account for much of the mental health issues, such as PTSD, depression, suicide ideation, and completed suicide deaths that combat deployed military members experience. A more comprehensive understanding is needed of how symptoms of posttraumatic stress and other comorbid mental
health conditions as well as moral injury in military members develop in the context of combat experiences.

**Purpose of the Study**

As rates of mental health concerns and PTSD increase in combat deployed military members, counselors who have a more nuanced understanding of military members are needed (Carter & Watson, 2018; Stebnicki, 2021). One lens to view mental health concerns of military members who have been deployed to a combat zone is by researching members’ moral injury experiences. An understanding of the unique characteristics of moral injury and how those characteristics manifest in military members who have been deployed to combat zones might better account for the clinical presentation of traumatized military members. The present research will be accomplished by looking through the lens of military members’ or veterans’ moral belief system. The purpose of my research is to explore from a moral injury framework how do active-duty military members or veterans of the Gulf War, OEF, and OIF experience combat and the impact that moral injury has on members and veterans. My research aims to provide a greater understanding of how moral injury contributes to the mental health concerns of distressed military members who have returned from combat zones.

**Significance of the Study**

An increasing number of military members who have been deployed to combat zones during OEF and/or OIF have found themselves in need of mental health services (Brenner et al., 2015; Kim et al., 2011). Gulf War veterans who were exposed to high levels of physical and psychological stress continue to be at risk for developing PTSD and other co-morbid conditions (Stebnicki, 2021). Incidences of alcohol abuse, suicidal ideation, PTSD (Burkman et al., 2021), traumatic brain injury (TBI), and other mental health concerns have grown in military members
(Stebnicki, 2021). Farnsworth et al. (2014), Jinkerson (2016) and Litz et al. (2009) all suggested that during combat certain actions by military members or actions by others that military members observe violate military members’ moral beliefs, which can result in psychological trauma known as moral injury.

Most counselor education programs do not have a specific course or even content included in a course on how to work with the military population. However, counselors need an understanding of the military culture and its members who have experienced combat related trauma. Current standard treatment for military members who have deployed to combat zones (e.g., Prolonged Exposure, PE; Jones et al., 2021; Cognitive Processing Therapy, CPT, Wachen, et. al., 2021) provide effective treatment for both combat related PTSD and moral injury. However, Jones et al. (2021) argued that military members who experience moral injury require a different treatment approach than current treatment approaches. Because not all military members experience moral injury, Stebnicki (2021) stated that culturally competent counselors who work with military members should be able to “differentiate between PTSD and moral injury...” and “competent practitioners [should] recognize the meaning, purpose, and experience of each military client’s deployment and mission” (p. 30). Counselors need to understand moral injury as a distinct construct in order to have the knowledge base to conceptualize military members’ presenting issues after combat and how to provide treatment. Research is needed to examine military members’ combat experiences that is framed in a moral context.

**Conceptual Framework**

Kohlberg’s theory of moral development will be the conceptual framework used in my research to explore how military members experience moral conflict during combat when deployed in either the Gulf War, OEF and/or OIF. Kohlberg studied moral development over the
span of 30 years (Rest et al., 1988) laying the foundation for much of the later research on moral development. For example, the modern moral psychologist Jonathan Haidt acknowledged that Kohlberg’s research was focused on the “reasons” Kohlberg’s participants gave in their responses to hypothetical moral dilemmas that was most significant (Haidt, 2012, p. 8). Haidt further expounded that Kohlberg has been considered one of the definitive authorities in the development of morality, although his own research began to explore the role of moral emotions (Haidt, 2012). Rest et al. (1988) stated that Kohlberg determined that individuals “…interpret actions and actors, draw inferences not given in the stimulus material, and judge some social relationships and practices as fair and others as not fair” (p. 399). His ideas about the development of morality align with certain emerging models of moral injury, such as the cognitive-behavioral model. Moral injury is a newer construct that offers an explanation for the clinical presentation of certain trauma-exposed military members. Kohlberg’s theory of moral development and models of moral injury, such as the cognitive-behavioral model, are complimentary in that there is an emphasis on the interpretative process of the individual.

Kohlberg’s theory of moral development is a stage theory consisting of three levels: Preconventional Morality, Conventional Morality and Postconventional Morality (Kohlberg, 1973). Each level is subdivided into two different stages. Level 1, Preconventional Morality is divided into stage 1, punishment-and-obedience orientation and stage 2, naïve hedonism. Stage 1, punishment-and-obedience orientation involves an individual’s experience of power differential and deference to authority, whereas stage 2, naïve hedonism is when an individual is egocentric in nature, with little concern for others. Level 2, Conventional Morality is divided into stage 3, interpersonal concordance, “good boy” or “good girl” orientation and stage 4, social-order-maintaining orientation. In stage 3, an individual’s interpersonal concordance shifts from
egocentricity into an individual holding the opinion of others in high regard, whereas stage 4, social-order-maintaining orientation is when an individual focuses on the rigid adherence of societal mores and legality. Level 3, Postconventional Morality includes stage 5, social-contract orientation and stage 6, morality of individual principles of conscience. Stage 5, social-contract orientation shifts from an individual’s rigid rule keeping to a more fluid approach to moral decision making where individual values are considered. Stage 6, morality of principles of conscience is self-determination, in which an individual’s moral decisions are based on an expansive, personal belief system (Kohlberg, 1973; Shaffer, 2002). Stages 5 and 6 of Level 3 Postconventional Morality is rarely attained (Shaffer, 2002; Stapleton, 2013). Later, Kohlberg proposed a “metaphorical” stage 7, where an individual’s reflections on thought processes occurs, metacognition, and views existence through a lens of interconnectedness (Gibbs, 2014, p. 91). However, the majority of adults tend to reach Level 2, Conventional Morality (Linn, 2001). According to Damasio (1994) “…by age 36, 89 percent of middle-class American males have developed to the conventional stage of moral reasoning…” (p. 48). Regardless of the stage of the individual, Kohlberg’s Theory of Moral Development can be thought of as a model that focuses on justice as the central tenet (Rest, 1983).

Military members who face a moral dilemma and who are in Kohlberg’s (1973) Level 2, Conventional Morality, stage 3 are concerned with how others would view their actions (Farnsworth et al., 2014), particularly authority figures (Gibbs, 2014). Kohlberg (1973) stated that in stage 3 “good behavior is that which pleases or helps others and is approved by them” (p. 631). Stage 3 also involves the individual developing the realization that what others consider good or just may not be the same as what they see as good or just. The individual learns to accept those differences in beliefs among individuals while also recognizing that social interaction
which is mutually beneficial is a mechanism to maintaining individual moral belief. Although stage 3 focuses on moral judgment occurring in the context of more individual interpersonal dynamics, individuals who reach stage 4 develop a broader sense of how society is impacted by their behavior. The individual at stage 4 recognizes that laws are a mechanism of sustaining moral behavior in a society (Narvaez & Rest, 1995). Stage 3 is interpersonal while stage 4 involves “law and order conventionalism [and] socio-cultural relativism” (Reed, 2008, p. 364).

Kohlberg (1973) further posited that individuals have certain “rights” and “duties” associated with each stage of moral development (p. 636). In Level 2 stage 3 “rights are earned” and based on rules and in stage 4 are based on the “general freedoms” awarded to all individuals (Kohlberg, 1973, pp. 636-637). In Level 2 stage 3 duties are also rules based and determined by the social role (e.g. spouse) the individual plays while in stage 4 duties are determined by the obligation the individual has to the “welfare” of others in society (Kohlberg, 1973, p. 637). Moral development is a complex process that by Level 2, stages 3 and 4, involves an increasing awareness of how an individual’s behavior impacts others.

In order to underscore the complex nature of moral reasoning, Farnsworth et al. (2014) used the example of a military member who has to decide whether or not to preserve the safety of a military convoy or fire upon what appeared to be a civilian vehicle that may be armed by civilians with an improvised explosive device (IED) as a moral dilemma. Another example of a moral dilemma involved three Marines who encountered a 9-year-old boy with a rifle while the Marines breached the building. The first Marine hesitated to fire upon the boy giving him the opportunity to fire upon, and kill, the second Marine. The third Marine who entered the building fired upon the 9-year-old boy in response, killing him (Farnsworth, 2021). Regardless of a military member’s decision in how to deal with the moral dilemma, a member in stage 3 is faced
with a secondary dilemma: do they disclose the moral dilemma to civilians and risk that civilian not understanding the moral nature of the decision? (Farnsworth, et al., 2014). Whereas a military member who is in Level 2, Conventional Morality, stage 4 is interested in “…maintaining the given social order for its own sake” (Kohlberg, 1973, p. 631) and may be less concerned with the perception of the civilian as long as the moral dilemma is handled in a way that is lawful or just according to the rules of engagement (Stebnicki, 2021).

When a military member in combat experiences PTSD or a “…psychological trauma… [that] violates his or her moral beliefs [and feels] betrayed, or witnesses trusted individuals committing atrocities” moral injury is a result of those experiences (Currier et al., 2021; Jinkerson, 2016, p. 122). Their moral injury is characterized by cognitive dissonance (Brock & Lettini, 2012; Currier et al., 2015; Jinkerson, 2016) and stimulates existential questioning for military members (Jinkerson, 2016) in a certain sub-population of combat exposed military members (Stebnicki, 2021). Gibbs proposed that with some individuals, existential development occurred as an extension of moral development (Boom, 2011). Gibbs posited that in those individuals who underwent existential development the process began in adolescence and “…encompass[ed] hypothetical contemplation, meta-ethical reflection, and spiritual awakening…” (Boom, 2011, p. 357). Kohlberg proposed that when “a contemplative adult [such as a military member in combat] is faced with an existential crisis …a deeper and broader perspective on … moral life” may be the result; whereas, another individual or military member in combat, may experience an existential crisis as a moral injury (Gibbs, 2014, p. 91).

**Overview of Methods and Research Question**

My research was qualitative in nature and I utilized a phenomenological approach that was characterized by an attempt “to understand an experience from the participants’ points of
view” (Leedy & Ormrod, 2010, p. 146). A phenomenological approach aligned with the intent of my research so that I gained an understanding of military members experienced during more modern warfare, the Gulf War, OEF and OIF, as compared to previous conflicts such as World War II (WW II) or the Vietnam War. In addition, the decision to pursue qualitative research involved a desire to produce research that was more reflective of participants’ voices. Much of the current research is quantitative in nature and, while informative, loses some of the richness that qualitative research can provide through the use of thick descriptions. My research question is: How do Gulf War or OEF/OIF military members make moral sense of what they have experienced during combat?

**Limitations and Delimitations**

According to Merriam (2009), transferability in qualitative research occurs in “…situation-specific conditions in a particular context” allowing for the data to apply to other situations or settings (p. 225). Due to the nature of the “terror tactics” utilized by enemy combatants in OIF and OEF, the nature of combat in OIF and OEF is unlike combat experienced by military members during other wars (Farnsworth et al., 2014, p. 250). As such, a possible limitation of the present research involves restricting participants to those who were deployed in the more recent OIF and OEF conflicts that may limit the transferability of the research findings to veterans of other wars, such as Vietnam. Also, Maxwell (2013) stated that participants can be concerned over the consequences of providing information to a researcher, particularly if participants were uncertain as to how their information would be utilized or how the research findings would be shared. Participants may instead provide responses that they believe are expected responses to the researcher’s line of inquiry, resulting in another limitation of the research.
Third, participants’ willingness to talk with a researcher in the counseling field may also pose a limitation due to the stigma associated with being perceived as needing or potentially needing mental health services that could affect the trustworthiness of the research (Kim et al., 2011). Also, Stebnicki (2021) stated that military members may not be at liberty to discuss certain aspects or details of their wartime experiences due to the sensitive or classified nature of a mission. Thus, the inability to speak about sensitive or classified military information may limit participants’ ability to share potentially significant information. Finally, a delimitation of the research is that military members with acute symptoms of PTSD who have been deployed to either combat or non-combat zones will not be included as participants in the present research. A further delimitation is that military members will not be included who have been deployed to non-combat zones.

**Assumptions**

The first assumption is that the U.S. citizens as a whole, the U.S. military representing a subset of that population, were misled by the U.S. government as to why U.S. military forces were originally deployed to the Middle East. The second assumption of my research is that military members who have been deployed to a combat zone during the Gulf War, OEF, and OIF will experience trauma as a result of their deployment. The third assumption is that military members deployed to combat zones during the Gulf War, OEF, and OIF will have faced situations that are potentially morally injurious in nature. The fourth assumption is that military members will think either implicitly or explicitly of their combat experiences during the Gulf War, OEF, and OIF conflict in a moral context. The fifth assumption is that military members who have been deployed to a combat zone during the Gulf War, OEF, and OIF conflicts will have experienced greater support from civilians when compared to combat exposed military members.
of other wars (e.g. Vietnam). The sixth assumption is that the military members who have been deployed to a combat zone during the Gulf War, OEF, or OIF would be willing to communicate with a civilian researcher about their experiences.

Summary

In chapter I, I provided an overview of the research pertaining to the increasing mental health needs of military members who have been deployed to combat zones as well as the potential associated stigma with receiving mental health treatment. In addition, the conceptual framework and an overview of moral injury were described. I discussed the problem statement, the purpose of the study and the significance of the study. The research method and research question were discussed as well as the limitations and delimitations of the research. Finally, the assumptions of the research and definitions of terms were provided.

Definition of Terms

Culture “refers to any group of people who identify or associate with one another on the basis of some common purpose, need, or similarity of background” (Lee & Park, 2013).

Global War on Terror is the ongoing war that began in October 2001 and includes OEF and OIF as specific conflicts (VA fact sheet).

Gulf War is a specific conflict occurring in the Persian Gulf beginning in 1991 (Toomey et al, 2005).

Major Depression is a mental health condition that encompasses a range of symptoms that include depressed mood, loss of interest in activities, changes in sleep and appetite, and decreased focus (American Psychiatric Association, 2013).

Mental health is a term used to encompass a broad range of functioning across multiple domains that include relationships, occupation, and physical health (Remley & Herlihy, 2016).
**Military culture** is a shared set of beliefs among military members involving “a hypermasculine cultural norm that includes a high standard of self-discipline and control; a professional ethos of loyalty and self-sacrifice; an emphasis on group identity; and a strong warrior persona that is aggressive, dominant, and risk-taking” (Westwood et al., 2013, p. 276).

**Military Occupational Specialty (MOS)** is a military member’s job in the military, e.g. mechanic, infantry, special forces (Stebnicki, 2021) in the Marine Corps and Army.

**Morality** is “a set of principles or ideals that help the individual to distinguish right from wrong, to act on this distinction, and to feel pride in virtuous conduct and guilt (or other unpleasant emotions) for conduct that violates one’s standards” (Shaffer, 2002, p. 511).

**Moral injury** is “a particular type of psychological trauma characterized by intense guilt, shame, and spiritual crisis, which can develop when one violates his or her moral beliefs, is betrayed, or witnesses trusted individuals committing atrocities” (Jinkerson, 2016, p. 122).

**Multicultural competencies** “define a set of attitudes and behaviors indicative of the ability to establish, maintain, and successfully conclude a counseling relationship with clients from diverse cultural backgrounds” (Lee & Park, 2013, p. 9)

**Operation Enduring Freedom (OEF)** is a specific conflict under the umbrella of the Global War on Terror (VA fact sheet) that includes the most resources in terms of manpower from the U.S. since World War II (WW II) (Burgin et al., 2017).

**Operation Iraqi Freedom (OIF)** is a specific conflict under the umbrella of the Global War on Terror (VA fact sheet) that includes the most resources in terms of manpower from the U.S. since World War II (WW II) (Burgin et al., 2017).
Posttraumatic growth (PTG) is an adaptive response to a traumatic event that results in positive change for an individual (Calhoun & Tedeschi, 2006) and involves the individual’s ability to make meaning of the traumatic event (Gallaway et al., 2011).

Posttraumatic Stress Disorder (PTSD) is a mental condition that is “characterized by recurring symptoms of numbing, re-experiencing, and hyperarousal following a traumatic event” (Oltmanns & Emery, 2002, p. 661).

Potentially morally injurious event (PMIE) involves “…actions or decisions in which [military members] somehow transgressed a moral belief or value by what they did or failed to do” (Currier et al., 2021, p. 7).

Psychological trauma “involves an emotional, mental, and physical response to a powerfully negative experience or series of situations in which people perceived that they or a loved one experienced serious psychological, physical or emotional harm” (Duffey & Haberstroh, 2020, p. 2).

Resilience is “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 543a).

Rules of engagement “provide guidance on how military personnel are to conduct themselves with enemy forces” (Klassen, Brennen & Held, 2021, p. 112).

Suicide is a “modern word used to describe a host of actions, events, behaviors, and ideation relating to voluntary death” (Stauffer, 2004, p. 33).

Traumatic brain injury (TBI) is a physical wound that can be either closed head (e.g. internal injury) or open head (e.g. visible injury) and is the most common injury of the OEF and OIF conflicts (Stebnicki, 2021).
Chapter Two

Introduction

The study of morality has a lengthy history, with its roots in religion and spiritual faith. Theological scholars have asked how morality develops for individuals. One answer to the question of moral development is in “…. the theologies of diverse religions such as Buddhists, Christians, and Jews [who] have claimed that faith and morality are inseparable” (Hood et al., 2009, p. 381-382). Others, such as Piaget and Kohlberg, have asked the question from a developmental perspective of how individuals develop morals.

Moral Development

Piaget, a developmental psychologist, was instrumental in the field of cognitive development and was most known for his cognitive stage theory of human development (Dworetzky, 1996). Piaget proposed that cognitive development occurs within four stages including the sensorimotor and preoperational stages and the concrete and formal operations stages (Dworetzky, 1996). For example, in the preoperational stage, occurring from 2 to 7 years old, egocentric individuals perceive a “reference point from which they, as well as others, view [and understand] the world” (Dworetzky, 1996, p. 276).

Later, Piaget expanded his human development theory to include moral development. He viewed moral development from a constructivist quality and he argued that moral autonomy is developed in the context of socialization (Gibbs, 2014; Kavathatzopoulos, 1992). Piaget believed that an individual’s development of morality occurred within a cycle of construction, deconstruction, and re-construction of cognitive beliefs where other individuals’ perspectives can differ (Boom, 2011). Kohlberg sought to expand on Piaget’s theory as he recognized that moral development occurred as a corollary process to cognitive development (Gibbs, 2014). In contrast
to Piaget, Gibbs argued that a “deeper reality,” such as a near death experience, must occur in order for an individual’s moral beliefs to develop. Gibbs’ notion of the “deeper reality” also allowed for a social, other oriented aspect of moral development (Boom, 2011, p. 359). However, Boom (2011) found the concept of a “deeper reality” lacking in that it did not answer the question of “why be moral?” (p. 362). The consistent theme across the theories was that a social context is necessary for moral development to occur.

Kohlberg’s Theory of Moral Development

Piaget’s beliefs about morality laid the groundwork for Kohlberg to cultivate a theory of moral development (Kavathatzopoulos, 1992; Kohlberg, 1973). Kohlberg dedicated much of his professional work to his theory of moral development; whereas, Piaget decided not to pursue a moral development theory as the focus of his career. Kohlberg, sought to understand the moral decision-making process that occurs in individuals (Reimer, 1977). His theory was originally termed the Cognitive Developmental Theory of Moralization (Reimer, 1977) that emphasized the decision-making process of morality in which an individual’s moral beliefs developed through an active process of thinking and meaning making (Hayes, 1994). When an individual is faced with a moral dilemma, that individual uses an “underlying rationale, or ‘thought structures,’ … to justify [the individual’s] decision” (Shaffer, 2002 p. 518). The notion that individuals construct their sense of morality allows them the opportunity to explore how their experiences shape their already existing moral belief systems. When individuals’ moral beliefs are challenged by differing beliefs then opportunities are provided for change in their moral reasoning (Linn, 2001). Kohlberg’s theory, rooted in Piagetian ideas about morality, focused on a cognitive process that could be shaped and changed through an individual’s experiences.

Linn (2001) stated that Kohlberg’s research
…method [of moral development was] phenomenological, in that it attempts to understand the individual’s perspective through the meaningful terms that he or she finds in his or her world. It is scientifically relational, in that it focuses on the connection between ideas in the mind of the client. It is also philosophical, in that it draws attention to the individual’s active self-constructed knowledge. (p. 595)

During Kohlberg’s research, he asked open-ended questions to understand his participants’ thought processes about a given scenario. Kohlberg’s use of open-ended questions geared towards exploring participant’s thought processes gave credence to the notion that his approach was phenomenological. For example, during his participant interviews, one of the moral dilemmas that Kohlberg described was a moral dilemma of a husband attempting to decide whether to break the law and steal lifesaving medication for his wife. From a qualitative approach, Kohlberg asked his participants a series of open-ended questions intended to highlight each participant’s process in coming to a decision about the morality of the husband’s behavior in the dilemma (Reimer, 1977; Shaffer, 2002). Kohlberg deviated from Piaget in that he included adolescents in his research, which allowed him to note marked differences between children and adolescent cognitive processes (Gibbs, 2014). The responses that Kohlberg received from his initial participants provided the information that framed the different stages of moral development.

The basic tenet of Kohlberg’s theory is that morality develops along a continuum across the life span. As individuals grow and mature so too does their sense of morality (Schaffer, 2002). Kohlberg (1973) suggested that one way of viewing moral development is to see it as a natural process that is not taught, but rather shaped by socio-cultural experiences and involves individuals thinking about their experiences. Kohlberg was focused on what Kavathatzopoulos
(1992) described as the “characteristics” of morality that have more to do with social structure rather than how thought processes developed (p. 51). Kohlberg proposed that moral development exists at different levels and are sub-divided into stages (Shaffer, 2002). The stages reflect an individual’s predilection towards either autonomy or heteronomy (Kavathatzopoulos, 1992). Kavathatzopoulos suggested that the concept of autonomy was more related to Piaget’s belief in the constructivist nature of moral development and that heteronomy was the byproduct of Kohlberg’s predisposition towards seeing moral development as a process of “…discovering universal moral principles” (p. 49). With Piagetian theory in mind, Kohlberg adjusted his theory so that the first stage of each level represented heteronomous thought and that the second stage of each level represented autonomous thought (Kavathatzopoulos, 1992).

The three levels of Kohlberg’s theory consist of level 1, Preconventional Morality that includes stage 1, punishment-and-obedience orientation and stage 2, naïve hedonism; level 2, Conventional Morality that includes stage 3, “good boy” or “good girl” orientation and stage 4, social-order-maintaining morality; and level 3, Postconventional Morality that includes stage 5, social-contract orientation and stage 6, morality of individual principles of conscience. In the Preconventional level, morality consists of adhering to rules and is primarily externally focused where stage 1 is oriented to consequences of behaviors and stage 2 is to personal satisfaction. In the Conventional Morality level, morality allows individuals to consider the effects of their decisions on other people; where stage 3 is other-oriented and stage 4 is oriented to what is legal. Finally, in the Postconventional Morality level, individuals are able to discern the difference between moral beliefs and either the law or rules; while knowing that it is not necessarily reliant on or consistent with the other. Stage 5 is oriented towards making the distinction between what is legal and what is just. Stage 6 is oriented strictly towards the individual’s conscience (Shaffer,
A Postconventional Morality level is an ideal belief system that is rarely, if ever, attained (Shaffer, 2002; Stapleton, 2013).

Individuals at stage 1, Preconventional Morality level, are concerned with avoiding punishment that involves what individuals believe they are obligated to do to appease authority. Individuals in stage 2, Preconventional Morality level, are more egocentric in focus and involves individuals’ beliefs about what they are obligated to do to meet their own needs (Kohlberg, 1973). Individuals who are developmentally at the stage 3, Conventional Morality level are concerned with how their behavior effects the lives of other people in social settings. Kohlberg (1973) stated that individuals at the Conventional level of morality view “good behavior [as] that which pleases or helps others and is approved by them...[and] behavior is frequently judged by intention – ‘he means well’ becomes important for the first time” (p. 631). Reimer (1977) suggested that a form of peer pressure in social groups can influence an individual’s moral decision making. Individuals in a group may choose to behave in a way that reflected a lower stage than where they are at developmentally, which instead reflects the dominant stage of their peer group. Linn (2001) suggested that “…most of the adult population, who are most likely to be ranked as conventional moral thinkers (stage 3 or 4), are susceptible to situational and personal influences on their moral judgement” (p. 595). The decision to act in a manner consistent with one’s moral beliefs depends on the amount of responsibility felt by that individual (Grover, 1980). Moral development, decision-making, and behavior is transactional in nature as the cognitive process is influenced by the social context.

**Moral Development Progression**

Kohlberg suggested that to progress to higher stages of morality an individual must arrive at what Piaget described as the formal operations stage of thinking (Reimer, 1977). Formal
operations allow for flexibility in thinking that is necessary for an individual to think beyond the confines of prescribed beliefs, whether personal or societal (Dworetzky, 1996). During formal operations, an individual begins to demonstrate the capacity for abstract thought (Dworetzky, 1996) that allows the individual to consider alternative thoughts (Reimer, 1977). Reimer suggested an added complexity to moral decision making is that “two people at the same stage may use the same form of reasoning to arrive at opposite conclusions, while two people at different stages may arrive at the same conclusion using different forms of reasoning” (p. 64). Cognitive flexibility underscores the potential for individuals to grow in their moral decision-making processes as they further in their development. However, developmental growth does not translate into uniform moral decision making of individuals at the same developmental stage.

Reed (2008) suggested that a “crucial shift…in the moral development of individuals, is the shift from egocentric and self-interested [to]…socio-interested and community-interested…” (p. 359). Empathy and concern for others, rather than self-centeredness, plays a role in how an individual conceptualizes morality. Kohlberg believed that in a social context, empathy in interpersonal relationships was a mechanism for moral decision making (Grover, 1980; Reed, 2008), which by empathy’s very nature involves taking the perspective of others. Kohlberg assumed that individuals would not operate solely from moral beliefs as a reflection of cognition, but that the context in which individuals make decisions should be considered (Reimer, 1977). The move from egocentrism is necessary for moral beliefs to be rooted in empathy for others. Empathy has implications for the social context of moral beliefs and behaviors whereby individuals are concerned about how a social group is affected by their actions.

Kohlberg believed that individuals’ sense of responsibility and belief that they have a choice in any given situation contributes to their moral decision-making process (Grover, 1980).
Individuals may not behave in ways that are consistent with their moral values due to a variety of factors including what Kohlberg termed individuals’ “moral atmosphere” or the environment in which individuals make a moral decision and their “ego strength” (Linn, 2001, p. 595). The intersection of individuals’ environment, ability to regulate their mood, how individuals conceptualize their experiences, and their sense of personal responsibility shapes how individuals make moral decisions and their resulting actions.

Criticisms of Kohlberg’s Theory

Haidt (2013) argued that moral decision making begins as either an intuitive or emotional process that then becomes cognitive as individuals consider how they may have to justify their decisions to a social group. Consequently, Haidt (2013) established three principles of morality: 1) “intuition comes first, strategic reasoning second,” 2) “there’s more to morality than harm and fairness,” and 3) “morality binds and blinds” (p. 286, 289, 292). Gibbs claimed that he remained more faithful to the original ideas surrounding moral development as first theorized by Piaget than Kohlberg did (Boom, 2011). However, Gibbs (2012) described himself as a protégé of Kohlberg, who came to view morality as “…rooted in the reality of social interconnections and develops as we…understand that reality” (p. ix). Gibbs postulated that moral development occurs in two phases that he termed standard and existential moral development. Standard development encompasses the first four Kohlbergian stages and existential development encompasses the last two stages (Gibbs, 2009, as cited in Boom, 2011). Gibbs criticized Kohlberg for “…focusing too much on conformity and internalization” (Boom, 2011, p. 357). Gibbs and Haidt both attended to social components of moral development. Where they differed was that Gibbs focused on social interaction contributing to the shaping of moral beliefs and Haidt believed that the social component helps the individual rationalize a pre-determined moral belief.
Noting that Kohlberg’s initial research utilized male participants from an American population of boys, ages 10 to 16 (Reimer, 1977), Gilligan became a vocal critic of Kohlberg’s research on moral development resulting in her research focus on female moral development (Cam et al., 2012; Woods, 1996). Gilligan remained true to Piaget’s assertion that morality develops in the context of others (Linn, 2001) and in so doing theorized that women have a more caring perspective and men have a more justice perspective in their moral decision making (Hekman, 1993). Where other theorists, such as Gibbs, continued the works of both Piaget and Kohlberg (Boom, 2011), Gilligan believed that interpersonal relationships were important to moral development (Linn, 2001). Gilligan stated that “…one can only experience self in the context of relationships with others…” (Hekman, 1993, p. 146). She was the primary theorist of moral development who emphasized the gender divide. In support of Gilligan’s gender position in moral development, Linn (2001) argued that Kohlberg’s theory needed to acknowledge that gender equality is necessary for a truly just moral stance.

Reed (2008) added that humans are intrinsically social across the lifespan making the social aspect of moral decision making particularly salient. The social interactions with other individuals contribute to the development of humans’ moral belief systems (Shaffer, 2002). Morality is therefore, at least in part, shaped contextually within society through the exchange of ideas with others (Hayes, 1994). Both Kohlberg’s and Gilligan’s perspectives were criticized for rigidly adhering to gender differences without taking socialization influences into account (Woods, 1996). Woods (1996) argued that in society “…morality might best be described by what is found to be meaningful in a particular culture” (p. 379). Individual belief systems are consequently shaped by the process of experiencing, interpreting, and internalizing in the context of a society that is culturally bound. Kohlberg’s theory was criticized for his bias to Western
culture (Hekman, 1993), although Kohlberg (1973) described his theory of moral development as “culturally universal” (p. 630). Mixed opinions have occurred on the veracity of the claim that Kohlberg did not attend to social or cultural concerns. Despite notable deviations from Kohlberg’s theory in subsequent theories of moral development, a commonality was the emphasis on a social or cultural component. In addition to Gilligan; Gibbs, and Haidt were among the other moral theorists who furthered the work that Kohlberg began with his theory of moral development. Haidt focused primarily on the notion that moral development was foundationally biological in nature but culturally shaped (Gibbs, 2014). Haidt (2013) acknowledged the precedent set in the field of moral psychology by Kohlberg, but argued that any theory of moral decision making must consider the nationality and socio-economic status (SES) of an individual.

As a means of further exploring ideas surrounding social and cultural impacts on moral development, Dawson (2002) conducted quantitative research utilizing data from studies conducted by Kohlberg, Amon, Commons, and Walker that highlighted an interplay between moral stages, education, age, and sex. Dawson’s (2002) research included a total of 996 participants, 620 males and 376 females, with an average age of 32 and an average of 13 years of education. Dawson (2002) discovered an individual’s level of education had the most significance when moral decision-making was involved to the extent that in the absence of education as a factor, the sex of the individual was a significant factor. Also, level of education mediated the significance of an individual’s sex in moral decision-making. Age was noted as a significant factor in the older female participants, although the author posited that age may be more a reflection of the expectation that women of that generation did not typically prioritize higher education (Dawson, 2002). Dawson’s research provided evidence that Gilligan’s criticism
of Kohlberg’s original research was valid in that lacking the inclusion of female participants was significant, but did not wholly discount Kohlberg’s original theory.

Additionally, claims were made that a spiritual component was missing in theories of moral development. Kohlberg did not believe that religious beliefs played a role in moral development (Stapleton, 2013). Kohlberg’s lack of attending to the role of spirituality and religiosity is significant in that religious individuals are more likely to look to authority figures for guidance in moral decision making. As described by Kohlberg, individuals who do not blindly follow their religious beliefs, but instead question dogma, are more likely to reach the higher levels of moral development (Baumsteiger et al., 2013). In Stapleton’s (2013) quantitative research with a total of 110 participants (i.e., 37 male and 73 female) of which 52 had no religious affiliation and 58 were Roman Catholic; religious individuals were less likely to attain what Kohlberg defined as a stage 5, Postconventional level of morality. Additionally, religious individuals who demonstrated cognitive flexibility were more likely to attain stage 5, Postconventional level of morality; whereas gender, education, and strength of faith were not significant predictors of higher moral reasoning of religious individuals. Thus, both Baumsteiger et al. (2013) and Stapleton (2013) proposed that spirituality and religion play a role in varying degrees of how individuals conceptualize morality and help dictate how those individuals act when faced with moral decisions.

**Moral Injury**

When individuals are faced with a moral dilemma or they themselves have to make a moral decision, moral injury can occur to them and to their emotions, psyche, and beliefs. Moral injury as a concept had its beginnings following the Gulf War and while, as of yet, no concrete or universal definition of moral injury is available (Currier et al., 2021), multiple theorists have
attempted to provide a decisive definition of the complex construct of moral injury. Litz et al. (2009) defined moral injury as “…the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 695). Farnsworth et al. (2014) further expanded the definition of moral injury to include observing acts or failing to stop acts committed by others that are inconsistent with an individual’s belief system. Jinkerson (2016) attempted to provide a more expansive definition of moral injury that involved “…psychological, existential, behavioral, and interpersonal issues that emerge following perceived violations of deep moral beliefs by oneself or trusted individuals…” (p. 126).

A broad conceptualization of moral injury has been seen as a psychological wound resulting from an individual acting in ways that are inconsistent with his or her core belief system. The violation of individuals’ moral beliefs led to what Jinkerson (2016) described as “core” and “secondary” characteristics of moral injury (p. 126). Core characteristics of moral injury include guilt, shame, loss of trust, and spiritual or existential questioning. Secondary characteristics of moral injury include depression, anxiety, anger, and interpersonal difficulty (Jinkerson, 2016). Characteristics of moral injury, although broad and difficult to concretize, consistently reflect concepts surrounding cognitive dissonance, betrayal by others, and deeply held beliefs that result in a psychic wound. The psychic wound impacts the entirety of the individual and manifests in commonly found mental health issues.

More recent authors, such as Rozek and Bryan (2021), attempted to narrow the definition of moral injury through the use of a specific model, such as the cognitive behavioral model. They grounded the use of the cognitive behavioral model in the diathesis stress model of depression that originated in cognitive behavior therapy (CBT) in which “…neither everyone who carries a
vulnerability, nor everyone who experiences aversive life circumstances, develops psychopathology” (p. 20). In the cognitive behavioral model; risk factors, acuity of symptoms, and activation/reactivation of moral injury are included. Individuals who are exposed to more adverse effects of a morally injurious event have risk factors such as a history of mental illness or abuse; whereas, social support, cognitive flexibility, and emotional regulation are protective factors. Individuals who are rigid in their thinking, emotionally dysregulated, or socially isolated are more at risk of experiencing adverse effects of moral injury. Individuals who work in certain professions, such as the military, are more likely to encounter a potentially morally injurious event (PMIE) and are at higher risk of experiencing the adverse effects of moral injury, such as depression, anger, and substance abuse (Rozek & Bryan, 2021).

When framed in the context of combat experiences during war, moral injury has been used to describe military members’ experiences when they are faced with moral dilemmas that challenge their established moral beliefs (Currier, Drescher, & Nieuwsma, 2021; Currier, McCormick, & Drescher, 2015; Jinkerson, 2016). Drescher et al. (2011) conducted qualitative research with combat veterans to explore the utility of operationalizing moral injury. Using a semi-structured questionnaire, they interviewed 23 individuals, 17 males and 4 females who were affiliated with either the Veterans Administration (VA) or Department of Defense (DoD) and who had direct contact working with military members of OIF and OEF. They found that moral injury was a useful construct when working with combat veterans, that moral injury accounted for the biopsychosocial spiritual issues experienced by combat veterans, and that moral injury accounted for difficulties not encompassed by the diagnostic criteria for Posttraumatic Stress Disorder (PTSD). Recently, Currier et al. (2021) acknowledged that the American Psychiatric Association (APA) loosely addressed moral concerns in the diagnostic
criteria for PTSD through the inclusion of Criterion D; “…negative changes in beliefs and
emotions…” (p. 6), which at best reflects the overlap of moral injury with PTSD (Rozek &
Bryan, 2021). Although difficult to define, Currier et al. (2021) stated that moral injury is a valid
and transferrable concept specific to working with combat veterans who seemingly present with
PTSD and distress. The symptoms of PTSD alone do not wholly account for the typical
presentation of a combat veteran in distress. However, moral injury, as a corollary construct to
PTSD, provides a promising explanation as to what other factors might be involved in
traumatized combat military members.

Rozek and Bryan (2021) identified the acuity of symptoms that often are seen by mental
health professionals which involve significant changes to individuals’ emotional, cognitive,
behavioral, and physiological functioning. Changes at any level of functioning result in changes
in each mode of functioning as individuals attempt to reset to their original baseline. Once an
individual’s emotional, cognitive, behavioral or physiological state has been disrupted then the
individual has been primed to be more readily disrupted at a future time when the individual is
triggered by either an internal state or an external stimulus. The result is that instead of
stabilizing an individual to baseline functioning of emotional, cognitive, behavioral and
physiological states; conditions, such as depressed mood, anxiety, and nightmares that are more
consistent with psychopathology emerges. In response to a trigger, further activation or
reactivation of an individual’s emotional, cognitive, behavioral, and physiological system
manifests in emotional states (e.g., anger), behavioral states (e.g. substance abuse) and cognitions
(e.g., “I’m a bad person/monster,” p. 24) that reflects the presence of moral injury (Rozek &
Bryan, 2021).
Drescher and Farnsworth (2021) posited a more social-functional model of moral injury that has two premises. First, individuals are social creatures who utilize emotions and cognitions to navigate social interactions that propagate the survival of the species. The second premise is that emotions mediate social interactions by playing a role in communication and by shaping the behavior of others. Moral emotions, a subset of emotional states, serve to promote interconnectedness and prosocial behaviors. Also, moral emotions encompass a wide range of emotional responses including guilt, shame, anger, compassion, and gratitude. Individuals, such as military members, are morally shaped in their social context that includes the military culture, and they are informed by the emotional responses of both self and others. Conflicting beliefs about what is moral and the subsequent emotional and behavioral responses become an aspect of moral injury. Military members develop moral beliefs that are consistent with the mission statement of the branch in which they serve. Moral beliefs of military members are further refined in those who are deployed to combat zones as the social group shrinks to the size of the combat unit (Drescher & Farnsworth, 2021).

However, once military members leave active duty they may find themselves among civilians who do not understand their moral beliefs that were shaped by military service (Drescher & Farnsworth, 2012). The implications of the dissonant moral beliefs of the civilian world and the military culture result in

…conflicting worldviews [that] may lead many service members to experience moral dissonance, as they compare their civilian identities and moral norms with the norms and behaviors that accompanied their military experiences. Without the support of other veterans…many service members find it difficult to reconcile the past and present in a way that allows them to reintegrate into the moral community of their family and friends.
When individuals, such as military members experience a subjective contradiction between two or more different beliefs or between a belief and a behavior, cognitive dissonance occurs as a mechanism of moral injury (Brock & Lettini, 2012; Currier et al., 2015; Jinkerson, 2016). Military members may experience cognitive dissonance as a result of engaging in behaviors that are considered normal or accepted in the context of war, but would be shunned or not accepted in a civilian setting (Jinkerson, 2016). Consequently, the existence of contradictory beliefs and behaviors in combat and wartime settings can result in experiences of discomfort, stress, or anxiety that manifests as a psychological wound or moral injury (Brock & Lettini, 2012). Brock and Lettini suggested that moral injury is the result of a reflective process that an individual military member can experience during war. Resolution of the cognitive dissonance could allow the military member to avoid the negative characteristics of moral injury, such as shame and interpersonal difficulty (Jinkerson, 2016).

An extreme example of cognitive dissonance can be found in situations that occur in more modern military warfare such as the use of women and children as part of active conflict, such as when women and children are used to deliver explosives. Another example is when military members may unintentionally kill innocent civilians (i.e., men, women, or children) further complicating their interpretive experiences. An added complication to military members’ cognitive dissonance that can contribute to their moral injury is the knowledge of military sexual trauma (MST) (Hodgson & Carey, 2017). When MST is observed, some military members are distressed for not having acted when witnessing such acts of violence. Brock and Lettini (2012) used the example of the military member who witnessed members of his unit sexually assaulting a young woman who was helping their unit by acting as their interpreter. A result of military
members’ cognitive dissonance is that they can become desensitized to acts of violence that they or their peers have committed; thus, further contributing to their sense of moral injury (Currier et al., 2015). Brock and Lettini (2012) used the example of a military member who talked about how he would hear his fellow military members describe that “killing ‘meant nothing’” to describe being desensitized to taking a life (p. 21). All of these examples of occurrences of PMIE in the context of war reflect how the individuals’ interpretations of events, their participation in events, as well as the level of inconsistency with their moral beliefs is what ultimately determines whether or not a military member experiences a moral injury.

Other contributing factors to military members’ moral injury is when members who were involved in combat may find themselves struggling with trusting others (Jinkerson, 2016). If military members believe that they have been betrayed, whether by the military, government leaders, peers, or individuals back home; they are more prone to experiencing moral injury (Bryan et al., 2014; Harris et al., 2015; Jinkerson, 2016; Rozek & Bryan, 2021). Their moral injury can be “…contextualized within the warrior ethos of the military culture” (Stebnicki, 2021, p. 193). For example, one source suggested that even unintentional shootings resulting in fatalities by those on the same side, friendly fire, can be seen by military members as a betrayal, which can result in moral injury (Currier et al., 2015). In reflecting on his personal experience during the Yom Kippur War, as an Israeli prisoner of war, Senesh (2017) stated that “…’friendly fire’ is the most debilitating of all” experiences because his comrades had become in a sense his enemy as well (p. 19). Senesh (2017) described his prison experience and his reflection during that time on how he may have killed the innocent son of a farmer and how that act was experienced as a betrayal by the leaders who put him in the position to inadvertently take an innocent life. Military members have other similar perceived betrayal situations that can result in
moral injury when higher ranking military personnel or politicians have political motivations that drive their decision making (Currier et al., 2015) or that other countrymen are disapproving of actions taken during war (Senesh, 2017). The extent in which military members trust themselves and others emerges as an aspect of how they define the morality of their or others’ actions.

Currier et al. (2015) explored a qualitative context with 14 male combat veterans of OIF and OEF who were enrolled in a residential treatment program for PTSD. Using the PTSD Checklist - Civilian Version and the Moral Injury Questionnaire - Military Version and semi-structured interviews, four major themes were found that were related to moral injury. First was the “organizational circumstances,” with sub-themes such as the “rules of engagement can be ambiguous in varying war zone contexts and not convenient” and “military leadership [was] perceived as incompetent and/or ‘out of touch’ with life on the ground” (p. 109). The second theme was “environmental circumstances,” with sub-themes such as the “difficulty appraising threats and identifying the enemy in high stake situations” and that “civilians can be unpredictable and make unsafe decisions” (p. 111). The third theme was “cultural and relational circumstances,” with sub-themes such as the “dehumanization of the enemy and formation of hateful attitudes toward civilians” and uneasy alliances with civilians and indigenous collaborators” (p. 112). The fourth theme was “psychological circumstances,” with sub-themes such as the “emotional detachment and numbness” and “accumulative anger and desire for retribution” (p. 113). The resulting themes of Currier et al.’s (2015) research are a reflection of the complex nature of moral injury and injurious events.

**Spirituality**

Litz expanded the definition of moral injury to include a spiritual component (Hodgson & Carey, 2017). Spirituality in and of itself was defined by Sterner and Jackson-Cherry (2015) as
how an individual “…integrates aspects of purpose, meaning, transcendence, and connectedness, which may include a Higher Power” (p. 49). The sense of spiritual connectedness extends not just to the Divine, but also to interpersonal relationships. Individuals, such as military members believe that spirituality helps them to make sense of life events. In research by Currier et al. (2021), with 3,151 veterans; a significant portion of participants, approximately half engaged in some religious and/or spiritual practice weekly. Yan (2016) stated that when individuals attempt to make sense of their experiences, spiritual beliefs help individuals frame their moral beliefs. Regardless of how individuals construct their spiritual understanding, spirituality is a force that influences and contributes to individuals’ moral beliefs.

Additionally, individuals’ conceptualization of their Higher Power or their spiritual beliefs determine their potential for posttraumatic growth (PTG), the opposite of resulting trauma or PTSD. If military members view their Higher Power as non-judgmental and accepting, rather than punishing, then they are more likely to experience an adaptive reaction to their trauma (Sterner & Jackson-Cherry, 2015). Individuals with a strong religious affiliation are at a greater likelihood of experiencing PTG. The experience of PTG is a consequence of specific cognitive processes that promote making sense of a traumatic event or moral injury (Tedeschi et al., 2018). Conversely, according to Stebnicki (2021), military members who question the presence of a Higher Power tend to experience moral injury.

Bremault-Phillips et al. (2019) reviewed 25 peer reviewed articles spanning from 2000 to 2018 that covered the topics of military members’ spirituality and moral injury experiences. The authors determined that spirituality had the ability to both positively and negatively influence the experience of a morally injurious event, which was reflected in five themes: 1) “spirituality: a potential cause of and protective factor against MI,” 2) “self and identity: lost and found,” 3)
“meaning making: what once was and now is,” 4) spirituality as a facilitator of treatment for MI,” and 5) “faith communities: possible sources of fragmentation or healing” (p. 3). Positive influences on spirituality included military members’ ability to utilize spiritual supports, such as the Chaplain and spiritual practices, such as prayer, as a means of integrating moral injuries into their personal narratives. The negative influences included military members questioning their spiritual beliefs or feeling disillusioned as a result of moral injury experiences. Their experience of a moral injury was also impacted based on whether their spiritual community was seen as a source of support or a source of guilt, shame, and judgment (Bremault-Phillips et al., 2019).

In the context of war, events or actions can have significant spiritual implications for military members and spiritual teachings are how some individuals define and belief what is meaningful in their lives. Spiritual beliefs are particularly drawn on when individuals attempt meaning making around a major life event or action (Harris et al., 2015; Maguen & Litz, 2015), such as during moral injury events (Maguen & Litz, 2015). For example, the spiritual impact of war was recognized by Christians as well as the Navajo Indians that led to their practice of ritual cleansings (Brock & Lettini, 2012). Shamans would perform a “soul retrieval” on individuals who experienced the type of psychological wounding consistent with what is now described as moral injury (Stebnicki, 2021, p. 193). “Veterans may feel that their root problems are not distorted cognitions or arousal symptoms, but how their relationship with a Higher Power, their role in the universe, and the value of their lives have changed since the traumatic event” (Yan, 2016, p. 456). A “spiritual crisis” can result in a loss of faith that then acts as an indicator for moral injury (Currier et al., 2015, p. 124; Farnsworth et al., 2014; Jinkerson, 2016).

Shame and Guilt
Shame and guilt are common emotional responses to perceived wrongdoing by an individual and can be an indicator of moral injury to the individual (Currier et al., 2021). However, shame and guilt are conceptualized as two different emotional states, yet they are related. Shame is the feeling that individuals have been damaged by their experiences, thus brokenness is the result. Shame is seen as a maladaptive emotion that creates emotional distress and contributes to social isolation (Gaudet et al., 2016). In the context of a traumatic experience, shame can be viewed “…as the perception of having received flaws during trauma, believing those flaws should be hidden, and subsequently avoiding others because of fears of rejection or condemnation” (Jinkerson, 2016, p. 127). Shame is a byproduct of cognitive dissonance (Jinkerson, 2016); whereby individuals recognize that they have behaved in ways that do not align with their beliefs. Shame leads military members toward a defective view of self (Jinkerson, 2016) that contributes to their fear of how others may judge them unfavorably, particularly the civilian population (Farnsworth et al., 2014). Fear of judgment can be “…accompanied by feelings of worthlessness, powerlessness, and feeling vulnerable and exposed” (Farnsworth et al., 2014, p. 251). Shame further reinforces individuals’ fear that they are deserving of blame (Currier et al., 2015) and may serve to alienate them from their support system (Gaudet et al., 2016). An inverse relationship between shame and empathy can further impact individuals’ social relationships (Drescher & Farnsworth, 2021). Also, shame may precipitate individuals’ failure to disclose traumatic events to their support system (Gaudet et al., 2016) when it is that social support that will help lead the individual towards healing.

Whereas, guilt is an emotional state that acknowledges the “… deleterious effects of behavior on others, an appropriate sense of responsibility and an understanding that despite the moral transgression, one is still virtuous, future goals are attainable, and reparation is possible”
With guilt, individuals experience a sense of personal responsibility for their behaviors that can be a motivator for making repairs to relationships. Both shame and guilt impact the development of moral injury and combat related shame and guilt impacts the development of symptoms associated with PTSD (Drescher & Farnsworth, 2021; Gaudet et al., 2016; Harris et al., 2015; Jinkerson, 2016). Senesh (2017) pointed out that a potential protective factor against shame and/or guilt is if military members view their actions during wartime as outside of their control; thereby, absolving them of any immoral actions.

Jinkerson and Battles (2019) conducted quantitative research, with 72 combat veterans, using the Trauma-Related Guilt Inventory in which guilt was found to be the central conditions or “symptoms” of moral injury and that guilt and the potential for a moral injurious event was positively correlated (p. 34). Consistent with other research on guilt during the development of PTSD and mood disorders, Jinkerson and Battles proposed that combat veterans’ experiences of a moral injurious event were mediated by guilt along with a loss of meaning. They stated that guilt is a multi-factorial construct that plays a role in the development of moral injury and auxiliary mental health concerns, such as depression, anxiety, and PTSD. However, Drescher and Farnsworth (2021) assert that most studies of combat-related guilt have not adequately defined guilt or shame as constructs, particularly in light of “…discrepancies between guilt in nonmilitary samples and guilt related to military combat…” (p. 41).

Forgiveness

An adaptive response to a moral injury can involve forgiveness. In order for individuals to heal from their perceived transgressions, forgiveness of self through acceptance and an acknowledgment of responsibility is necessary. Forgiveness can be framed by the belief that individuals do “not need to accept the act to accept the imperfect self that committed the act”
(Litz et al., 2009, p. 703). During war, military members’ ability to forgive themselves for their perceived transgressions is instrumental in gaining positive outcomes to their mental health (Cornish & Wade, 2015; Maguen & Litz, 2012). However, combat veterans may struggle with “values conflicts with no easy resolution” that can be perceived as a barrier to self-forgiveness (Cornish & Wade, 2015, p. 101). Forgiveness of self is framed in the context of responsibility, remorse, restoration, and renewal. Taking responsibility for one’s behaviors necessitates that an individual does not shift blame to others and remorse allows individuals to work through any feelings of shame and accept feelings of guilt for their behaviors. Restoration allows individuals to make amends when possible and renewal is related to self-acceptance, which allows moral growth to occur (Cornish & Wade, 2015).

Deployment to a combat zone can increase the likelihood of suicidal ideation of combat veterans from the World War II, Korean, and Vietnam War eras (Bush et al., 2011) as does the act of killing another person while in combat (Farnsworth et al., 2014). Rates of suicide by military members has doubled since the onset of OEF and OIF (Gaudet et al., 2016), which has outpaced combat related deaths (Pilisuk & Mahr, 2015). In 2017, 6,139 military members died by suicide (Stebnicki, 2021) and in 2018 the U.S. Department of Veteran Affairs identified “roughly 17 to 20 veterans continue to die by suicide every day” (as cited in Currier et al., 2021, p. 4). By the nature of military members’ occupation and greater access to firearms (Bush et al., 2011), the potential for death by suicide is significant. Stebnicki (2021) stated that 45% of military members owned at least one firearm and that 66% of military suicide deaths involved a firearm. An additional suicide risk factor for military members is the presence of a psychiatric disorder, such as PTSD and a Traumatic Brain Injury (TBI) and 19.5% to 22% of military members who deployed to a combat zone during OIF and OEF sustained a TBI (Burgin et al., 2017; Stebnicki,
Gulf War veterans, by contrast, have not seen an increase in suicide rates post-wartime experiences. Furthermore, the suicide rates of Gulf War veterans do not occur at a significantly higher rate when compared to the civilian population (McCarl, 2012). For military members who are at risk of suicide, forgiveness can be a protective factor and they can experience a sense of purpose or meaning in their lives.

When military members are able to forgive themselves, forgiveness eases their cognitive dissonance and members’ notions of what constitutes moral behavior remains intact thus eliminating moral injury. Military members’ connection to a spiritual community can foster their self-forgiveness and allow for healing while nurturing their belief that they can come back from their war time experiences (Bryan et al., 2015). Instead of forgiveness, self-condemnation can occur for military members, which has “…been shown to be associated with depression and general anxiety, dispositional shame, poor psychological well-being, and self-punishment” (Litz et al., 2009, p. 700). When individuals, in the context of their spiritual beliefs, do not allow themselves to express anger or find themselves obligated to forgive those responsible for the morally injurious event, they tend to stay in a state of moral injury (Currier et al., 2021). Military members who struggle with their religious and/or spiritual beliefs are at higher risk for suicide (Currier et al., 2021).

**Posttraumatic Stress Disorder**

Posttraumatic stress is the result of a traumatic event, such as an event that occurs in the context of combat. The degree to which an individual reacts to a traumatic event lays the groundwork for the symptoms the individual will experience that are associated with a DSM diagnosis of PTSD. PTSD is a mental health condition, with a set of criteria for a diagnosis in the DSM-5 (i.e., symptoms of PTSD must be present for more than one month, exposure to a
traumatic event, such as the possibility for the loss of life or actual loss of life, intrusive symptoms such as nightmares, avoidance of trauma related stimuli, and changes to thoughts and mood; American Psychiatric Association, APA, 2013). In general, much of what an individual experiences in response to a traumatic event, including combat experience, is a normal reaction (Tedeschi & McNally, 2011). PTSD does not develop because of “…the presence of these reactions but rather the persistence of these reactions, which occurs for only a minority of individuals” (Zoellner et al., 2016, p. 163).

The prevalence of PTSD in combat veterans is 13%; whereas, in the general population the prevalence is 5 to 10% (Yehuda et al., 2015), with a lifetime occurrence in 60.7% of US men and 51.2% in US women (Zoellner et al., 2016). Complex PTSD is of particular interest to military researchers who define complex PTSD as the result of the military member having been deployed to a combat zone that result in the diagnostic criteria for not only PTSD, but also either major depression, substance use disorder, or TBI (Stebnicki, 2021). Other definitions of complex PTSD include exposure to ongoing traumatic events that in some circumstances are varied in nature (e.g., childhood physical abuse, sexual assault). Ongoing exposure to traumatic events can create specific difficulties for individuals, including the regulation of emotions and the ability to relate to others. Trauma beginning in childhood has neurological implications as those early traumatic events change the density of synapses in the pre-frontal cortex of the brain (Jones et al., 2017).

The development of symptoms consistent with PTSD is not a typical response to a traumatic event (Kashdan & Kane, 2011; Yehuda et al., 2015) and although individuals may react to a traumatic event in ways that represent PTSD symptomology, those symptoms tend to abate within three months of exposure to a traumatic event (Zoellner et al., 2016). Protective factors
against PTSD include social support, such as family and friends and religious or spiritual communities (Calhoun & Tedeschi, 2006). For military members, one source of social support comes from members of the military unit, particularly during combat (Armistead-Jehle et al., 2011).

More often combat exposed members who develop PTSD have several predisposing factors that include either a personal history of mental health issues and/or a family history, minimal education (APA, 2013; Bonanno, 2018), low socioeconomic status (SES), and a history of abuse (APA, 2013). Specific to combat veterans, predisposing factors that contribute to the development of PTSD include not being married, multiple deployments (Vincenzes, 2013), and a lower rank in the military (Armistead-Jehle et al., 2011). Although multiple deployments have long been argued to increase the likelihood of PTSD (Armistead-Jehle et al., 2011; Vincenzes, 2011), some authors suggested that combat exposed military members develop PTSD not because of multiple deployments, but because of specific experiences they had while deployed (Armistead-Jehle et al., 2011). The idea that wartime experiences may contribute to the development of PTSD for individuals is significant when considering that their war experiences may have been morally injurious.

Bryan et al. (2014) stated that moral injury is a separate, but related construct to posttraumatic stress and PTSD. One view of PTSD is that it is a disorder rooted in an individual’s experience of distress that has accompanying physiological symptomology. The arousal symptoms of PTSD are contrasted to moral injury and are more rooted in psychological symptoms and behavioral choices rather than physiological (Jinkerson, 2016). Moral injury does not directly account for the set criteria of the diagnosis of PTSD in the DSM-5, which constitutes the more common understanding of PTSD among counselors. Moral injury therefore becomes a
more distinct construct (Farnsworth et al., 2014) as no direct correlation exists between a moral injury and PTSD symptoms, although PTSD is parallel to moral injury (Farnsworth, 2021).

Farnsworth (2021) stated that

…theoretical accounts of moral injury suggest at least three components that generally parallel PTSD: (a) exposure to a precipitating stressor, (b) automatic and involuntary stress reactions, and (c) maladaptive coping responses that prolong or exacerbate the negative impacts of these stress reactions on individual well-being and functioning. (p. 89)

PTSD is viewed as a corollary condition to moral injury (Currier et al., 2021; Jinkerson, 2019; Jinkerson, 2016); whereas, moral injury is a “…natural and expected outgrowth of a functioning internal moral system” (Farnsworth, 2021, p. 89). Jinkerson (2019) proposed that moral injury reached syndrome status by having set symptoms associated with a number of conditions including depression, anxiety, avoidance, shame, guilt, and spiritual or existential conflict.

Viewing moral injury as a separate, but related phenomena to PTSD allows for an understanding that goes beyond pathology.

PTSD in military members who have returned from combat zones can be further complicated by the presence of a TBI (Stebnicki, 2021). During the OEF and OIF conflicts, TBIs have been considered the predominant wound of OEF/OIF in military members who returned from combat zones (Stebnicki, 2021; Warchal et al., 2011), with 38,300 military members who experienced TBIs between 2000 and 2018 (Stebnicki, 2021). Rates of co-occurring PTSD and TBI in military members who have returned from combat zones range from 14% to 22% (Brenner et al., 2015). TBIs “…affect the individual’s mood, emotion, behaviors, personality, thoughts, and overall mental health functioning” (Stebnicki, 2021, p. 177). The pre-frontal cortex
is a brain region responsible for emotion regulation (Cozolino, 2017) that is also a brain region involved in moral decision making (Martins et al., 2012). When damage specific to the frontal lobe occurs, an individual has difficulty “…processing specific social emotions…that are closely linked to moral values” (Martins et al., 2012, p. 478). Damage specific to the left side of the frontal lobe is significant as the left side plays a role in social interaction (Cozolino, 2017). Vascello et al. (2017) argued that the evidence for TBIs playing a role in both social and moral cognitive processes is sparse based on the limited existing research. However, in one research study with 17 males and 12 females, with a TBI, who were inpatient and a control group of 25 males and 16 females with no evidence of a TBI; Vascello et al. (2017) determined that the pre-frontal cortex did play a role in moral decision making.

**Resilience**

Resilience plays a role in decreasing the rates of PTSD in combat exposed military members (Youssef et al., 2013). Numerous definitions of resilience can be found throughout the literature. Hernandez et al. (2007) defined resilience as “…an inference about someone’s life based on a past or current adversity” (p. 231) that has an accompanying pattern of behaviors. Resilience can also be defined as “…dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 543). Other definitions of resilience include that individuals are generally capable of “maintain[ing] relatively stable, healthy levels of psychological and physical functioning” (Bonanno, 2008, p. 102) and that resilience is “…the achievement of positive adaptation despite major assaults on [an individual’s] … developmental process” (Luthar et al., 2000, p. 543). Across the varying definitions of resilience is a common thread that individuals are capable of adapting to and rebounding from a variety of life events. Not only do individuals have the capacity for resiliency, but resilience is more commonly
expressed by individuals than typically conceptualized even in the context of the threat to life (Bonanno, 2008; Hernandez et al., 2007). Resilience is innate, can be strengthened, and does not have to reflect the presence of pathology; nor, does it have to be born out of a crisis or traumatic event.

Individuals tend to increase in resiliency as they experience adverse events as long as both positive emotions and adaptive coping skills are present. Gloria and Steinhardt (2014) found a relationship between positive emotions and resiliency and that the presence of one had the potential to increase the presence of the other and vice versa. Bonanno (2008) argued that under certain circumstances what would typically be considered maladaptive coping was instead adaptive coping to an event. An example is “repressive coping” (Bonanno, 2008, p. 109); whereby, an individual utilizes what is typically considered a maladaptive coping strategy, repression. Through repression an individual, over the long-term, experiences resiliency even when faced with a major or traumatic stressor. Bonanno (2018) further suggested that through the concurrent presence of social supports and positive emotions, such as gratitude, repression works as a mechanism for resiliency. Resilience is further nurtured in social relationships (Senesh, 2017). For individuals who experience growth in response to a trauma, their resiliency increases (Tedeschi & McNally, 2011) and they believe that they can grow even when faced with adverse circumstances (Bonanno, 2018), although those individuals with high levels of resiliency tend to experience less growth as a result of their traumatic experience when compared to individuals with more moderate levels of resiliency (Tedeschi & McNally, 2011).

The military has recognized the importance of resiliency and is attempting to be pro-active in strengthening resiliency in their members prior to deployments, specifically the Army through the development of the Comprehensive Soldier Fitness Program (CSFP; Hall et al.,
CSFP is considered part of a wellness approach that focuses on the physical, social, emotional, family, and spiritual aspects of leadership (Stebnicki, 2021), which utilizes interventions from positive psychology (Pilisuk & Mahr, 2015). “Master Military Resilience specialist(s)” utilize interventions, such as the “three blessings exercise,” where military members repetitively identify positives in their lives (Pilisuk & Mahr, 2015, p. 132-133). Tedeschi and McNally (2011) suggested that the CSFP incorporate principles from PTG, including “understanding trauma response as a precursor to posttraumatic growth, emotional regulation enhancement, constructive self-disclosure, creating a trauma narrative with posttraumatic growth domains, [and] developing life principles that are robust to challenges” (p. 21-22). However, Pilisuk and Mahr (2015) criticized resilience training programs, such as the CSFP in that individuals or systems, such as the government, do not have the interests of military members in mind, but rather their own interests and may instead do more harm than good. Concerns about the motivation behind such programs are consistent with moral injury developing when military members distrust the motivations of the government or their military leaders (Bryan et al., 2014; Harris et al., 2015; Jinkerson, 2016). Despite the intentions of others, such as the military or the government; individuals have the capacity to grow and heal, even in the aftermath of a traumatic or morally injurious event.

**Posttraumatic Growth**

PTG is a process that individuals gradually go through over time, which is a positive and adaptive response to a traumatic event allowing individuals to make meaning of their traumatic experiences (Gallaway et al., 2011). Individuals who experience PTG undergo significant positive changes in their cognitions, emotions, and behaviors; however, PTG does not occur in the immediate aftermath of a trauma. The potential for PTG still exists for individuals who have
endured a TBI and a traumatic event as well as PTSD. According to Tedeschi et al. (2018), the length of time between a traumatic event and the experience of PTG was longer in individuals with a TBI, when compared to individuals who did not have a TBI. Positive cognitions, such as “it takes time – you will improve”, were noted as present in individuals with a TBI, who also demonstrated PTG (Tedeschi et al., 2018, p. 129).

Conceptually, the theory of PTG outpaces other theories such as positive psychology as the concepts in PTG are broader and have origins in crisis events (Tedeschi et al., 2018). The development of PTG is further reflected in individuals’ subjective experiences of a trauma that is highlighted by the constructivist, existential, and spiritual components of PTG. The existential component of PTG allows individuals to find meaning in their traumatic experiences based on how they choose to think about their experiences (Janoff-Bulman, 2014). Similar to how individuals’ spirituality serves as a vehicle for meaning making in the context of a traumatic event (Tedeschi et al., 2018). McLean et al. (2013) suggested that PTG is an active process and “…that the benefits associated with PTG are critically dependent upon translating meaning-making cognitions to action” (p. 63).

Janoff-Bulman (2014) stated that individuals view themselves and the world “…in terms of a set of fundamental assumptions…” (p. 83), which makes their ability to engage in cognitive restructuring of their experiences significant to PTG (Calhoun & Tedeschi, 2014). Individuals need to demonstrate flexibility in thinking that can be counter to the stereotypically rigid mindset of military members (Hijaizi et al., 2015). However, when military members are able to think about their combat experiences in such a way that they see positives, they tend to experience greater psychological well-being (Currier et al., 2015). Tedeschi and McNally (2011) suggested that “the development of a common narrative among members of the unit may enhance the
process of posttraumatic growth” (p. 21). Ultimately, a more adaptive response to a traumatic event lies in an individual’s ability to engage in critical introspection and make needed changes to their cognition. Whereas, an individual’s avoidance is a reprieve from distressing thoughts or feelings allowing for a progression into PTG (Kashdan & Kane, 2011). An example of research on adaptive responses to traumatic events by Kashdan and Kane (2011) involved 176 college students who had a minimum of one traumatic event, including such events as a natural disaster or the “…sudden death of a loved one” (p. 86). College students’ posttraumatic stress combined with lower levels of what the authors termed experiential avoidance led to an increase in college students’ PTG and an increase in their meaning making. Also, when the college students had an increase in experiential avoidance, they also experienced a decrease in PTG (Kashdan & Kane, 2011).

Due to combat exposure, PTG is a particularly significant phenomena for military members (Tsai et al., 2016; Yehuda et al., 2015). According to Pargament et al. (2014); the severity of a traumatic event impacts how much PTG individuals can experience, however the relationship between traumatic stress and growth is a complicated one. Some authors argued that a positive correlation exists between the severity of a trauma and the resulting PTG (McLean et al., 2013; Tedeschi & McNally, 2011). Others suggested that continued exposure to a traumatic event or high levels of traumatic stress tend to demonstrate a more inverse relationship, where the potential for growth decreases (McLean et al., 2013). Tedeschi and McNally (2011) cited research where 61.1% of Vietnam Veterans, who were aviators and prisoners of war (POW), reported psychological gains consistent with PTG (as cited in Sledge et al., 1980). Kashdan and Kane (2011) cited several research studies where they discovered disparate findings on the relationship between a traumatic event and PTG, including a positive relationship, an inverse
relationship, and no relationship (as cited in Cordova et al., 2001; Park et al., 1996; Sears et al., 2003; Tedeschi & Calhoun, 2004; Widows et al., 2005).

Cordova et al. (2001) conducted research examining the potential for PTG after an individual had breast cancer. Their research included 70 females who were diagnosed with up to stage III breast cancer within the last 5 years and a control group of 70 females who had no history of cancer. Similarities were found in occurrences of depression between the breast cancer group and the control group, but that the breast cancer group experienced PTG. No significant relationship was found between participants’ subjective experience of well-being and PTG, but females who saw their breast cancer diagnosis as traumatic did experience PTG (Cordova et al., 2001). Sears et al. (2003) found that with 101 female participants with breast cancer, 92 of whom had either stage I or stage II cancer, that 83% of their participants experienced “…at least one benefit of the experience with breast cancer” (p. 491). Participants with substantial distress from having had cancer and had been diagnosed with cancer for a long period of time experienced PTG (Sears et al., 2003).

Widows et al. (2005) researched the potential for PTG following bone marrow transplant in individuals with cancer. Participants had to be cancer free at the time of their last medical exam and 6 months post bone marrow transplant. In a sample of 72 participants, a significant positive relationship was found between PTG, education and young age; however, no significant relationships were found between PTG, marital status, gender, ethnicity, financial and occupational status. And, no relationship was found between PTG and social supports, but a positive relationship was found between PTG and avoidant coping strategies (Widows et al., 2005). Concurrent to Tedeschi and Calhoun’s development of the term PTG in the 1990s (Tedeschi & Calhoun, 2006), Parks et al. (1996) conducted a series of research studies with the
term Stress-Related Growth Scale (SRGS). They found that female participants scored higher on the SRGS and were positively related to stress and growth. Growth was more likely to occur if individuals believed that they had some control over their circumstances as a stressful event unfolded. Finally, the authors found a positive relationship between growth, social support, and religiosity (Parks et al., 1996).

When exploring the development of PTG in individuals who have been traumatized, Tedeschi and Calhoun (2004) found that

…it is important to maintain the perspective that major life crises typically engender unpleasant psychological reactions. Posttraumatic growth occurs concomitantly with the attempts to adapt to highly negative sets of circumstances that can engender high levels of psychological distress. For a minority of persons who experience them, major life crises can serve as the catalysts for the development or exacerbation of significant psychiatric difficulties. (p. 2)

Bereavement, cancer, and bone marrow transplants are examples of crises or traumatic events where individuals typically experience more PTG as a result of their experiences. The traumatic event must be perceived as significant enough for individuals to question their basic assumptions about the world for the potential for PTG to occur. And, a positive relationship was found between PTG and personality traits of openness and extraversion; whereas, no significant relationship was found between PTG and the personality trait of neuroticism (Tedeschi & Calhoun, 2004). Ongoing social support over time had a positive relationship with the development of PTG. Whereas, an inverse relationship was found between PTG and levels of distress (Tedeschi & Calhoun, 2004).
When PTG is the outcome of a traumatic event, individuals’ “a) personal strength,” b) “relationship to others,” c) “new possibilities,” d) “appreciation of life,” and e) “spiritual and existential change” exists (Tedeschi et al., 2018, p. 26-28). Personal strength is often seen as individuals thinking of themselves as survivors and related to others in society, which is characterized by individuals deciding to prioritize their relationships, particularly healthy ones. New possibilities are often seen as individuals making life changes, such as in their careers. Appreciation of life is characterized by an increased awareness of what is important in life, such as spending time with family and friends. Finally, spiritual and existential changes involve an individual’s views on interconnectedness in society and their culture (Tedeschi et al., 2018).

**Cultural and Social Interactions**

In the aftermath of a traumatic event or moral injury, culture is important when conceptualizing PTSD and PTG. Culture is “…any group of people who identify or associate with one another on the basis of some common purpose, need, or similarity of background” (Lee & Park, 2008, p. 5). Redmond et al. (2015) described culture as more nuanced than the commonality between individuals and that boundaries and social identity contribute to individuals’ culture. Culture “…affects the meaning we derive for our lives as a whole and how we see ourselves as human beings…” (Cook, 2015, p. 53). Culture is therefore inclusive of the beliefs, behaviors, identities, and boundaries of a social group based on a common need.

In a broad sense, Cook (2015) noted that culture can be categorized as either individualistic or collectivistic. In an individualistic culture, each individual is concerned with developing and nurturing personal strengths, autonomy, and self-actualization. “Personal excellence and individual development are paramount” (Cook, 2015, p. 54). Whereas, individuals in a collectivist culture “…are more likely…to actively consider others’ behaviors
and thoughts and underplay their own strengths…” (p. 54). Individuals in a collectivistic culture are more concerned with putting the interest of the group before their own interests.

**Military Culture**

An example of a culture rooted in collectivism is the U.S. military culture, which is based on a shared set of beliefs among their members involving “a hypermasculine cultural [group] norm that includes a high standard of self-discipline and control; a professional ethos of loyalty and self-sacrifice; an emphasis on group identity; and a strong warrior persona that is aggressive, dominant, and risk-taking” (Westwood et al., 2013, p. 276). In the military, the mission comes first (Pilisuk & Mahr, 2015; Prosek et al., 2018; Warchal et al., 2011). The mentality of the military members is exemplified in the United States Marine Corps (USMC), with their statement that “if the Marines wanted you to have a wife, they would have issued you one” (Warchal et al., 2011, p. 4). For military members, their cultural context crosses all modes of their communication; the written word and verbal/non-verbal language encapsulated in military specific jargon (Stebnicki, 2021).

**Similarities.** The military culture as a whole is nuanced in that across branches some similarities exist, such as the masculine norm, but also some distinct differences occur. Similarities across all military branches are the values of courage, commitment, loyalty, and integrity (Redmond et al., 2015; Westwood et al., 2013). Additional commonalities include a sense of morals and ethics are indoctrinated into military members beginning with basic training (Drescher et al., 2021; Farnsworth et al., 2014) and any deviation from the norm is not tolerated (Stebnicki, 2021). “When an individual enters the military and undergoes basic training, that experience intentionally strips away their civilian identity and creates a new social identity complete with moral values and beliefs” (Drescher & Farnsworth, 2021, p. 47). The average
military members are expected to serve for a minimum of four years, with variation depending on the branch in which members serve (Stebnicki, 2021). Carter and Watson (2018) noted that the typical military member believes that the “…mission [is] first and others-before-self [and that] duty, honor and country illustrate the standard of action expected of all warriors” (p. 159). Another similarity across military branches is that military members and their families are expected to abide by military law, traditions, and values (Redmond et al., 2015). Across all branches, the service member is expected to acculturate and conform regardless of the intersecting identities of an individual (Stebnicki, 2021). Redmond et al. (2015) described “cultural dynamics” that can shift as a result of wartime from a “…focus on training and maintenance…[to] courage, fear, [and] control…with collective, strong, and cohesive culture being important” (p. 14). Foregoing the telling of war stories with individuals outside of the military is another common aspect of military culture. War stories are often not discussed due to the sensitive nature of certain missions and the jargon is specific to war time experiences (Stebnicki, 2021).

**Differences.** Differences in the military culture are experienced via the intersecting identities, such as ethnicity and sexual orientation of individual members that constitute any given branch or unit (Redmond et al., 2015; Rozanova et al., 2015). Across the various military branches, differences exist in values, terms, and mission statements. The Army and the Coast Guard incorporate the value of respect; while the Army, Navy, Marine Corp, and Coast Guard incorporate the value of honor (Redmond et al., 2015). Each branch of the military has their own mission statement that defines the duties of each branch and constitutes what Redmond et al. (2015) described as a “sub-culture” of the military (p. 10). For example, the United States Marine Corp’s (USMC) mission is to be “…a force in readiness” for combat. Whereas, the Air
Force’s mission is to “fly, fight, and win…in air, space, and cyberspace” (Redmond et al., 2015, p. 11). Terminology differences include identification of various members, such as Soldier, Marines, Sailors, Airmen, and Coast Guardsmen. Not every military member is a Soldier (Stebnicki, 2021). The term Soldier is reserved for Army military members; whereas in the Marines, members are referred to as Marines, Navy members are referred to as Sailors, Air Force are referred to as Airmen, and Coast Guard as Coast Guardsmen (Redmond et al, 2015). Marines, unlike other branches of the military, tend to speak of their service in present tense even after having been separated from military service (Stebnicki, 2021). Further sub-grouping in the military involves the differences between “…guardsmen, reservists, military spouses, and wounded warriors” (Redmond et al., 2015, p. 10).

**Commitment and Responsibilities.** Indoctrination into the military cultural norms begins with basic training (Redmond et al, 2015) that includes what Farnsworth et al. (2014) described as “…a sense of moral identification with the military culture…” (p. 254). The moral center of military members is characterized as a commitment to placing the welfare of the group, or unit, above all else, particularly in combat. The cultural message is to do otherwise is to risk shame (Farnsworth et al., 2014). Basic training begins the process of acculturating new military members to the collectivistic norm. Indoctrination also includes knowledge of the hierarchal structure of the military. Military members are expected to follow the hierarchal structure in the chain of command that Redmond et al. (2015) argued is a necessary component of military culture, which has associated expectations, rules, and regulations based on the rank of military members.

The differences between military branches and the hierarchical nature of the military contribute to the culture and are influenced by members’ various jobs (military occupational
specialty; MOS) and responsibilities (Carter & Watson, 2018; Hall et al., 2018). The majority of jobs in the military have a civilian counterpart (Redmond et al., 2015), one such example is human resources. The experiences of a military member who works in human resources will undoubtedly be different than if that member worked in the same position in civilian society. Other military jobs, such as being a sniper during times of war has no civilian corollary position, but does serve to further the position of a member in the military culture.

Career military members see their responsibilities to military service different than non-career members. Career military members are those individuals whose full-time work and identity is invested with the military versus non-career members, such as guardsmen or reservists, whose duties with the military are secondary to a civilian job. Military career-oriented individuals are more likely to align themselves with the values and culture of the military branch in which they serve. Other members, such as reservists, are more likely to view their time in the military as secondary to more civilian oriented values and goals (Redmond et al., 2015). Also, military members’ reasons to enlist in the military are varied. For example, patriotism was particularly reflected in the increase in enlistment following the 9/11 attacks. Other reasons for enlistment are the potential for adventure (Redmond et al., 2015), income (Pilisuk & Mahr, 2015; Redmond et al., 2015), and desires to do something that would be perceived as “…heroic and noble” (Rozanova et al., 2015, p. 429).

**Deployment.** Responsibilities in the military culture significantly frame how an individual member handles the impact of multiple deployments. Deployments can result in negative impacts on members’ relationships with significant others as well as various family members (Jinkerson, 2016; Vincenzes, 2013). Because military members are indoctrinated that the military’s mission comes first, their families are seen as secondary (Stebnicki, 2021; Warchal
et al, 2011). During a deployment cycle, military spouses with an insecure attachment style tend to have the highest degree of difficulty as they feel abandoned by military spouses or they perceive that the military job is more important than the families are (Stebnicki, 2021). Thus, male combat veterans are 62% more likely to get a divorce. Other challenges that contribute to family distress include infidelity, childrearing, finances, and substance abuse. Military members who have seen combat are also more likely to engage in risk taking behaviors as they return from combat zones where they were more acclimated to higher amounts of adrenaline due to living and working in high stress environments (Warchal et al, 2011). Incidences of Military Sexual Trauma (MST) tends to increase during wartime and female combat veterans who develop symptoms of PTSD tend to develop the symptomology as a result of MST, rather than a result of their combat experiences (Pilisuk & Mahr, 2015).

**Counseling Military Members**

Overall, the need for mental health services have increased for the general population in the United States (US). Stebnicki (2021) elucidates that the modern world has many stressors (e.g. the threat of terrorism, the COVID-19 pandemic) that significantly effects the civilian population, but that also effects the military population. Consequently, the need for counselors who provide services to sub-populations within the US, such as military members has increased (Carter & Watson, 2018). However, mental health services are currently underutilized by military members who would benefit from receiving treatment (Rozanova et al., 2015).

**Counselor Preparation and Competencies**

The majority of civilian counselors are ill prepared to counsel military members and their families (Carter & Watson, 2018; Hall et al., 2018; Stebnicki, 2021). When counseling military members, counselors must be aware of the intersecting identity (e.g. racial/ethnic background,
sexual orientation, SES) of military members and their overall military culture. Redmond et al. (2015) stated that counselors’ understanding of military culture is vital to assist military members with their innate strengths, such as resilience, as well as the unique stressors, like moral injury in military life.

In 2018, the Military and Government Counseling Association (MGCA), a division of the American Counseling Association (ACA), developed Competencies for Counseling Military Populations (CCMP) to provide guidance in the clinical skills for civilian counselors. The CCMP is comprised of seven core components, one of which is focused on counselors’ knowledge of military members’ identity development that has been shaped by their military service, including the social, behavioral, and spiritual development. Second, the systems component is knowledge of circumstances unique to military families, such as deployment and resiliency demonstrated by members and their families. Next, the assessment component acknowledges common clinical issues related to the military population, including that “…moral injury is a prevalent concern among the broad range of symptoms that may manifest after traumatic exposure” (p. 85). Fourth, the treatment component focuses on best practices for clinical services and emphasizes a wellness approach. Fifth, the ethics component focuses on considerations for counselors working with military members and the advocacy component emphasizes collaboration and a willingness to advocate for both military members and their families. Sixth, is the advocacy component of the CCMP. Advocacy with the military population takes a wellness perspective that aims to reduce the stigma of receiving mental health services, in addition to advocating for increased access to care. The CCMP advocacy component also promotes “…maintain[ing] the inclusion of counselors as mental health providers for military populations” (Prosek et al., 2018, p. 85). Finally, the culture component of the CCMP outlines a number of points that incorporate ideas
ranging from professional counselors benefitting from knowing the cultural differences between the branches to recognizing the intersectionality of military members’ identity, such as through ethnicity and sexual orientation. Other cultural points from the CCMP include counselors understanding of the following: (a) military members’ experiences framed in a historical context (e.g., what war/generation they are a part of) and their current status (e.g., active duty, retired), (b) reasons individuals join and leave the military, and (c) influences that the military culture has on members’ personal as well as professional life (Prosek et al., 2018).

As with all clients, both civilian and military, the establishment of therapeutic rapport by counselors is vital to counseling military members. In order for civilian counselors to develop therapeutic rapport with military members, an understanding of the military culture is needed. For example, language is important when working with military members. According to Westwood et al. (2013), civilian counselors who use language derived from a strength-based perspective that is aligned with the culture of the military further benefitted the therapeutic relationship with military clients. Civilian counselors are more likely to be seen as understanding and open to the military perspective. Learning to use language either specific to the military or that exemplifies a strength-based perspective both honors military clients and the counseling value of meeting clients where they are at. The positive benefit of a direct therapeutic communication style is that transparency regarding the counseling process fosters trust (Hall et al., 2018).

According to Hall et al. (2018) civilian counselors can build rapport with military members through providing “…clear and positive messages…when receiving information concerning mental health” as that style of communication mimics established military style, such as being straightforward and direct (p. 457). An example of how civilian counselors should
communicate with military clients is by clearly acknowledging that civilian counselors are required to maintain confidentiality, within appropriate legal limits, and are not obligated to report military members’ progress in counseling to superiors in the same manner as military providers of mental health. In order for counselors to work with military members in a way that promotes both a positive relationship and an understanding of mental health services, counselors must consistently adopt a more direct style of communication. Stebnicki (2021) further argued that civilian counselors’ attending behaviors were a vital component of communication in order that military members do not feel pressured to disclose either sensitive material or too quickly.

Counselors also have a responsibility to provide a space to safely discuss difficult content for both civilian and military clients. Drescher and Farnsworth (2021) pointed out that a possible unintended consequence of the counseling profession’s emphasis on not imposing values onto clients in an attempt to provide a safe space is that the majority of counselors do not adequately address moral issues therapeutically. Stebnicki (2021) stated that when counselors are willing to broach topics such as morality with military clients, he has heard some of the most horrific stories imaginable from my active-duty and veteran clients. I felt that it was both a privilege and therapeutic opportunity after they disclosed the deepest, darkest level of their humanity. This point in therapy is always where posttraumatic growth and combat resiliency can be achieved. (p. 11)

The impact of counselors not broaching moral issues with military clients is that valuable therapeutic content is left largely unaddressed. However, counselors who are willing to engage military clients in discussions of morality broadens the potential for healing to occur with clients.

**Military Members’ Perspectives of Counseling**
An attitude present in the military culture is to stigmatize help-seeking behaviors, such as receiving counseling (Hall et al., 2018; Kim et al., 2011). The aspect of military culture most responsible for stigmatized beliefs surrounding help-seeking behaviors is grounded in the belief that masculinity and the ability to effectively manage one’s emotions are synonymous (Westwood et al., 2013). Rozanova et al. (2015) explored qualitative reasons why 46 male military members and veterans of OEF and OIF would not seek mental health treatment at a VA facility in the Northeast. The themes discovered ranged across the spectrum of experiences from members’ beliefs prior to joining the military to their life after serving in the military. Participants cited reasons for not wanting to pursue treatment that included not wanting to be seen as weak and fearing that receiving a psychiatric diagnosis would end their military service. Stebnicki (2021) stated that a diagnosis of PTSD is considered particularly problematic by military members who are concerned that a PTSD diagnosis would hinder their career (e.g. not be able to carry a firearm, impact security clearance).

However, civilian counselors should remember that not all military members are averse to receiving counseling. Westwood et al. (2013) stated that assessing resistance in counseling is important rather than assuming military members would not engage in counseling. Counselor bias towards the military culture should also be attended to with particular attention to their beliefs surrounding the expression of masculinity (Westwood et al., 2013). Civilian counselors may, through their own assumptions, inadvertently create an environment where military members do not engage in the counseling process. Stebnicki (2021) described how civilian providers, such as counselors, possess many negative cultural stereotypes regarding military members as well as positive cultural stereotypes. Positive cultural stereotypes include perceiving military members as courageous or resilient. Negative cultural stereotypes include perceiving
military members as violent and with low impulse control. Counselors’ beliefs, and what they project attitudinally and behaviorally can impact military members’ decisions to not seek counseling when they would have otherwise (Stebnicki, 2021).

**Summary**

In chapter II, a review of literature on Kohlberg’s Theory of Moral Development and other theories of moral development were described, including those that were critical of Kohlberg’s theory (e.g. Gilligan). Moral injury was discussed as well as PTSD and PTG. Moral injury is a newer construct with emerging definitions and models. As such, there is an upsurge of quantitative studies of moral injury, but continues to be limited in qualitative research. Counselors who provide services to military members stand to benefit from an understanding of constructs such as moral injury. The further addition of research that focuses on the lived experiences of military members serves to inform the clinical practice of military counseling. An overview of military culture was provided that included a description of military members commitment and expectations. Counselors need to have an understanding of military culture in order to provide informed care of military members who are trauma-exposed, have comorbid conditions, such as depression, and may have experienced a morally injurious event. Military members perception of counseling was discussed along with counselor preparation for working with military clients and a review of the Competencies for Counseling Military Populations (CCMP) as outlined by MGCA.
Chapter III
Methodology

Introduction

In this chapter, several components related to the methodology will be discussed. First, an introduction to the research is provided that includes a discussion of the purpose of the research and rationale for the research design, followed by the research question. The research design is described with attention to the qualitative nature of the research, specifically focusing on the use of the phenomenological approach. Also, the participants are described, along with recruitment procedures. Finally, data collection and analysis procedures are delineated including the instruments, method of analysis, and validation procedures.

Research Question

According to Creswell (2014), qualitative research questions generally have the goal of exploring a “…central phenomenon or concept…” (p. 139). The qualitative research question also has implications for research design in that the research questions informs both the conceptual framework and the overall research method (Maxwell, 2013). The purpose of my research is to understand the lived experiences of military members who were deployed to a combat zone during Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), specifically focusing on the moral implications of participants’ experiences. My research question is as follows: How do OIF and OEF military members make moral sense of what they have experienced during combat?

Research Design

In my research, I will utilize a qualitative design to understand the lived experiences of military members who have been deployed to a combat zone during the Gulf War (August 1990
to February 1991), OEF (October 2001 to December 2014), and OIF (March 2003 to December 2011) (Veterans Administration, 2021). Qualitative research is different from quantitative in that the research often has an “exploratory” quality (Leedy & Ormrod, 2010, p. 95). My role as the researcher was to help facilitate a conversation about combat veterans’ experiences in such a way that the data emerges from my analysis. Creswell (2014) identified three key components to qualitative research that focuses on, but are not limited to, the researcher as the primary instrument of data analysis, characterization by the participants’ experiences, and how their experiences impacted them. It is the participants’ interpretation of their combat experiences, the meaning that they derive and how they have been impacted by those combat experiences which will be addressed in my study.

Phenomenology is “a type of qualitative research with philosophical roots that emphasizes the study of lived experiences” (Lichtman, 2013, p. 324). A phenomenological approach is a good fit for my research as it will allow me to explore how the participants construct an understanding of their combat experiences within their own personal moral framework. A benefit of a phenomenological approach is that it attends to “…not only to the events being studied, but their political, historical, and sociocultural contexts” (Yin, 2011, p. 14). For example, combat veterans are impacted by the era in which they served (Prosek et al., 2018), similar to after the Vietnam era when veterans returning home were spat upon and called baby killers; whereas, their modern counterparts were positively received by the general community and seen as heroes. The cultural contexts help to define what a “…population believes and does as a people…that are maintained now and for future generations” (Cook, 2012, p. 53). The military has a culture unto its own with a distinct set of normative beliefs and behaviors. The war era and the prevailing attitudes towards a specific war shape the context in which military
members experience combat (Prosek et al., 2018). The lived experiences of the research participants will allow for a greater understanding of combat experiences in the military based on the perspectives and beliefs of each active-duty military member who has been deployed to combat zones during a more modern wars, specifically the Gulf War, OEF and OIF.

The focus of understanding a participant’s perspective as personal and subjective aligns with a phenomenological approach in that the goal of phenomenological research is to examine a specific life event, for example a potentially morally injurious event (PMIE), such as killing a child or woman. The goal of my research is to gain a greater understanding of how combat veterans of the Gulf War, OEF, and OIF understand their combat experiences from a more personal and subjective moral perspective. Prosek and Gibson (2021) state that “the power of qualitative research is that meaning and theories are derived from the individuals who lived the experiences” (p. 167). Qualitative research on moral injury, which is a newer construct in counseling, thus far is limited and has been primarily focused on military members who were deployed during OEF (2001 to 2014) and OIF (2003 to 2011). Currier et al. (2015) conducted a qualitative study on moral injury that consisted of 14 male combat veterans of OEF/OIF as participants who were recruited from a residential program treating PTSD. A semi-structured interview was conducted and supplemented by the use of the Moral Injury Questionnaire – Military Version and the PTSD Checklist – Civilian Version. The interviews were 45 minutes to 75 minutes long and consisted of 8 protocol questions. Four overarching themes with several sub-themes were identified after data analysis was completed. Bremault-Phillips et al. (2019) conducted a qualitative study exploring spirituality in moral injury. The approach taken by the authors was to conduct a review of 25 peer-reviewed journals published between 2000 and 2018 on moral injury and spirituality in military members. Two of the authors conducted a database
(e.g. PsycINFO, SocIndex, MEDLINE with EBSCO) search using keywords, such as “moral emotions” and “transgressive acts”. The authors used “concept charting” to identify themes. Any differences in opinion or finding were resolved by the authors through discussion. A total of five themes were identified after the completion of data analysis.

**Participants**

Participants for my research will be chosen based on criteria that both “…directly reflect(s) the purpose of the study…” (Merriam, 2009, p.78) and the shared characteristics of participants’ lived experiences (Lichtman, 2013). My research aims to explore how military members who were deployed during the Gulf War, OEF, and OIF morally reconcile their military combat experiences.

**Selection Criteria**

The number of participants suggested for phenomenological research varies. Some sources suggest having anywhere from 5 to 25 participants to gather the information needed for data analysis (Hays & Wood, 2011; Leedy & Ormrod, 2010). Other sources, such as Creswell (2014), said that phenomenological research is adequately served with 3 to 10 participants. Prosek and Gibson (2021) suggest that 15 participants are adequate for a phenomenological study. Lichtman (2013) argued that the literature on qualitative research does not adequately answer the question, how many participants? A potential answer to the number of participants is that “…the questions being asked, the data being gathered, the analysis in progress, [and] the resources you have to support the study” determines the number (Merriam, 2009, p. 80).

Although no concrete answer regarding the number of participants in qualitative research exists, a common agreement is that the number tends to be in a lower range. A second consideration for the number of participants is saturation of the data. Saturation occurs during data collection when
an emergence of new ideas no longer occurs based on the data gathered (Creswell, 2014). I had nine participants in order to gain insight into the moral dilemmas that Gulf War, OEF, and OIF military members experienced during deployment to combat settings. Ultimately the number of participants utilized in my research was determined by saturation of the data.

In order to obtain the data necessary for thick descriptions to occur during analysis, set criteria for participant recruitment are needed (Polkinghorne, 2005). Three criteria was used for participant selection in my research. First, participants will be military members, over the age of 18, who served during either the Gulf War, OEF or OIF conflict. Second, participants will have been deployed to a combat zone during the Gulf War, OEF, or OIF having a Military Occupational Specialty (MOS) consistent with combat deployment (e.g., infantry). Third, all participants either did not currently meet a DSM 5 diagnosis for PTSD or were considered to be in symptom remission (American Psychiatric Association, 2013). Excluding the PTSD diagnosis as the criteria for participation served to minimize any potential harmful effects to an individual from the interview process as the protocol questions may have had the potential to trigger an individual’s psychological crisis. The exclusion of a PTSD diagnosis as a participant criterion is appropriate as the focus of my research is the moral nature of the combat experience rather than the more psychopathological impact that some military members experience as a result of war.

**Participant Selection**

Purposeful sampling was well suited to qualitative research as it allows for participant selection that is “…relevant to your questions and goals…” and cannot be produced from other methods (Maxwell, 2013, p. 97). Less than one-third of military members identify as a member of a minority ethnic group with an active-duty force of 85.5% male (Redmond et al., 2015). Specific to OEF/OIF, approximately 14% of military members who are combat deployed are
female (Street et al., 2009). I attempted to recruit both male and female military members from a
diverse ethnic background in an endeavor to reflect the demographic make-up of the military.

The demographics of the participants are illustrated in table one.

Table 1

**Participant Demographic Information**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Branch</th>
<th>Enlistment Age</th>
<th>Current Age</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>MOS</th>
<th>Deployments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>Air Force</td>
<td>18</td>
<td>30s</td>
<td>Caucasian</td>
<td>Male</td>
<td>Intelligence Analyst</td>
<td>1</td>
</tr>
<tr>
<td>Ben</td>
<td>Army National Guard</td>
<td>18</td>
<td>50s</td>
<td>Caucasian</td>
<td>Male</td>
<td>Explosives</td>
<td>2</td>
</tr>
<tr>
<td>Chris</td>
<td>Army</td>
<td>17</td>
<td>40s</td>
<td>African American</td>
<td>Male</td>
<td>Information Technology</td>
<td>2</td>
</tr>
<tr>
<td>Dave</td>
<td>Marine</td>
<td>17</td>
<td>30s</td>
<td>Caucasian</td>
<td>Male</td>
<td>Machine Gunner</td>
<td>1</td>
</tr>
<tr>
<td>Erin</td>
<td>Army</td>
<td>19</td>
<td>30s</td>
<td>Caucasian Hispanic</td>
<td>Female</td>
<td>Military Police</td>
<td>1</td>
</tr>
<tr>
<td>Felix</td>
<td>Army</td>
<td>18</td>
<td>40s</td>
<td>Caucasian</td>
<td>Male</td>
<td>Green Beret Special Ops</td>
<td>7</td>
</tr>
<tr>
<td>Gabe</td>
<td>Army</td>
<td>18</td>
<td>30s</td>
<td>Caucasian</td>
<td>Male</td>
<td>Infantry Officer</td>
<td>3</td>
</tr>
<tr>
<td>Henry</td>
<td>Army</td>
<td>20</td>
<td>30s</td>
<td>Caucasian</td>
<td>Male</td>
<td>Combat Medic</td>
<td>5</td>
</tr>
</tbody>
</table>

I used snowball sampling by asking initial participants if they would identify individuals who may be willing to participate. Snowball sampling, a type of purposeful sampling, was utilized due to research participants needing to meet the four identified participant criteria for my research. Involving the initial participants in recruitment is consistent with what Merriam (2009) described as a component of snowball sampling. Participants were recruited through several sources; professional contacts in the mental health community who work with military members and by sending an email with a call for participants to members of the Military and Government
Counseling Association, which is a national professional organization and division of the American Counseling Association (ACA). I emailed my professional contacts in the mental health community and asked respondents to identify individuals who were suitable for my research and to whom my contact information was disseminated (see Appendix A). Two of the nine participants were recruited directly through contacts in the mental health community. Seven of the nine participants were recruited via MGCA.

**Data Collection Methods**

**Informed Consent and Demographic Questionnaire**

Participants were provided an informed consent as part of the recruitment process. The informed consent outlined the research contact names and information if participants had any questions, along with the voluntary nature of participating in my research. Also, included was a statement that participants may withdraw at any time during my research, with no penalty and that confidentiality regarding research data would be maintained by leaving out any identifying participant information, such as a participant’s name. Further included in the letter of informed consent was that mental health resources were available to a participant if needed. I reviewed informed consent verbally with each participant and included the limits of confidentiality, such as a participant expressing suicidal ideation with intent (see Appendix A).

Participants were asked to complete demographic information through the use of a questionnaire. The Demographic Questionnaire was provided by email. Participants who did not complete the Demographic Questionnaire prior to the first interview were given time to answer the questionnaire at the beginning of the first interview. The questionnaire included the following demographic questions about the participants: a) member’s military branch, b) enlistment age, c) current age, d) gender, e) racial identity, f) ethnic identity, g) active duty status and length of time...
on active duty, h) number of deployments to a combat zone and length of time between deployments, if multiple deployments, i) military job (i.e., military occupational specialty; MOS), j) marital status and number of marriages, k) number of children, l) religious affiliation, if any and attendance at religious services, and m) spiritual identity (see Appendix B).

Participants were asked to agree to two separate interviews. Participants met for the two interviews using a Health Insurance Portability and Accountability Act (HIPAA) compliant Zoom account. I used the Zoom transcription log as transcripts for the data analysis.

**Semi-structured Interview**

I used a semi-structured interview format. The benefit of using a semi-structured interview format is that the questions allow participants to respond with additional information by offering flexibility, yet also allowing a natural flow to occur with the questions and the participant responses (Merriam, 2009). Also, I used protocol questions as a part of the interview (see Appendix C). A specific interview style that is complimentary to the semi-structured interview is the river and channel approach that allows for “…obtaining breadth, to ensure that each subtopic is covered” (Rubin & Rubin, 2012, p. 124). An example of a river and channel type protocol question is to ask, *you mention that your family thinks that you’re more withdrawn since returning from your last deployment, what do you think of their comments?* The use of a river and channel approach allowed me to pursue lines of thought that would not have occurred to me in the absence of a participant’s responses to the protocol questions and direct feedback. My interaction with participants and hearing their responses to a protocol question naturally resulted in further questions, whether for clarification or more information.

I focused on rapport building with each participant by asking participants at the beginning of each interview their comfort level when talking about their combat experiences and
inquired again at the end of the interview about their comfort level after having discussed their combat experiences. The first interview was approximately one hour where I provided a description of my research and focused on rapport building. Additionally, participants were asked about their decision to join the military, their role in the military, and their formation of right and wrong. Participants were asked to bring personal photos or items relevant to the time period in which they were deployed for the second interview.

The second interview focused more on participants’ combat experiences and lasted approximately one hour. These items included, but were not limited to, a shadow box including a photo of the participant in military dress uniform and discharge paperwork. Questions were open-ended and broad due to both the sensitive nature of the topic and to minimize influence on a participant’s memory of that time by avoiding the use of potentially leading questions. According to Cozolino (2017), “memory is…distorted by a drive to achieve explanatory coherence in what we are trying to remember” (p. 91) and can be inadvertently influenced by others. As the use of the personal items was to ground participants, the potential for my influence on a participant’s narrative account needed to be minimized. The goal of asking participants open-ended questions about the photos was to facilitate a personal and meaningful interview description. Examples of open-ended questions that I used were “while you were deployed, if you saw something that you disagreed with, how did you handle it?” “How has your cultural background, including military culture, shaped your experiences while deployed?”, “while you were deployed, if you saw something that you disagreed with, how did you handle it?“. Hays and Wood (2011) said that qualitative research that is phenomenological in nature works well in the counseling field as the use of probing, open-ended questions are complimentary to the counseling process. Also, phenomenological research tends to use interviews as the primary
mode of data collection. They were also asked to reflect on whether or not they experienced a self-perceived change in who they are as a result of the experiences they’ve had while deployed. As a way of concluding the interviews, the participants were asked to reflect on the entirety of the two interviews and share what came to mind.

Each interview was video recorded and transcribed via a HIPAA compliant Zoom. Immediately after the completion of each interview, my thoughts and observer comments were written in a journal that included descriptions of the participants’ openness, mood, affect, and behavior during the interviews. I also notated my thoughts and feelings immediately after interviewing the participants which allowed for richer journaling later as I reflected on my experience of the participants and the interview process. In addition, any thoughts or feelings that I had as a result of each interview were notated and further explored in my reflexive journaling.

Reflexivity is a means of maintaining the credibility of qualitative research. The beliefs, values, and attitudes of a researcher need to be accounted for in order for the reader of such research to understand what may have influenced the researcher’s interpretation of the data (Creswell, 2014; Merriam, 2009) and to acknowledge potential influence by the research to participant responses (Maxwell, 2013).

Data Analysis

Qualitative data analysis was accomplished concurrently with the data collection process that for the purpose of my research was encompassed by conducting individual interviews, which will be aided through the use of photos, personal items, and transcription of participant interviews. I used Creswell’s seven step data analysis technique that included open coding and emotion coding. The seven step technique includes obtaining the “raw data, organizing and preparing data for analysis, reading through all the data, coding the data, identifying specific
themes or descriptions that have emerged, interrelating themes/descriptions, [and] interpreting the meaning of themes/descriptions” (Creswell, 2014, p. 197).

Participant interviews and my journal and observer comments constituted the raw data. My journal included my thoughts or feelings, reflections and biases that arose during the interviews. My observer comments included a description of the environment, e.g. the virtual background of the participant, the participant’s affect and behavior, and my reactions during each interview. I downloaded the transcripts from the HIPAA compliant Zoom and read through all transcriptions checking for typographical errors and content.

First, data analysis occurred in the form of two different types of coding: open and emotion. Open coding of the transcripts allowed for certain common words, phrases, or ideas to be chunked together. An example of an open code can include any component of the interview itself, such as a quote from the participant or the researcher’s reflection of the content of the interview (Merriam, 2009). Miles et al. (2014) described emotion coding as providing “…insight into…perspectives, worldviews and life conditions” (p. 75). An example of an emotion code includes identifying common emotional reactions, such as feelings of anger or disappointment, across participant interviews. In addition, “emotion coding is particularly appropriate for studies that explore intrapersonal and interpersonal participant experiences and actions” (Miles et al., 2014, p. 75) such as those experienced by military members who have been deployed to combat zones. The chunked words, phrases, and ideas that are part of the initial coding process will become the units of meaning (Merriam, 2009). Both open and emotion coding allowed for the thick descriptions necessary to explore participants’ combat experiences.

The process of coding involved chunking to identify units of meaning, then categories, and finally themes. Coding began with units of meaning being extrapolated from the transcripts.
Based on the open and emotion coding, units of meaning were derived from each transcript and handwritten into the margins of the transcription (Merriam, 2009). Common individual units of meaning in a transcript were then further chunked together to determine a category as was adjunctive to the process of open coding (Merriam, 2009). The process of identifying units of meaning then chunking and organizing them into categories occurred with each transcribed interview. I then hand wrote each individual category onto a sticky note that was adhered to a large poster board. Next, the categories were further reduced down to themes that encompassed the larger ideas found in multiple related categories. Van Manen (2015) described themes from a multi-faceted perspective in that themes are meaningful and capture the essence of lived experiences. Themes aim “to make sense” of what participants have experienced (van Manen, 2015, p. 88).

Qualitative research has been an iterative process in that transcripts were reviewed numerous times as participant interviews were completed in order to check for emerging units of meaning, categories, and themes. Once no new units of meaning, categories, or themes emerge then saturation were reached data collection was completed. Data analysis was completed after all themes were identified and interpretation had occurred. Creswell (2014) identified that qualitative research, unlike quantitative, does not occur in a linear fashion. Data analysis occurred in the interaction of data collection, data condensation, data display, and drawing a conclusion from the data. Data condensation refers to the coding process while data display refers to the method of organizing the data. Finally, the conclusions (e.g. categories) drawn from the data lead to the themes of the research (Miles et al., 2014). I began the process of reading transcripts and coding for units of meaning and categories before all interviews were completed. Application of the units of meanings and categories written on post-it notes and adhered to a poster board
occurred concurrent to data collection. Themes were derived once all interviews were completed and all transcripts were read so that units of meaning and categories were elicited from each transcript.

Creswell (2014) stated that interpretation is one of the last steps in data analysis that also allows for ideas derived from the themes to be connected to “the literature or theories” (p. 200). Interpretation, having occurred through themes connected to both theory and literature (Creswell, 2014), makes for an important component of data analysis when compared to the use of descriptions alone (van Manen, 2015). Descriptions alone have often failed at illustrating the participants sense of meaning making that has been central to phenomenological inquiry (van Manen, 2015). Creswell (2014) suggests that connecting the themes, once data analysis has been completed, to the literature serves several purposes, including supporting or disputing previous research as well as eliciting considerations for future research. The goal of data analysis is to answer the research question (Merriam, 2009) where the “lessons” of the research are learned by comparing the themes to the literature (Creswell, 2014, p. 200). After the data analysis has reached saturation, the themes will be used to compare to the literature on moral injury. Moral injury is a construct that encompasses cognitive dissonance, spiritual and existential questioning in the context of military member’s behavior and the behavior of fellow military members and military leaders (Jinkerson, 2016) and which may account for much of what is experienced by military members who are deployed to combat zones, such as those in the Gulf War and OEF/OIF conflicts (Drescher et al., 2011). Moral injury has implications for how military members make sense of their wartime experiences.

Validation Procedures
The trustworthiness of research can be accomplished through several different methods described in the research literature. I used member checking, peer debriefing, and external auditing, which are methods of establishing validity or trustworthiness of the procedures used in research (Merriam, 2011). Member checking is accomplished through the researcher asking for feedback and clarification on the descriptions of the lived experiences provided by participants. I gave the participants the option to review their transcripts so that they could edit the information from their interviews, either by adding or clarifying information. Participants were given a PDF file of their transcript via email that couldn’t be altered. For those participants interested in receiving their transcript via email, I obtained consent via email and the participant’s email addresses via the demographic questionnaire (Appendix B). Participants who chose to provide additional or corrective comments to me did so by email. Participants were offered the chance to meet again to provide feedback on their transcripts, but none chose to do so.

Peer debriefing, by contrast, is provided by a peer to the researcher and who has no personal investment in the research. The role of the peer debriefer is varied, including being the person who challenges the researcher’s thinking and provides emotional support (Lincoln & Guba, 1985). For the purposes of my research, the peer debriefer was a fellow LPC who has an extensive history in providing clinical services to military members and their families. Using my reflexive journal as a guide to our conversations, my peer debriefer was given the opportunity to provide an outside perspective on my thoughts, feelings, and experiences. During the data collection phase, I discussed reflections I had with my peer debriefer. A third validation method that I utilized was an external auditor. The role of the external auditor is to focus on the research process itself (Creswell, 2014). The external auditor examines multiple facets of the research, such as the “…accuracy of transcription [and] the relationship between the research question and
the data” (Creswell, 2014, p. 203). My external auditor was a colleague who has a PhD in counselor education and supervision and has experience in conducting qualitative research. My peer debriefer and external auditor signed a confidentiality agreement (see Appendix D). Finally, the use of thick descriptions allowed me to further validate the participants’ lived combat experiences to appreciate the breadth of their experiences. Thick descriptions further contribute to the trustworthiness of the research (Merriam, 2011) by providing enough information that the transferability of the research might be ascertained by others (Miles et al., 2014). In qualitative research, transferability is ultimately determined by the reader of the research. Merriam (2011) argues that transferability applies to qualitative research in that “…every situation is theoretically an example of something else” (p. 225).

Role of the Researcher

The role of a qualitative researcher is varied, including acting as the primary instrument of analysis that necessitates identifying researchers’ “…biases, values, and personal background…that shape their interpretations formed during a study” (Creswell, 2014, p. 187). Because the researcher plays such a central role in data analysis, awareness of the researcher’s beliefs, biases, and emotional responses to participants is important to know. Lincoln and Guba (1985) described researchers’ “personal distortions” as when they bring their own sets of beliefs and biases that need to be accounted for in order to have trustworthy research (p. 302).

I have not served in the military, but grew up often hearing about my paternal grandfather serving in the Army and that he was a veteran of World War II (WW II). During that same time in my development, my family and I would regularly return to my father’s hometown in North Carolina where we would visit with a variety of people, including a longtime family friend whose son was a prisoner of war (POW) who was killed during the Vietnam War. Even as a child
the family’s story was deeply impactful to me. Also, I have had extended family members and friends who were in the military representing primarily the U.S. Marine Corp, the U.S. Army, and the U.S. Air Force. My volunteer work has been as a facilitator to the Armed Forces for the American Red Cross where I co-facilitated non-clinical groups on topics such as stress management and communication skills with military members and their families. I was also the 2021-2022 Division President of the Louisiana Military and Government Counseling Association (LMGCA). My primary role as the 2021-2022 president was to represent LMGCA as a division within the greater Louisiana Counseling Association (LCA) while promoting the division’s mission. The primary mission of LMGCA as outlined in the division’s by-laws “…is to encourage and deliver meaningful guidance, counseling, and educational programs to all professionals in the counseling field who have direct or indirect involvement with our Military, Veterans, and their families…” (Louisiana Military and Government Counseling Association, 2020, p. 1). I have accomplished part of this mission by inviting speakers to present at the 2022 LCA Conference on topics pertinent to providing clinical services to military members.

My professional connection to the military has been as a Licensed Professional Counselor (LPC) where I have seen both active-duty military members and veterans primarily in a psychiatric setting, to a lesser extent in my private practice, and while working for an agency that held a contract with the Federal Bureau of Prisons (BOP). My experience as an LPC working with military members was often situated around treating mood disorders, such as depression and anxiety, as well as PTSD and addiction. When group counseling was a component of treatment, it was not uncommon for military members to express that at times they felt misunderstood by their civilian counterparts in group. For the military members that I provided counseling services whose PTSD diagnosis was directly correlated to combat exposure, my experience of those
clients was that they tended to be more withdrawn, quietly angry, and concerned with how either I or their civilian counterparts might perceive them. I recognize that because of my clinical work one of my potential biases involves assuming that military members would interpret their military experiences as trauma as that has been a part of my clinical experience, even though these military members may not think of their experiences as traumatic. I also have possible biases rooted in not having served in the military and that the majority of the Veterans who have been part of my personal life have not seen combat. One exception is my paternal grandfather who saw combat in WW II, but never spoke to me directly about his experiences. Another exception is a colleague with whom I have had some personal conversations about their time deployed to a combat zone during the Gulf War. Also, in general, when I think of military members; I tend to think they are honorable, strong, self-sacrificing, and inclined towards a more rigid mind-set.

According to Merriam (2009), transparency in research can, in part, be accomplished through maintaining a journal over the course of the research where researchers document their thoughts and feelings that arise as a result of the research. I kept such a journal so that I could reflect on the thoughts, feelings and biases that arose as a result of interviewing the participants and transcribing the interviews in my research.

Conclusion

In Chapter III, I the methodological approach to my research was described. The research topic was introduced as well as a discussion of the rationale for a phenomenological research design. A broad research question was provided as well as the criteria for the participants. Recruitment procedures were included as well as the method of analysis and validation procedures.
Chapter IV

Introduction

Chapter IV includes the data analysis and the findings pertaining to the research question along with a conclusion. The purpose of this study was to explore from a moral injury framework how active-duty military members or veterans of the Gulf War, Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) experience combat and the impact that moral injury has on military members and veterans. While as of yet there is no definitive model or definition for moral injury the common understanding of moral injury is that it is an emotional, biological, cognitive, and spiritual wounding that occurs in the context of having witnessed or participated in an event that goes against one’s deeply held beliefs (Currier et al., 2023).

Findings

The results of my study revealed four themes, which were further expanded into subthemes.

**Theme 1: Right and wrong isn’t a rigid concept, but is often experience and context driven.**

Morality and moral decision making are shaped by multiple sources. Furthermore, moral decision making for military members deployed to a combat zone is complicated by the context of military culture and by the culture of the locals where they are deployed. Cultural context, when combined with sources for moral development such as family, religious beliefs, and community experiences make decision making while deployed complex.

Participants described multiple means of developing their moral belief system, including parental belief systems and religious beliefs. What was consistent across participants was the role of personal experiences prior to joining the military.
Moral beliefs transcend what parents believe and model behaviorally for the individual. Ben and Chris not only focus on interpersonal relationships, but also believe that knowing the difference between right and wrong is an inherent trait in people. Other participants, such as Alex, Dave, and Felix expanded their ideas of who or what held influence in molding their moral beliefs. Societal, cultural, and historical influences played a role in moral development as well as experiences between individuals. Ben stated

I think it’s multifactorial. You know, I grew up in a Catholic family, went to Catholic school early on, so, I had the traditional Catholicism kind of a moral compass. Parents as well. And then growing up as a kid, trial, and error you kind of figure out when you step into it and when you don’t. And so, I think all those experiences guided me [about] what’s wrong and what’s right. And I’ve always had a built-in disposition personality wise to help first.

This description clearly identifies how religious beliefs, parental beliefs, experience, and innate traits shape their moral beliefs. Chris had a similar viewpoint regarding the innateness of knowing right from wrong combined with parental influence as a source of moral beliefs. He stated

I think innately we kind of know what’s good, what’s bad, what’s right, what’s wrong. But my parents had a lot to do with what’s important, what’s not important and it just kind of trickled down to me. I just said, hey, that’s the kind of life that I want to live because I see where they’re at and that’s the path to follow.

Chris’ description highlights the idea that innate traits as well as parental influence play an important role in the formation of moral beliefs. It was experiences that combined with the moral
foundation provided by his parents and that informed Felix’s beliefs surrounding what is right or wrong. He stated that what resulted was

…a clear philosophy from, you know, a relatively young age…my take on making moral decisions…approaching it from what’s beneficial, in my opinion, to society. What’s beneficial to the institutions I believe in. What’s important to some of the people I work with, and my friends, and finally, myself and my family. Really just kind of evaluating everything. It’s kind of an intersection of all of those if that makes sense. I think some of it too is the people I looked up to and historical figures I looked up to, like [Duke] Wellington [who won the Battle of Waterloo].

This description expands the idea that parental influence plays a role in the formation of moral beliefs by adding that other family members and friends play a role in the shaping of moral beliefs as well as outside sources, such as historical figures. Moral decision making and behavior can also be influenced by concerns for how others are impacted by the individual’s behavior. The development of moral beliefs has a comparative process, such as what Dave stated

Obviously, my dad and then, you know, my other family and then my friends, just my peers, my peers in the local community. They showed me what was right or wrong…and then also seeing what others were doing that weren’t right and being able to compare…and just have that understanding.

By contrast, this description demonstrated that not only could other individuals, such as family and friends, model moral behavior, but that other individuals could also be a source for understanding what behavior would not be considered desirable or moral. Alex stated
I would say probably television, my parents, you know, and a little bit of, like I’d imagine some religion off and on. My parents weren’t big church people…We’d go for the major Christian holidays; Easter, Christmas…the Golden Rule was taught, but I remember as a child watching like, Ghostbusters, Transformers, Ninja Turtles. So, I feel like that had a good impact on my morality. I mean, like, self-sacrifice, service…and public service.

Alex’s description serves to highlight how popular media can also inform moral beliefs. He also acknowledges that concepts surrounding right and wrong are more, as he states, “nuanced”. The idea of right and wrong as more nuanced aligns with the description that Gabe provides. He stated that

my parents instilled in me what was right or wrong…don’t lie and be honest…there are rules and then there are rules that get you arrested and it’s important to know the difference. There’s a time and place for instilling rules, but not always for following them.

Gabe identified that he did not become religious until he was older and already in the military and that he found religious beliefs to be too rigid about right or wrong. Gabe also shared that part of learning right from wrong was from what he called “transactional learning”; that it was an experience-based process involving other individuals.

Henry stated that his sense of right and wrong came from “…family values growing up that were instilled in my brother and I. Basically try to help others depending on the situation and ability or looking out for others that needed help. Helping out community, family, and friends”.

Unlike other participants Henry emphasized family as the source of his moral beliefs. Similarly, Erin identified that her sense of right and wrong was developed in childhood, but that it was also shaped by interacting with her community. She states that
Growing up it’s very much do the wrong thing and get in trouble. Do the right thing and, you know, you get good things…so, like [at] 11 years old, I started to be frustrated with what was supposed to be right and wrong and finding that there’s a line…like, what’s legal and what’s moral are not always the same. You know, it is about, for me, the altruism…[but] you can’t always protect people from harm. You know, you have to make decisions sometimes about you or them.

Uniquely, this description includes the distinction between moral beliefs and legality. Concepts of right and wrong are complex when the individual recognizes that moral decision making isn’t solely bound by rules and that the individual impact needs to be considered.

**Behavioral outcomes of moral decision making.** Moral beliefs include a behavioral component where the individual attempts to behave in a way that is consistent with their moral beliefs. Dave described that sometimes it meant acting when something wrong happened, but it depended on the circumstance. He stated

> It would all depend on the situation and what was being done…if it was, like, an extreme situation where if I knew I would be putting myself [at risk] of extreme harm…then I would, you know, get the authorities involved. But if it was something that I knew I wouldn’t be, I don’t want to say risk my life, but I would help out if I could…[there] were maybe acquaintances or whatever who started doing bad things like committing crimes or doing drugs. Stuff like that…I don’t want to be associated with this type of behavior and [would] cut them loose.

Dave’s description illustrates how there are also limits to doing what is right, particularly when there is the potential for threat to life. Felix had a similar experience where he described a
situation when he was a teenager and helped out another teenager who was in trouble even though it meant standing up to a friend. He stated

When I was 17, I picked up a 15-year-old girl who was wandering down the highway and I was driving around with my friends in my own car…she had run away from home [and] I was like, ok, you want to hang with us? My grandfather had died by then, but he had a big house. So I used to sneak into the house and stay there on the weekends…So, we were drinking, we had alcohol there and my friend decided when she got pretty drunk that he was going to have his way with her…I just told him, hey, enough, she’s going to sleep in my room tonight by herself and that’s the end of it. So, he started threatening me and things got physical and we ended up having a pretty, pretty hard fight. I came out on top and he left. I drove her back…and she stayed with me for a couple of days [with] my parents.

Felix’s description further underscores the limitations of doing what is right and that under certain circumstances, doing what is right can include justifiable physical conflict in order to protect another individual. Interpersonal conflict is a potential outcome for individuals whose moral beliefs lead to the decision to address either the behavior or the beliefs of other individuals that are perceived as wrong. Alex identified that during his mid-teens he was faced with a situation where he felt compelled to speak up. He stated

I had an argument with my father…This is after my parents divorced. We got in a verbal argument about going to church. I hadn’t gone, in like, years, but he wanted everyone to go for Easter. I told him it was hypocritical for us to just go on the holidays…So, he told me to grow up and I thought that was very demeaning and insulting.
Moral decision-making and the beliefs that inform that process are complex. Family, friends, culture, religious beliefs, and historical figures all play a role in the identification of what is right and what is wrong. How the individual acts in response to those beliefs is context driven.

**Decision-making while on deployment is complex.**

Military culture and the culture of the locals need to play a role in the decision-making process. There are some individuals, such as Dave, who acknowledge that although decisions made while deployed are difficult, he also believes that it’s not his place to question the decisions of the commander-in-chief. He states that “I believe in honoring the office of the presidency”. For most of the other participants, decision making while deployed was about more than following orders, particularly when in combat. Decision-making included considering how other members of the unit might be affected by their choices.

Ben believes that “a well-adjusted human [will] not want to take the life of another human”. He shared that in some situations a decision had to be made fast because failure to do so may result in the loss of the service member’s life or a member of the unit. Ben stated

I think when you’re forward deployed...in combat and you’re fighting enemy combatants you really don’t know their age or gender, so you’re put into a no-win situation where if you have to take a life it can go against everything you’ve ever grown up, knowing right from wrong. In other words, don’t kill, don’t kill a kid, don’t kill a female, don’t kill a pregnant female. So, but yet, you’re in a situation where it’s a heads or tails game...you have to make a decision. Do you hesitate and go home in a coffin, possibly? Or do you take a life and move on?

Ben’s description illustrates how in a moment the military member has to make the decision whether or not to kill someone, and there isn’t time to consider if that individual is actually an
enemy combatant or if it is a child or a woman. Hesitating might cost that service member their life, which is juxtaposed with the belief that an individual shouldn’t kill another human being.

Rules of engagement, which include the Uniform Code of Military Justice (UCMJ), dictate from a military standpoint what is considered acceptable behavior during wartime given the context of a specific conflict or war. Chris described that the UCMJ identified when the discharge of a firearm was considered authorized and that there were disciplinary actions taken on those who violated the UCMJ. Chris gave an example of where he was faced with having to make the decision to abide by the UCMJ or to break it. He stated

My gunner had…trained his 50 cal. on this vehicle and so we had the loudspeaker, we gave the command to stop in English and Arabic and the vehicle kept coming. He said, Sarge, should I fire a warning shot? Well, the thing about warning shots, they were illegal and so we couldn’t do that, which I forget why warning shots were illegal, but I told him, I said no. They said we can’t fire a warning shot, we’ll definitely be in trouble then. And so, the vehicle kept approaching, kept approaching. He said, Sarge, what should I do? Should I fire one shot? And I said no, don’t fire a shot. If they fire a shot at you, then I’m authorizing you to shoot. Well, anyway, the car finally stopped and it turned around…but, you know, God forbid if somebody in the car would have opened fire on the gunner and the guy died, you know, it would have made me feel a certain kind of way cause I told him not to shoot.

There is a dilemma between following official rules, such as the UCMJ, and deciding to act against those rules to protect the life of fellow unit members, as well as the possible emotional and psychological consequence of that decision.
Felix talked about how mistakes were made when he was deployed, but that intention played a role in how he perceived what happened and whether or not, as he states, “negligence” occurred. He provides an example of one such situation stating

On one objective there was this guy, this Afghanistan, crawling in the grass. So, a couple of guys thought he was a squirter, so they thought he was the enemy potentially…they called out to him and warned him, like, hey, get out of the grass. We couldn’t see him clearly because it was nighttime. He wouldn’t come out and so one of the guys ended up engaged and killed him. So, it turned out to be a drug addict who just happened to have fallen asleep in some ditch and that’s an example of where personally, I was ok with that. I mean, yeah, an innocent was killed, but, you know, he had a lot of opportunities; there’s helicopters, there’s guys all over the place. He was putting everyone in danger…If he had had a weapon, he would have shot a couple of us. So, I felt comfortable with the way that went.

There is a dichotomy to being in the position to take a life, not knowing if it’s an innocent or not. There’s a sense of obligation to the unit and also knowing that killing someone can affect one’s self-concept. Felix also states that

if it comes to it, I’d rather be dead than take an innocent life…at the end of the day it’s more important for me, you know, to be able to look at my son and myself in the mirror as an old man than to be alive, you know?

This description highlighted a contradictory experience that when faced with killing another person there can be a desire to live a long life and also a desire to not face a reality where a potential innocent was killed. That contradiction can be resolved by what Greg described as
“gray” thinking, which is something that while on deployment he realized was necessary to the
decision-making process as well as being more focused on personal impact to others. He stated

There are times where very official regulations or laws are broken, but to absolutely no
detriment to anyone. And there were times where regulations or laws were broken
because if they weren’t, lives could be lost…So, it’s not as important to breach a control
limit, but more important to simply know where it is and what the repercussions are.

There’s a cost benefit and that’s it.

Rigid adherence to the rules doesn’t consider the complexities of any given situation. Moral
decision making needs to include a willingness to break the rules, when necessary, if the
outcome of that decision has the potential to benefit the greater good, such as preserving lives.

Greg also acknowledged that there were times when he leaned on more spiritual beliefs to guide
him through the decision-making process. He stated that “there was logical decision-making and
then there’s what I was maybe spiritually led to do”. This description further reinforces the idea
that some moral decisions involve more than following rules. Moral decision making can also
involve deeply personal spiritual beliefs. Whether or not to follow established rules, such as the
UCMJ, and the ability to think critically all underscore the complex nature of the moral decision-
making process.

Military cultural context. Participants had a variety of opinions regarding the role of
military culture, although it was uniformly agreed to be a significant component of their time in
the military, particularly giving them a sense of connectedness and cohesion. Military culture
also provided the framework for accomplishing the mission. The military occupational specialty
(MOS) of the service member also played a role in how military culture was experienced.

Individuals, such as Felix, highlighted that “especially in special forces, [it] was very warrior
culture”. Felix states that when “you’re a warrior and you know something happens or fights are coming that you engage, push forward and you engage, and you do what you’re supposed to do”. Warrior mentality involves a willingness and readiness to fight regardless of the outcome. While the term warrior is typically applied broadly to military members, the individual’s identification with the term differs between members. How connected an individual military member feels to their service also differs between members.

Alex stated that “I feel like my military background kind of came first”. However, he also noted that individuals seemed to be treated differently because of the rank that they held and which branch of service to which they belonged. Alex stated that

…there’s a little service rivalry to a degree…just the mentality of how we do different things and so, that aspect definitely came into play just even dealing with each other when it came to rank structures. [For example] the second forward operating base we went to, like, they were very focused on our ranks and where they were going to put us to sleep.

Service rivalry between branches is common among military members and is even experienced when deployed to a combat zone. Overall, most individuals’ experience was that the needs of the unit as a whole and its individual members were important. Erin stated that “we do this together; we have each other’s back for the most part”. Henry stated that “the subculture of the military…in the unit [was] to kind of help get everyone through everything”. Sometimes that help means that the unit acts in a way that, as Ben describes, involves being “…willing to sacrifice everything and lay it on the line to make sure you all get home in one piece”. Greg identified that as an infantry officer he began to recognize that sometimes the rules need to be broken in order to save lives.
Felix made a career being in the military, specifically in special forces and was, as he states, “...almost always in a leadership position” which impacted his experience of being in the military and how he made decisions. Felix stated that

I was promoted fairly quickly, so I was an E7 by the time I had nine years in. So, when I started actually going on combat deployments, I was already a senior NCO. I always had people underneath me and a lot of times I had very multifunctional teams that were cobbled together from a lot of different organizations...sometimes I had difficulties, especially under stress and danger...I definitely had leadership challenges.

There are circumstances in which military members work with civilian groups who are then incorporated into the hierarchy of the military command structure. This dynamic can result in challenges because of differences between military culture and the culture of the civilians involved. Not everyone who joins the military has the disposition for military life, although for those who did, the experiences that they had were impactful in a largely positive way. Ben stated that growing up he had a “pack mentality” because of his friends, which helped him when he joined the military. He also stated

Some guys that I knew weren’t built for it. Even in the early days of boot camp and jump school, it didn’t matter that the bolt of your weapon or your shooting rig were perfect, you were going to fail that day. They were going to find something to critique you on just to see how you dealt with it...and I don’t think a lot of guys realized it at the time.

He believed that the difficulties of training were to serve a greater purpose; to prepare the service members to deploy to stressful situations. Felix stated that combat deployment provided him with some of the “most intense experiences of my life” and that they were “very meaningful”. He also stated that “...on a larger scale, [there] was my belief in what we were doing; it is for a
greater good”. Similarly, Dave stated that part of military service is knowing that “we’re all serving the greater good”. He also had a similar experience where he saw the military as group oriented. He stated that

I would say [military culture] reinforced my beliefs, my mentality, but I also know, especially in the infantry the mentality is, how do I want to say, similar to that of like a football team or something like that. You know, a bunch of strong-willed characters…It’s not always for the weak and those that aren’t mentally strong might not be able to cut it. I always had the belief of not settling for anything but the best…I already had that mentality so it just kind of reinforced it.

Individuals enter the military with pre-existing belief systems that the military doesn’t completely de-construct. Rather, there is a co-construction that allows for the beliefs found in military culture to be incorporated into the pre-existing belief systems of the individual. Individuals who are well-suited to the military acclimate to this co-construction with greater ease. Those well-suited individuals will further adapt to the realities of serving alongside diverse groups of individuals.

One of the components of the military is the diversity of service members. Alex recognized that the military helped him expand beyond a small-town mentality as he stated, because the “…the military was such a diverse organization”. His experience of his hometown was that “all the white kids stayed in this part” of town, which limited his contact with other racial or ethnic groups. Alex stated that

the military will put you where it needs you. And so, I would work side by side with people from different parts of the country or even the world sometimes…One of my first subordinates was gay and this was around the time ‘don’t ask don’t tell’ was still
kind of in effect.
The realities of military service include exposure to other groups of individuals. It is necessary to acclimate to this reality in order for military members to work as a functioning unit. This concept is further illustrated by Erin, who states that

In the military you’re living in and around people that come from all over the place. You have to learn to get along and accept people who are different from you because you never know when they’re going to have your back and they’re going to be the person who is there for you.

Adaptation to an environment where there are diverse groups of individuals is a necessary component of military service that serves the purpose of protecting the group.

Greg identified that his personal background helped him when joining the military. He came from an area that was culturally diverse, which helped him acclimate to the diversity of the military. He stated that “in the military that’s what you do. You go and have to live somewhere with a bunch of people who are not like you in almost every way”. He also believed that his personal cultural background helped keep him grounded in “independent” thinking when he “could see when there was a group think kind of forming” among other members of the unit.

Military culture is defined by how the military member views both themselves and others, shapes the mentality of its members, and promotes adaptation to a system that is diverse.

**Cultural context of the locals.** Understanding the culture of the locals was agreed to be an important component of the deployment experience for a variety of reasons, including understanding how the locals operated to providing context for the assistance American troops provided. Dave highlighted the components of cultural awareness when dealing with the local population. He stated that awareness involved “…learning about the enemy, their patterns, how
they operate, knowing the terrain of where we would be going…how to interact with the local civilians and learning the languages, the different dialects of the language”. Ben stated …it’s a different culture over there. They understand power very well and power is how they rule and it’s a system. Democracy and compromise is foreign to them…and is often times perceived as weakness; compromise, inclusion, very much not on their radar over there and just the primitive mindset and some of the things you witness, like killing children…it’s breathtakingly barbaric.

This description illustrates the appreciation some military members have for how different other cultures are from those typically associated more broadly with American culture. Felix had a similar perspective stating that “in the Middle East…[the] brutality can be pretty phenomenal”. Understanding the local culture helped him to decide when to report an egregious act based on the potential consequences. Felix stated that “you have to, you know, look at the mission…is it a big enough deal to where it’s basically going to destroy all rapport and shut down the mission”. Examining the potential consequences of action or inaction within a cultural context is a necessary component of the decision-making process.

An understanding of local culture also helps to inform the rules of engagement for that particular conflict and helps contextualize the behavior of the locals. Chris stated …we understand that we can’t open fire at a mosque. We couldn’t open fire at a school. We went through this training over and over and over again. So, when you get there you’re not taken aback when an Iraqi male shakes your hand, but then he holds onto it, you know, that’s their culture or they walk beside you real, real close.

Understanding certain cultural attitudes of the local population, such as male-dominated authority, can provide perspective on behavior that could be interpreted as aggressive. Further
understanding of cultural attitudes towards women provides perspective on experiences that may be considered outside of normative behavior. Erin identifies such an experience, stating

When people don’t understand other cultures, that’s probably not wise…One of the interesting things that I had the opportunity to be part of [was at a] girl’s school that we visited a handful of times that had a female principal. That was very uncommon. We had a couple of female soldiers that came in from another bigger base that came to talk to her and they brought in a female interpreter, which is super rare out there, because you know one of the things they talked about was underground meetings that women had and it’s, like, no one knows about that.

This description illustrates how an appreciation for the role that women play in the local culture can place experiences outside of what is typical as something significant. Furthermore, an identification of the differences between cultures, for example between the US and cultures found in the Middle East, provides a framework for understanding how decisions impact individuals.

Alex believed that understanding the local culture helps to give perspective on the actions of the combatants and even that of the U.S. government. He stated that “I’ve studied the Middle East and their culture and the religion of Islam just to try and understand…what’s going on and why…knowing the whole Middle East is not the bad guy versus good guys”. The process of understanding individuals from other cultures is an active process and is bound by the specific individuals involved in those interactions. Alex spent some time interacting with the locals while on deployment, but also recognized that those experiences were within confined contexts, such as with an interpreter or while being on base. He also identified that his experiences gave him the perspective of how approaching decisions from the lens of Western culture wouldn’t work.
Recognizing cultural biases allows for a greater understanding of actions that need to be taken in order to support the local population. He stated that what happened was inept bureaucracy…not understanding the culture; not giving a damn enough to, you know, figure out a way to support democracy in a way that is culturally acceptable. You know, it was more like we are going to use American [ideals of] democracy and force it down Afghanistan’s throat and give Karzai and…his clan money and assume that it’s going to literally trickle down in economics…he’s going to keep it all in his clan because everyone is still clan based and focused on their own needs and then their family needs…instead of all of Afghanistan.

When the culture of the local population is not considered, then decisions are made that don’t benefit the local population and may also actively harm them. However, the amount of interaction with the local population at the individual level varied by military member.

Henry provided the perspective that the service member’s MOS would often dictate how much interaction with the local culture was necessary. His job as a combat medic meant that sometimes medical services would be provided to locals as well as other members of his unit. Henry stated that “…we kind of had to learn as much of the language as possible…on several occasions I was helping set up and run the clinics for the locals”. There are times when integral services are provided by foreign militaries, such as the US. An appreciation of the local culture allows for the types of services that are needed by the local community to be realized in a useful manner. Understanding differences between American culture and the local cultures while on deployment provides useful information for decision-making when considering male-female roles, the needs of the community, and what actions have the potential to cause harm.
Theme 2: We can use our voice even in difficult circumstances.

Participants experienced varying degrees of both experience and comfort disclosing specific situations that they had experienced while deployed where they found themselves faced with disagreeable circumstances. Some participants identified direct circumstances where they felt compelled to go to their chain of command when witnessing egregious behavior. Others, such as Ben, focused more broadly on grappling with the idea of being involved in situations where harm to innocent life might be involved. He stated that “we were never asked to do or act in any way that was unprofessional or I would even say unethical”. Alex stated that

I never witnessed anything morally wrong [but] I know that’s not always the case. I never had a personal experience in the military that made me change or even doubt my moral compass. I’ve known people who have their command, you know, abuse their authority…so I have heard it, but in my personal experience? Never.

This description illustrates that morally injurious or potentially morally injurious events do occur during the course of military service and that those circumstances involve military command. The ability to vocalize when something morally wrong happens, however, plays a role in those individuals’ experience.

Chris identified his overarching beliefs about speaking up and that it’s a process that builds upon itself. He stated that

I feel like every time we stand up for what we know is right you get more self confidence in yourself, but you also have enough confidence to know that you’re not afraid…What I am saying is that when you see something that’s wrong you have the ability to say, hey, we need to talk about this.
Addressing wrongdoing is important for some individuals, which is a skill to be learned and refined. There are also systems in place whose purpose is to make it easier for military members to report any wrongdoing. Alex notes that because his job was in Intelligence and that there were safeguards in place to ease the likelihood of something illegal or inappropriate happening. He states that

we’re trained heavily in legal issues and not to break them especially since, you know, the Intel world has a very bad rap of, especially like the last 15 years or so, dealing with wiretapping and supposedly, you know, going after U.S. citizens. You know, [there’s] fears so that’s been part of our training since I’ve been in.

The public perception of civilians has influenced the development and enforcement of procedures for reporting wrongdoings. Chris further explained that ultimately speaking up was about the survival of the unit. He stated that “when we see something, we say something because that’s just not the place to inject, you know, stupidity into the equation…We want to get out of here”. Group cohesion has the potential to mitigate the likelihood of a morally injurious event occurring as individuals believe that they can approach individual members of the unit. Individuals who believe that they can approach members of their command are also at a reduced likelihood of experiencing moral injury.

Greg identified a situation where he spoke to his superior officer about a situation involving members of their unit and his superior officer didn’t like what he had to say. He attributed his ability to speak up to his independent personality. Greg shared that his superior officer was

...very big on play. [Other soldiers said] we can’t wait to get out of here and have some drinks. My parents were alcoholic [and] I didn’t drink at all at this point. But at that time
I was like, well, Sir, I’m encouraging my guys to…take that easy. I forget how I phrased it, but I could tell he was mad. He was like, oh no, you need to let your men drink.

Personality traits as well as the perceived significance of the event play a role in how willing the military member is to vocalize concerns regarding behavior that the member considers wrong. The likelihood that change will occur also was a factor in whether or not certain behavior was reported.

For some individuals, such as Henry, the likelihood that change would occur was not a factor in the decision to report morally egregious behavior. He stated that “we definitely did say something and tried to rectify the situation and kind of change some of the activities that were going on”. He would later go on to describe a specific situation where he spoke up to his command, but the response was that nothing was done about the situation. Henry describes that situation as follows:

I think they were Iraqi army soldiers. We were running a mission. We ended up taking a couple of detainees or the Iraqi army ended up taking a couple of detainees that were suspected to be terrorists. And when they got the two males back, they ended up tying them down like bent over a railing and then several of the Iraqi army soldiers were pretty much taking turns having sex with them. At that point, me, and the other guy I was with pretty much told them to stop and basically that it wasn’t okay. And then we notified the people we were answering to at the time.

When behavior is witnessed that is considered morally egregious, the military member who believes they did what they could to change or stop the behavior doesn’t tend to experience moral injury. Henry’s description of this event included a recognition that within the context of the local culture “women were for procreation and men were for fun”. He recognized that the
members of the Iraqi military with whom they were working had a “different moral compass”
then him. This recognition helped normalize the other individual’s behavior to a certain degree,
while still allowing for personal beliefs regarding behavior to be acted upon by making a report
to the appropriate authority. It is necessary that military members believe that there is a
mechanism for reporting behavior that is deemed significant enough by that individual to be
reported. What complicates the reporting process is the knowledge that the command may not
choose to act on that report. For Henry, he also acknowledged that reporting “wasn’t necessarily
couraged” by his command except for what was viewed as major issues, such as miliary sexual
trauma (MST).

Other participants, such as Alex, stated that it “depends on the situation”, but that for
major issues he felt like he could report to his command. He states that
having the conversation with that person or with my boss was usually first or else just
kind of tolerating it. Most of the problems I usually had were more personal issues with
other people…we’d complain about tasks we were assigned just because of the
impossibility…a lot of times it was just approaching that person….And, you know, we
had a ton of guidelines for anything that we felt was illegal. It also helped that our chain
of command for that was outside of the local leadership, so if we felt that something was
not lawful or inappropriate, we could report that to our leadership.

Having the ability to directly address the situation, either with the individual or within the
command structure, and recognizing that there is a protocol that can include foreign authorities
contributes to the individual’s ability to feel empowered enough to speak up. Erin stated that “if
there’s something wrong, say something” and because it’s “necessary”. Although, that didn’t
mean there were times when she and others would have hesitated. Erin states that
I try really hard to…work through that [hesitancy] because too many people are standing around with the same problem and are more likely to not say something. So, I find that; sometimes I think people won’t say anything because they don’t even realize they have that bias.

The presence of implicit bias reduces the likelihood that an individual will report inappropriate behavior as certain behavior isn’t recognized as inappropriate or morally questionable. For those individuals who are either aware of those biases or are attuned to their moral beliefs, behavior that is congruent with their moral beliefs is important. Felix’s perspective was that not only did he need to report to higher ups when something was happening, but that he needed to act as well when he was in a position to do so. Felix gave the following example of one such situation stating that

What it was really about, uh, was that the local Afghan government was actually concerned about this particular Taliban because they were shutting down drug smuggling networks. So, the local officials were basically tapping into the drug trade. They were pretty mild Taliban…it wasn’t Al Quaeda or anything like that. One of the people I was working with was a local police officer who had access there. So, it turned out he was sexually assaulting the wives of a lot of the locals. He’s incredibly corrupt, very abusive…and I had to work with him to basically identify the targets…between that and what was really going on that’s where I had a little bit of a moral quandary…I reported everything that I discovered about the drug routes, all this other stuff; I reported it up higher. I wasn’t quiet about it, but at the same time these guys were identified enemies.

This description illustrates the complexity involved in deciding to act on moral grounds. The decision to report what was happening to the chain of command involved a process of
considering what was deemed to be the greater good and the potential consequences of any action that would be taken. For Felix, it was about recognizing who were the enemy combatants in this particular situation and coming to personal terms with what was happening. The decision to use one’s voice and speak up against wrongdoing is predicated on the presence and recognition of personal bias, a desire for congruence between belief and behavior, and knowledge that there are command structures in place that allow for the reporting of inappropriate behavior even if no action is taken by those in leadership.

**Theme 3: Support exists along a continuum.**

The support that military members receive is varied consisting of their command, fellow service members, as well as family and other community members. How that support manifests in the military member’s life depends on both the relationship with the individual and the context in which that relationship exists. Spiritual support exists for some individuals while exceptions to support exist, particularly when examining the role of MST.

*From the command.* The participants had a wide range of experiences when it came to support from the command. Alex’s statement that “for the most part my command was, you know, really good for the most part” was emblematic of the experience of most of the participants. Alex further stated that “well, in that regard, the deployment, yes, [but] other parts not so much”. He also stated that “the commander’s like, do what you need to do to get back [and] the only thing I ask of you is don’t have a negligent discharge of your weapon” demonstrating that in some circumstances the military member’s command held a more permissive mentality when involving the potential for threat to life. Similarly, Ben stated

You are sometimes put in difficult situations where you may have to do something personally, that may be against your fiber, but you’re in a situation where, and I’ll use
this as an example, it could be an elderly man [or] it could be a female. It could be an adolescent team that draws arms up against you and takes aim and you have to decide you or them…but I never put it on leadership to tell us to do anything other than protect yourself and protect each other regardless of how your particular patrol or mission unfolds.

This description further reinforces the notion that threat to life, whether to the individual member or the unit, resulted in allowances for certain behavior. There were also instances of leadership being more concerned with their own welfare, rather than the welfare of the unit. Henry stated

…with the chain of command…there were times where ultimately, they were just kind of looking out either for themselves, trying to make themselves look good to get promoted [and] probably pushing the unit a little harder than they should have, which in turn did end up resulting in deaths.

In some circumstances, when leadership is more concerned with their own welfare, then loss of life can occur. Other participants recognized that their experience of support from command was different than typical. Chris recognized that he had an unusual experience in some of the support that he received from his command, but that it didn’t lessen his overall experience of feeling supported. He recounted that his battalion commander received an email from Chris’s mother while on deployment. Chris stated

…she wanted to know how I was doing, and she wanted to know how the rest of the unit was doing. He got on a sat phone, looked at the roster, and called her…and he saw me and he was like, yeah, Sergeant (Chris) I talked to your mom. I just let her know that everything is going well. We’re doing fine out here. I said, Sir, I apologize. He said, no, no, no, it was good to talk to her…I’m just kind of struck that a Colonel took
time out to call somebody’s mom, you know, to reassure her and let her know that you were good. The unit’s good.

There are circumstances in which leadership is willing to go above and beyond what is required to be an effective leader. This type of behavior from leadership results in a positive view of the command and the experience of support from the military member.

Participants who were in leadership positions also felt supported by their command. Felix acknowledged that if he had a different experience with his command from other service members that it was most likely because he was “always in an elite unit”. He stated that

I can’t speak for everybody, but 100% I felt supported. I can’t think of a time. I mean, sometimes things, you know, wouldn’t go in the direction you wanted to…We were pulled off a hit one time in the middle of a hit because some general decided he didn’t like the way things were going. It was pretty weird, you know?

Feeling supported by the command was perceived as more commonplace. That support from command can also be experienced as unconditional. Greg, who also was in leadership positions, stated

Professionally, and as a team, decisions that I made were always backed up by the chain of command…we have a term for it called top cover. It’s like they would always provide that top cover no matter what…a lot people have that worry as junior officers or leaders like, man I want to be autonomous and be able to make decisions for what I’m in charge of. And so, from those above me to those down below me, the chain of command was always let’s all talk about it so no one’s making crazy decisions.

While support from the command can be unconditional, no leader within the command structure decides a course of action in isolation.
From other service members. The connection between service members not only exists while active-duty and deployed, but also tends to persist after leaving the military. That connection is grounded in knowing that they were there for each other. Ben stated that the people he served with were individuals who

…up until your military service, you never knew, but that you have this intense bond because you are completely dependent on each other for survival, for getting through the day, for getting through the patrol, for getting through, you know, everything. You do life with these people in its most intense form and under some of the worse conditions possible.

Cohesion within the military group occurs in the context of intensity as well as proximity. Alex stated that the relationships that he had while on deployment were with people that “I know I can rely on through anything”. Support and a sense of togetherness was consistent, including in times of difficulty. Henry stated that “if someone was having a bad day, there was always someone there to try and cheer them up, spend time with them, or ultimately try and distract them”. Some of the relationships between military members persist even after separating from the military in the form of friendship. Alex talked about still being friends with some of the people he served with, stating

…especially the senior NCO…I talk to him at least weekly. [We’re] pretty close, you know, yeah…we do a lot of check-ins, and we’ll just see how each other, how we’re doing and give each other updates about life. I visited, stayed at his house, hung out with his family…We exchange gifts randomly, both me and his wife and me and him.

The sense of connection established while serving together is difficult to sever and extends into civilian life after the military. However, conflict can occur between members.
While generally other service members were supportive, there was occasion for conflict within the unit. Typically, the conflict surrounded differences of opinion. Felix states that

I think I was supported by fellow members [but] there was conflict about a lot of things. Some of it was…how to philosophically deal with some of the things we were dealing with. I’ll give you an example. Remember the Seals that were killed in Afghanistan and they ran into, like a boy and his uncle who exposed their position…of course, there’s one guy who’s like, hey, let’s get rid of them. They end up voting against it and they let them go.

Points of conflict between military members vary. In some circumstances, the logistics of a mission can cause disagreement while in other circumstances conflict is the result of differences in personality. Erin also experienced conflict with other service members while deployed, but also had a positive experience with one of those individuals. She states

The team leader that was talking about us, that kind of sucked because he was my first team leader when I got to Germany…he actually reached out to me because he lives in the area not far away…he’s, like, just seeing all the things I’m doing. But this one in particular, he was my team leader. I deployed with him. I knew he talked a lot of shit about me. He talked a lot of shit about everybody though and that’s kind of how he is, but he apologized for being an asshole. It was validating, you know.

Changes in the perception of an individual regarding another individual have the potential to change the dynamics of the relationship. When those changes occur, amends can be made, and a new relationship can be established.

**Sometimes the enemy is within.** The exception to the comradery typically experienced as part of military service is MST. While the majority of participants did not identify direct
experience or have knowledge of MST occurring, there were some who did see it as at a minimum a possible source of moral concern. It was the sole female participant who had the strongest stance. Erin states

It’s not just that there is an enemy outside, but there is sometimes an enemy within with assault [and] harassment. Things like that. That is a big moral injury issue. It’s like it shouldn’t be and it shouldn’t be that way, but it is...[it’s] the same issues for the past 20 to 30 years that haven’t really changed...I think also hearing stories of women being not, and it’s not just about being harassed or assaulted, but also like, you’ll do this or else I’ll put you in a more dangerous situation by male leaders and things like that…you’re told that it’s about camaraderie and everyone is there to support each other and have each other’s back and all that sort of thing, but then there’s a betrayal that occurs in that assault or harassment. It’s not just the action, but also the witnesses and bystanders who don’t act on it, who don’t do anything about it.

Moral injury occurs in the context of an individual failing to act when an egregious action, such as MST, has occurred. This description highlights the sense of betrayal that occurs when no action is taken, particularly since in the context of MST the assault extends far beyond the original event. Erin describes her own experience with MST while deployed, stating

This E5 like just, I don’t know because I was also an E5. So, we’re both sergeants, right? …he like, slapped my ass…and it was painful because it was really hard and not only that, but I froze. I think about that all the time. I’m like, I should have, I really wish I would have kicked his ass because he deserved it, but also no one else did anything.

With MST, the burden of responsibility for acting lies primarily with the individual survivor as others fail to act on their behalf. The result is a sense of outrage and of anger.
To some degree there is an awareness that MST is a moral issue that occurs during wartime. Chris had a more ideological approach to MST stating that “the biggest thing that I can think of as far as, you know, what I saw that I didn’t agree with…is the way that we handled sexual assault and sexual harassment, which also happened in theater as well”. Felix was the one male participant who had a specific example of MST. He states

From the situations I’ve known that occurred at various levels. I mean, it occurs in the military. I had a girl, an analyst, walk in and tell me she was afraid of a guy that we were working with and I was like, what did he do? Did he say anything? She said, no, but he creeps me out. And it’s like, well, how do I handle that situation, you know? He ended up getting busted for sexual harassment. Not with her, but with another government agency we were working with.

Dealing with MST as a moral issue necessitates that both male and female service members maintain an open mind to not only specific reported issues, but also the intuition of military members. That open-mindedness is particularly important when considering there is no protocol or authority to whom to report that the possibility of MST may occur.

Support from family, friends and community varies. Overall, the participants identified feeling supported by their family, friends, and community, but that it largely varied depending on how much the individual wanted to understand the service member’s experience and their attitudes surrounding the war. For some participants not talking with family or friends about certain wartime experiences was intentional. Ben stated that “when I deployed, I deliberately didn’t tell my parents everything because I didn’t want them to worry about me and then me thinking about them worrying about me would have been problematic”. There is a protective quality to the decision made by the military members to disclose certain wartime experiences. At
times that quality was self-protective as the family determined what they were capable of handling. Greg stated that although his parents were supportive, “they would ask very indirect questions because they didn’t want to hear the answer, but they thought they did”. The family’s decision to censor information from the military members also comes from an awareness of the realities of war. Felix stated that

> When they actually come to terms with realizing that, you know, that there was, I was involved in some ugly business, especially fighting, killing and such, you know, I think they have a hard time with that and how they idolize me and then realizing that I actually did stuff like that and I think they don’t like it. They love…hey, he’s in the military. They’re super proud. They tell everybody, but I learned very quickly they don’t want to know the details…a lot of people, like in my family and stuff, I certainly can’t talk very much openly at all. They’re absolutely horrified, like they don’t want to hear it.

There is also still a desire to uphold the military member from a positive viewpoint so that incongruent information about that member is distressing. That desire to view the military member in positive terms also extends to relationships outside of the family. Erin states that when it came to her community that “some people don’t really know what to say or they don’t ask”. Family, friends, and community don’t tend to consider how their questions about wartime experiences might impact the military member.

The questions posed by supports impact military members in a number of emotionally and psychologically activating ways. Ben shared that it was difficult when people would ask him questions, such as “did you ever kill anyone?” as it can trigger more trauma-based symptoms, such as anxiety, intrusive thoughts, and hypervigilance. Erin has a similar experience stating that
you do have occasionally people ask, did you shoot anybody? And it’s like, what? I don’t even know you like that. Why are you asking me that? That is a heck of a question to ask someone. Yeah, it’s like people either say nothing or they ask something like that.

There is a shocking quality to the types of questions that some individuals ask military members about their wartime experiences. These types of questions can also leave the military member with a sense of being misunderstood and with feelings of discomfort. Ben stated that sometimes “the other thing I struggle with is when someone says thank you for your service. I know quite a few vets who feel that way…I did it because I wanted to do it”, which can further the military members sense of being misunderstood by civilians.

Despite not understanding what the military member has experienced, there are supports who attempt to help the member deal with the effects of their experience in the military. Greg identified that his parents were a support, particularly his father. He stated that after coming back from deployment he was “unsettled all the time. I think agitated is a good word and I don’t mean angry” and that his father would try and help him emotionally regulate. Even family members who themselves had a history of military service didn’t tend to understand the wartime experience unless they had also been deployed to a combat zone during their service. Henry described that despite the number of family members who also had military service, his father was the person that he could talk with about his deployments because of some shared experiences they had as part of their service. He stated that his father “…kind of knew some of the things that I was going to be experiencing when I got home so he was kind of more open and ready for it, if you will”. There is a benefit to receiving support from another military member who has been combat-deployed in that they have a greater likelihood of understanding the individual’s wartime experiences.
Even when there isn’t a shared history of military service, if there is a sense of genuine caring and that the family is trying to understand what the military member is experiencing post-deployment, then the member will experience a sense of support. Chris noted that his mother and his uncle were supports for him stating that “I think my mom was the only one who really saw it because she knew me the best [and] my uncle noticed…I don’t think anybody outside of that cared, you know, outside of [saying] thank you for your service”. He also shared that at the beginning of OIF, he saw more community support. Chris stated

I think that was the one where you would come home and you know, they give you a standing ovation and, you know, you felt like a rockstar walking through the airport. But I think that was a renowned time in our history. Now, of course, you have some people who are anti-war, but I think OIF was where we were really at the height of our patriotism.

Attitudes in the community regarding war and military service have an impact on service members. Participants, such as Alex, experienced community support because the overall mentality of the people who lived where he was reared was pro-military. He stated that “it was a very conservative mentality” and that military service was “respected”, so much so that he was featured in a local recruiting commercial. He also states that

…whatever changes you perceive in yourself, you intentionally try and kind of keep under wraps maybe…I might just keep the face up because my parents are stressful anyway…we don’t agree politically…and that’s another point of contention. My dad always use[d] that as a bragging thing at church for him, that I was in the military. And then I got out and it did seem like he was disappointed that I did that and then even more disappointed and confused [because] I became a therapist.
Attitudes in the family regarding war and military service also have an impact on the service member as well as personal history that include previous sources of conflict within the support system.

**Spiritual beliefs play a role for some.**

Spirituality provides a means for finding answers to explain service member’s combat experience or as a way of making sense of what they were experiencing while deployed. Spiritual beliefs also provided a form of support in times of need. Ben acknowledged that his experience on deployment sent him on a “spiritual journey”; that combat drew him closer to his faith and also pulled him further away from organized religion. Chris stated that for him “it was just putting trust in God, and you know, whatever happens, happens. There were times when you were nervous, times when you were afraid, but me, I prayed…and so I just leaned on my faith”. Spirituality provides a source of comfort and a means to mitigating fear. For Henry that belief in a higher power left him with “a feeling like somebody was watching out for you…knowing that if they had taken one step to the left…they would have gone home in a body bag”. While Greg connected his spiritual beliefs more to decision-making and “spiritual guidance”, he did also acknowledge that he would “defer to praying” when he needed support. Spirituality also offers a mechanism for finding confidence in decision-making. He further stated that “I prayed a lot and was kind of looking for signs”. Spiritual and religious beliefs can also be a source of cognitive dissonance as the individual attempts to reconcile religious beliefs with the harsh reality of war. Ben stated that

…if you think in Biblical terms or Christianity; thou shalt not kill, thou shalt not steal…but then you get in these situations…going into other countries and potentially
taking life, it can be a very murky area...Facts on the ground were different. [You] thought you were doing the right thing, but that doesn’t change the history of it.

The individual who recognizes the incongruency in their wartime behavior with their spiritual or religious beliefs is then faced with living with the actions that they have taken. For those that leaned into their spiritual beliefs they found a source of support during difficult times, particularly when faced with the possibility of death. Henry summed up his experience of being deployed as “death” and “chaos”. He stated

…some of the experiences definitely challenged my faith as well as other things have kind of reinforced it. Given some of the atrocities [and] some of the ways people are treated, kind of challenge the faith. But then, living through things, different firefights, explosions, or events can also strengthen it…Getting shot, taking a couple of rounds to the front body armor, and thinking if the round had shifted one inch higher, I’d be dead.

The individual’s relationship to a higher power is challenged as they attempt to make sense of their experiences, while also believing that higher power brings purpose to those experiences. Others, such as Alex, did not find that spiritual beliefs played a significant role in how they coped with the dangers of combat. Instead, there was a more pragmatic approach. He states that

…I don’t know if it was really religious [but] if it’s my time, it’s my time. So, if that mortar [hits], even though the odds are 1 in 100, you never know. There’s always the 1% chance that you could die, but you never know...so if it’s my time, it’s my time.

There is a simplicity in that more pragmatic approach to wartime experiences and an acceptance that transcends faith.

The support that a military member experiences over the course of their military career and post-deployment is complex as it encompasses relationships both in and out of the military.
as well as the attitudes and beliefs of the individuals within that system. Support isn’t experienced in the same manner for all military members for that small number of individuals who have the addition of spiritual support and particularly for those who have been victimized during their service, such as with MST.

**Theme 4: The experience of deployment challenges and changes you in fundamental ways.**

The dangers involved with war are a salient experience that is dealt with in the immediacy of deployment and also in post-deployment. The impact of those wartime experiences is varied encompassing relationships, injury, and loss. For many of the participants, a sense of meaning-making followed their wartime experience as they found ways to continue to serve.

*While deployed.* Deployment comes with its challenges on multiple levels, including on an interpersonal level, that affect the individual. Both Chris and Greg described how their marriages at the time were negatively impacted by their military service. Chris stated that “I was doing a lot partying. I was really young at the time and so I ended up getting married, getting divorced”. There was an emotional and psychological absence that led to the dissolution of both their marriages. Greg stated that deployment was difficult for both him and his now ex-wife. He stated that “during that time I was very stressed. I was basically never present ever. A lot of the travel I literally don’t remember”. High levels of stress are common to deployment.

Those high levels of stress can translate into emotional responses that Ben described as “fear” and “anticipation”. He further stated that

Some days are good. Some days are not so good and it’s just acclimating yourself. It’s not unlike the worst parts of basic training. If you think too much about the end, it’s miles away. But if you just kind of address each day and what you have to go through…it’s more manageable…In that time, I saw the very best in humanity and I also saw the
darkest and worst in humanity.

Being deployed entails an adjustment to the circumstances surrounding that deployment. That adjustment includes the reality of what appears to be behavioral changes in other service members that occur in the context of a deployment. Erin stated that deployment came with “a lot of new challenges [because] you see different sides of people. People that you knew”. There were also experiences that made deployment difficult. She states that

I guess it’s scary. I mean, of course, it’s going to be….just before we left one of the squads that we; one of the platoons that we knew we were replacing was hit by a triple stack mine. The driver and the gunner were killed automatically and the TC team leader [who] sits in the front seat survived, but they had extensive burns and stuff.

Having knowledge that loss of life has occurred prior to a deployment complicates an already emotionally charged situation. Conversely, individuals such as Felix believed that the stressors of deployment can be prepared for to some degree. He states

I was well trained in an elite unit. I was very prepared for what I was going to experience and I think other guys, they don’t have that preparation before they get their first experience. They’re like, 20 years old and they just get thrown into some very ugly situations, have friendly casualties. I think that’s part of why maybe I’m the way I am because I had so much experience in training before I even had my first difficult experience.

While more intensive and more frequent training may provide a higher degree of preparedness for the realities of war, there are other wartime experiences, such as injury, that can’t be prepared for. Dave, unlike the other participants, suffered physical injuries including a traumatic brain
injury (TBI) during his deployment in addition to experiencing psychological trauma and receiving a diagnosis of PTSD. He described that day as follows:

The day I was injured our Intelligence had given us several houses they wanted us to search. One of those houses was a suspected bomb making facility and we ended up fighting…and as we were wrapping up there were bad guys on the other side of the street [who] started launching bombs at us. I ended up getting hit by shrapnel from the explosions to my neck and both my legs.

Physical injury, such as TBI, and PTSD change the individual in more concrete terms. Those individuals who experienced changes due to stress and loss experience change in more subtle ways.

*After deployment.* While all participants uniformly agreed that they do not regret their time in service, they also all identified that they are now changed from the experience of war. For some, the changes are most notable in how they think about themselves and others. For others, the change has more to do with the physical and psychological aftereffects of what they have experienced. Chris stated that now

[I’m ] a lot more patient [but] I want to see things go a certain way. Not a whole lot of time for excuses, quick to get agitated, probably some anger issues there. Definitely had to go see a therapist because I knew I was mentally, I was going downhill, you know, memory loss, memory blocks, a lot of drinking. I needed to get help because I just didn’t care…I just did a year in this hellhole and then you come back and you want everything to go your way and it’s just not like that, you know? And so, I knew that I had changed and that I didn’t change for the better, either. A lot of people come back like that, you know, and I was one of them.
This description illustrates how there are consequences to wartime experiences. There are individuals who return from deployment to combat zones manifesting symptoms of trauma. Similarly, Felix stated that he had

some emotional difficulties, especially after casualties or some particularly bloody deployments, you know, where...the entire time it’s unreal. I didn’t act out or blow, but I was definitely a little bit different for a while afterward. You know, I needed time to process.

Even for those military members who consider themselves prepared for the realities of war, such as Felix, still experience a sense of disorientation for a period of time after combat. Other military members experience an exacerbation of pre-existing difficulties. Erin is one such individual and she states

I have some issues with authority. I have some pretty big issues, especially with male authority that might, I mean, it’s from a lot of incidents, specifically military related…authority has always kind of been not my favorite thing, but I’ve been, I’ve always been kind of just oppositional.

Increasing interpersonal difficulty, particularly with authority, constitutes a significant change in the individual. Participants, such as Chris, Erin, Felix, and Greg identified that their experiences while deployed have affected their way of thinking. Predominantly, they have noticed a decrease in dichotomous thinking. Erin notes that not only is her thinking less rigid, but that as she states “I think that’s something that I still am learning. I think we’re always growing in that right or wrong. I think that is a never-ending process”. Increases in cognitive flexibility constitute a significant positive change in the individual. Felix stated that

Well, I think I definitely became a little bit less black and white…I had to find a balance
between accomplishing the mission…what I felt was just morally, like, you know, unforgivable so the way I would say I changed is more I have a nuanced view of right and wrong.

Cognitive flexibility also incorporates aspects of growth as the individual learns to further modify old ways of thinking. Greg stated that “I think before I joined, I became more dichotomous about ethics, black and white, right and wrong”, but that military service helped him develop more cognitive flexibility. Greg also identified that his “baseline idea of what [is] typical normal human life is pretty far skewed…my normal has become extremely stressed [and] I’m just now in life starting to see that wasn’t normal”. Even when cognitive growth is occurring, skewed perspectives can still occur. For others, cognitive growth involves an appreciation for what they have accomplished. Chris stated

…you have a lot of great moments and it definitely changes you…at least it changed my mentality, you know, how I approach things today. No excuses, let’s get it done kind of approach. [There’s] a little bit of abrasiveness, but you know, once you go through it, it’s just amazing when I think back to the things that we did and we survived.

Not only are there changes to cognition, most notably an increase in cognitive flexibility, but there are also changes to tolerance. Additionally, some individuals experienced hyperarousal after deployment that is commonly associated with trauma.

Henry stated that as a result of his deployments “I can definitely be a lot more calloused, or I guess rough around the edges depending on the situation”. He also stated that

…it was always kind of an adjustment coming back…not having to worry as much…or make sure that your weapon is within arm’s reach. And then driving on the roads is always interesting. Not having to worry about the trash pile on the side of the road and if
it was going to explode whenever you got too close to it, if people were driving erratically…reminding myself that more than likely it was not going to be an attack on us.

Hyperarousal symptoms can also be managed starting with an awareness of triggers. Erin also described experiencing more of the symptoms associated with trauma post-deployment. She states

I didn’t like to be in crowds as much. I was a little more jumpy. And like, you’re driving and then a tire blew…There is a different type of seriousness I think that comes with just from having those types of situations and perspectives. There’s more, like, there’s more anger, which is something that I’ve worked on, but a tendency towards anger and irritability, which is, you know, a lot of PTSD stuff. I go to therapy. It’s helpful, of course especially as a therapist.

Seeking treatment for symptoms of PTSD has benefitted those individuals who have been willing to do the work. Alex, who has described symptoms of trauma, stated that he feels “sadness” thinking about his time while deployed and that “it would have been nice to be more helpful”. He grapples with the feeling that more harm was done in Afghanistan by the presence of American troops. Alex states that as a result of deployment he’s had the traditional issues of post deployment, post war stuff, dealing with social isolation, some, you know, dealing with alarms differently than most people. Every time I hear an alarm, my mind always has to pause and try to decide what kind of alarm it is…if it’s a regular alarm, or a fire alarm, or if it’s like a specific alarm from my time over there. So, it’s that same assessing for safety, assessing for danger.
Alex describes specific circumstances where he experiences more of the arousal symptoms from trauma as a result of his deployment. He states that he was in a situation with another veteran when

somebody turned on like a music video or music…and there was gunfire in the song and both me and the airmen looked at each other and we both had this kind of wide-eyed look and, you know, at least my heart was starting to race a little bit more. And so, we were like, yeah, you need to turn that off.

Individuals who are aware of their trauma triggers have the capacity to manage their symptoms, although the process is difficult. Dave received a diagnosis of PTSD and TBI as a result of combat. He states

I have a TBI from the explosion, like the last, the concussive part of the blast…the physical part was a lot easier…I had to learn to walk again and everything, but I knew what had to be done…the hard part was the mental part. Learning, you know, learning how to understand and deal with the post-traumatic stress symptoms, the depressive symptoms, the TBI symptoms.

The combination of PTSD and TBI complicates the recovery process. In addition, participants such as Erin see more of the physical changes within herself after having been deployed. She states

I look at pictures during and after deployment. I look at pictures before and I look; it aged me for sure. Matured my face. I looked like a child, a baby. Before, I generally look young, I think, so I still looked like a teenager, but when I came back and then since like, I have definitely changed. My face has matured. I had obviously gone through a lot.
Some individuals wear the physical and psychological consequences of war on their physical self. Conversely other individuals experience the consequences of war as having a more internal impact. Ben identifies that he knows that he will never be the same after having seen combat. Similar to Erin, he describes a long-lasting impact stating that

…it’s something that never goes away. I mentioned this to another Vet friend of mine awhile back. I said it’s like that red wine stain on that white cloth. You can do the best you can to get it out, but there’s going to be a residual piece that always stays with you. There’s just a piece that you leave, that you lose, that you never get back and it’s okay.

With the acknowledgement of deep, personal change can come an acceptance of that change.

Making sense of it all.

Many of the participants work either in mental health or in positions that put them in contact with mental health providers. Alex became a marriage and family therapist who gives back by working with clients who are either veterans or first responders. Providing services to other veterans can provide a sense of purpose. Ben works alongside mental health practitioners who provide services to veterans and acknowledges that it’s helped him process some of his wartime experiences. He stated that “I think one of the reasons why I got into the psych space, or gravitated to it more than other therapeutic spaces, was because I just felt like having gone through that…it was an area I was passionate about”. He also identified that he talks to youth who are considering enlisting in the military. Ben stated

Honestly, I’ve talked quite a few high school kids out of specifically going the [combat related] military path to a different one…if I think when I talk to them their mindset is Arnold Schwarzenegger…I just tell them quite simply, you may be in a situation where you have to take a life. It could be a child, a female, a male. It could be an old man. If
you think you’re built for that, then by all means go that path. It is better to go into the realities of military service and possible combat deployment with a clear sense of what is involved. The individual can find a sense of peace in sharing their experiences and helping others. Chris found meaning in working for the Veterans Administration (VA) as an advocate for other veterans in addition to providing other services for veterans and their families. He states that even though he is no longer active duty, he feels “honored” to continue to serve in this way. Working for the VA has become a source for meaning making. Making sense of their wartime experience and finding a satisfying career path in civilian life can also be a source for meaning making. Erin is a mental health counselor and states

There was a lot of years afterwards that I wondered about whether or not I made the right choice in getting out [of the military] and it wasn’t until I found the career that I have now that I really enjoy that it’s like, it’s okay. I’m perfectly content…working with active duty military and veterans and like, I know it was the right decision.

While leaving the military and entering the civilian sector as a mental health provider can be deeply satisfying, meaning can also be found in military service. Greg, who is a mental health counselor who also does a lot of his work with veterans, is one such individual. He states

I suspect that I will have another refreshing moment of like, hey, is there more in military service that I think I could fulfill, or do I feel fulfilled to an adequate degree teaching these classes to military members and veterans and pursuing therapy [as a career] in general? …I don’t want to waste time in my life…thinking of my military time makes me wonder if I would still find meaning or purpose, frankly, re-entering the military to do something different.
Greg states that becoming a mental health counselor “seems like a natural fit. Not an obvious fit, but a natural fit”. Questioning what brings meaning to life can be an intrinsic, yet positive consequence of military service. That existential questioning is also an attempt to make sense of those wartime experiences. Henry has been a medic for the entirety of his military career. Although he is still active-duty, he also now works as a mental health counselor in a community-based counseling agency that serves both the general public and veterans. He stated that “I ended up going down the mental health counseling route due to some of the issues and experiences that a lot of my buddies were having after our multiple back-to-back deployments”. In addition to existential questioning, there is also a desire to help that provides a path to healing for some.

Being a mental health counselor and having the opportunity to talk about why mental health care is important, particularly for veterans, has become part of the meaning-making process. Erin states that she “think(s) its important” because “we don’t get asked a lot” about their war time experiences. For her, as she states

No matter what you see or what people put on paper or what people are saying…for the most part people are not what you see on paper, especially with mental health stuff and just giving people the sense of, like, you can have better. You can be on the other side of this. You can be okay. You can make good decisions. You can forgive yourself.

That sense of forgiveness allows for self-acceptance and healing. For Henry the decision to become a mental health counselor in the civilian sector was deeply personal. He shared a story involving a friend who was a service member and a civilian mental health provider who struggled to adequately provide care to the service member that resulted in loss of life. According to Henry
...I’ve had at this point 37 of my buddies commit suicide because of their struggles with the deployments...One of the counselors told one of my buddies, the one that helped me sort through the truck bed full of dead babies, that she just broke down and started crying in the session with the client after, I think he was in there for 20 minutes, pretty much told him that she didn’t know what to do, there’s no way to help him, and ultimately kind of asked him to leave. He ended up killing himself two nights later and the note he wrote was basically, I’m out of luck. No one can help me.

While many of the participants identified that their war time experiences changed them, many of them also found a sense of meaning and purpose in the work that they’ve done after separating from the military. They have found a way to continue to serve.

**Conclusion**

This chapter included an introduction and a description of the participants. There was also a description of the process of data analysis and the themes and sub-themes that resulted.
Chapter V

Introduction

Chapter V includes an overview of my qualitative study, which will include a discussion of the literature as it pertains to my findings and the implications for both counselors in practice and counselor educators. The limitations and delimitations of the study will also be discussed in addition to recommendations for future research. Finally, I will discuss my personal reflections from the study and the conclusion.

Research Findings Related to the Literature

Research Question: How do Gulf War or OEF/OIF military members make moral sense of what they have experienced during combat?

The conceptual framework for this study was Kohlberg’s Theory of Moral Development. Major concepts of the theory include that moral development occurs in stages that are subsets of the three possible levels of moral development. According to Kohlberg’s theory, the three levels of moral development are Preconventional, Conventional, and Postconventional (Kohlberg, 1973). Relevant to this study is that most adults reach the Conventional level of moral development (Damasio, 1994) in which the individual tends to be more concerned about how their behavior is viewed by others (Farnsworth et al., 2014). Gibbs (2014) noted that in particular individuals at the Conventional level tended to be concerned with the perceptions of authority figures. Other individuals at the Conventional level of moral development become concerned with how society is impacted by their behavior (Narvaez & Rest, 1995).

The findings of this study reflected the lived experiences of nine combat veterans who had been deployed during the Gulf War or OEF/OIF. Four themes emerged, which included related subthemes. Those themes are right and wrong isn’t a rigid concept, but is often
experience and context driven, we can use our voice even in difficult circumstances, support exists along a continuum, and the experience of deployment challenges and changes you in fundamental ways.

**Right and wrong isn’t a rigid concept, but is often experience and context driven.**

Moral development involves an active process of thinking, experiencing (Linn, 2001; Kohlberg, 1973), and meaning making (Hayes, 1994) that is shaped by social interactions (Shaffer, 2002) and has a transactional nature (Reimer, 1977). The cognitive-behavioral model of moral injury highlights how the development of moral injury is predicated on an interpretive process undergone by the individual (Rozek & Bryan, 2021). According to the social-functional model of moral injury moral emotions, such as compassion and guilt, are shaped by social experiences and promote prosocial behavior (Drescher & Farnsworth, 2021); morality involves considering what is good for the community (Reed, 2008). Participants of this study identified personal experiences they had at earlier stages of development and prior to their military service that were instrumental in shaping their moral beliefs. They further identified that in thinking about their experiences they were able to construct a moral belief system.

One context for moral injury to occur is “…by service members who become disloyal to the Uniform Code of Military Justice, lack dedication to the mission [and who] perpetrate crimes against humanity” (Stebnicki, 2021, p. 193). The Uniform Code of Military Justice (UCMJ) falls under the category of rules of engagement (ROE). ROE informs the behavior of military members in combat, including under which circumstances it is acceptable to fire upon an enemy combatant. Unlike other U.S. wars, OIF and OEF saw the involvement of women and children where the distinction between when they were in the role of combatant or innocent bystander was often unclear (Myers & Lane, 2021). One participant in particular cited the UCMJ as a
guiding force when considering acceptable wartime behavior, although the consequences of losing a member for following the UCMJ would likely be emotionally difficult. Knowing the possible consequence of losing a member of the unit is also balanced with the desire to not kill another. The desire to preserve life is innate as described by other participants. However, there are life-threatening situations which may call on the military member to take a life (Burkman, Maguen, & Purcell, 2021). Grossman (2009) identified that the degree of trauma in combat veterans has worsened since the Vietnam War and that it was because “...soldiers were often placed in situations in which the line between combatant and non-combatant was blurred” (p. 198). The potential for taking an innocent life was also identified by participants as a common concern during deployment while also acknowledging that preserving the lives of the unit more often took precedence.

Participants agreed that culture, particularly military culture, played a role in decision-making when considering the mission objective and how the military members interacted with the locals where they were deployed. Culture shapes our worldview (Cook, 2015), while the mission comes first (Prosek et al., 2018; Warchal et al., 2011; Pilisuk & Mahr, 2015). Participants identified that preserving the unit and the lives of those individuals was instrumental in decision-making, which is also grounded in military culture. Some participants noted that they observed some military members were not dispositionally well-suited to the military. Behavioral expectations, including moral behavior, are developed starting with basic training where deviation from those expectations is not well tolerated (Drescher et al., 2021; Stebnicki, 2021; Farnsworth et al., 2014).

Several participants identified that the diversity of those who serve was an important contextual factor when it was time to make decisions about the function of the unit. Participants
further identified that cultural considerations extended into the local populations where military members deployed. Woods (1996) identified that what constitutes moral behavior is culturally bound. An understanding of the local cultural context is what allowed some participants to make sense of what they experienced while they were deployed.

We can use our voice even in difficult circumstances.

Individuals typically behave in a manner that is consistent with the most common moral belief of the social group as they experience pressure from peers to behave in a certain manner. The choice to act under difficult circumstances, whether by vocalizing disagreement or through specific behaviors, is largely predicated on the degree of responsibility felt by the individual (Linn, 2001; Grover, 1980). The majority of the participants believed that they needed to speak up if they witnessed behavior that was egregious. Individuals who believe that they have a choice (Grover, 1980) and are in an environment where they believe that the resulting behavior will be allowed are more likely to act in ways that are consistent with their moral beliefs (Linn, 2001). If a military member perceives that actions that occurred during wartime were out of their control, then they are less likely to experience moral injury (Senesh, 2017). The participants consistently believed that they had the ability to act even if through some mechanism such as following established guidelines or following the chain of command.

The social-functional model of moral injury posits that moral beliefs are not only shaped within the cultural context of the military branch in which the military member serves, but also are further refined by the combat unit in which they serve. Difficult moral emotions, such as shame and guilt, have the capacity to illuminate the connection between the individual’s behavior and impact to others (Drescher & Farnsworth, 2021). For some participants, the decision to act
when witnessing egregious behavior was born out of a sense of necessity with the intent of mitigating harm.

The potential for moral injury is rooted in the individual service members trust in leadership, whether on the ground or in government, (Jinkerson, 2016) and is viewed through the lens of military culture (Stebnicki, 2021) where following the chain of command is ingrained in military culture (Redmond et al., 2015). The participants uniformly believed that they were able to report to their chain of command egregious behavior that was observed. Taking into consideration that moral injury necessitates some form of action or inaction in violation of a deeply held belief (Myers & Lane, 2021) that the participants felt as though they could speak up or act is consistent with their lack of identifiable moral injury.

**Support exists along a continuum.**

The prevention of moral injury is arguably ultimately the responsibility of the leaders who make the decisions that affect combat deployed military members (Myers & Lane, 2021). The majority of participants experienced their command as supportive, particularly if it meant protecting the overall wellbeing of the unit. Participants largely identified finding support among other military members both during and after military service. Social support, particularly from other service members, plays an instrumental role in whether or not the individual is likely to develop more of the psychopathological symptoms of PTSD (Armistead-Jehle et al., 2011; Calhoun & Tedeschi, 2006). The cognitive-behavioral model of moral injury suggests that individuals who are socially isolated are more prone to experiencing moral injury than those who have more social support (Rozek & Bryan, 2021). Prolonged social support also tends to engender posttraumatic growth (PTG) in individuals (Calhoun & Tedeschi, 2014).
Furthermore, a culture of secrecy surrounds some military members’ lives, particularly for those who have been on combat deployment and wish to protect their families from the realities of their wartime experiences (Myers & Lane, 2021). Some participants identified that they either chose not to disclose to their families their wartime experiences or limited those disclosures. Family, friends, and other community supports play a variety of roles in the post-deployment lives of the participants, although overall tended to be supportive. However, what constitutes acceptable behavior while deployed to a combat zone does not always align with civilian’s beliefs about acceptable behavior (Jinkerson, 2016; Drescher & Farnsworth, 2012). While the majority of participants did not identify this type of dissonance, it was the experience of the participant who spent his career in special forces.

The consequence of moral misalignment between military and civilian norms is cognitive dissonance, which is one of the defining features of moral injury (Jinkerson, 2016; Drescher & Farnsworth, 2012). Participants who were asked by civilians if they had killed an individual while deployed were disturbed by the question furthering effecting their decision to disclose specifics surrounding military service. Military members who are faced with a moral dilemma as a part of their combat deployment are faced with a secondary dilemma involving the choice to disclose actions taken during wartime to civilians (Farnsworth et al., 2014).

Spirituality did not play a role in the majority of the participants of this study’s experience. Research conducted by Currier et al. (2021) found that half of the veterans in that study identified regular spiritual or religious practices. For some individuals, spirituality can help them find a sense of purpose and meaning so that they can make sense of what they have experienced (Maguen & Litz, 2015; Sterner & Jackson-Cherry, 2015). For the participants who
identified feeling spiritually supported, it was in the ability to find meaning in their wartime experiences where they found the most support.

Not all service members experience support in a similar or positive manner while combat deployed. Military sexual trauma (MST) tends to be responsible for trauma in combat deployed female military members more than any other combat related experience (Pilisuk & Mahr, 2015) and was identified by some of the participants as a particular problem during wartime constituting a moral issue. The sole female participant was the most vocal regarding the issue of MST, as she had her own experience, particularly the morality surrounding the typical response of the military to not act. Hodgson and Carey (2017) identified that the cognitive dissonance that can stem from knowledge of MST occurring can contribute to moral injury.

**The experience of deployment challenges and changes you in fundamental ways.**

Noted physician Gabor Mate (2022) states that “…trauma is primarily what happens within someone as a result of the difficult or hurtful events that befall them; it is not the events themselves. ‘Trauma is not what happens to you, but what happens inside of you’.” (p. 20). Similarly, moral injury is at least in part an internal experience incorporating psychological and existential components (Litz et al., 2009), which can lead to social difficulty (Rozek & Bryan, 2021). Furthering social difficulties, deployment can also cause strain on interpersonal relationships (Jinkerson, 2016; Vincenzes, 2013). Some participants identified that their interpersonal relationships were affected while they were deployed, including in some cases leading to divorce.

While moral injury and trauma are not the same, the current understanding is that there is an overlap between trauma symptoms and indicators of moral injury. The differences are primarily that moral injury involves a sense of shame, guilt, and loss while psychological fear is
an essential feature of trauma. Moral injury and trauma both involve a stress reaction and typically result in maladaptive coping. Additionally, anger, depression, and anxiety are common emotional consequences of both trauma and moral injury (Battles et al., 2021; Farnsworth, 2021; Myers & Lane, 2021; Jinkerson, 2016). Some participants identified maladaptive behavior post-deployment, such as excessive alcohol consumption, agitation, and hypervigilance.

The cognitive-behavioral model of moral injury highlights how individuals who are cognitively rigid are at higher risk of experiencing moral injury (Rozek & Bryan, 2021). Several of the participants identified experiencing shifts in their thinking that were more reflective of cognitive flexibility rather than cognitive rigidity as a result of their wartime experiences. Similar to PTSD, most military members will not experience moral injury as a result of their wartime experiences (Litz et al., 2009). While the participants identified having been changed in some way by their combat experiences, none described experiencing moral injury, although for some there were circumstances that had the potential to be experienced as a moral injury. The participants more commonly identified arousal symptoms that tend to be more emblematic of PTSD.

Myers and Lane (2021) argue that when a veteran experiences a traumatic event “the internal makeup of an individual can have a substantial impact on the perception of the event and how one copes and processes potential mental trauma” (p. 230). Participants who identified that they had trauma as a result of their wartime experiences demonstrated a range of adaptation to the trauma. Multiple participants identified that they found as a part of their wartime experience that they had become more cognitively flexible, seeing the world as less black and white. The ability to demonstrate cognitive flexibility allows for the resolution of cognitive dissonance,
which according to Jinkerson (2016) is one mechanism for bypassing negative characteristics of moral injury, such as shame and interpersonal difficulty.

The majority of participants identified that they are now changed because of their wartime experiences both during and after deployment. Those participants largely focused on more cognitive or behavioral changes although one participant’s life was also changed because of traumatic brain injury (TBI). TBI is the most common injury of the OEF/OIF conflicts (Stebnicki, 2021) effecting approximately 14% to 22% of combat deployed service members (Brenner et al., 2015).

Overall, the participants were able to find meaning in their wartime experience in a way that allowed them to continue to be of service to others. Resilience can be conceptualized as the individual’s ability to adapt to life events, including those that would be considered traumatic (Bonanno, 2008; Luthar et al., 2000). Some individuals experience growth as a result of traumatic events thereby also increasing their resiliency (Calhoun & Tedeschi, 2011). PTG is a potential outcome for service members who have experienced a traumatic event, have had symptoms of PTSD, or have TBI (Tedeschi et al., 2018). PTG is an active process incorporating both cognition and behavior (McLean et al., 2013), which allows for needed cognitive restructuring (Calhoun & Tedeschi, 2014). Currier et al. (2015) identified that military members are more likely to experience positive mental health outcomes when they are able to focus more on the positive aspects of their experiences. Many of the participants now work in the civilian sector providing mental health services and other ancillary services as they focus on the gains that they received as part of their military service. An individual, who when faced with a potentially deeply impactful event, chooses to engage in an introspective process regarding that event is more likely to emerge with a broader view of morality (Gibbs, 2014).
Implications

As of the completion of my study, the American Counseling Association (ACA) has made the decision not to elevate the proposed Competencies for Counseling Military Populations (CCMP) to competency status. The CCMP has been redesignated the Exemplary Practices for Military Populations (EPMP) under the direction of the Board of Director’s for the Military and Government Counseling Association (MGCA), a division of ACA, and executed by its task force. More so than best or exemplary practices, competencies direct minimum acceptable practices of the counseling profession and other divisions of ACA, such as the Association for Multicultural Counseling and Development (AMCD) and the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) have competencies for practice. It may be beneficial to re-evaluate the EPMP, and its components, in the future with the goal of increasing its status to competency. The seven core components of the EPMP are the same as the proposed CCMP as described in Chapter II. Implications of my study will be framed in the context of five of the seven core components of the EPMP: assessment of presenting concerns, treatment, military culture, ethics, and advocacy.

Implications for practice

The experiences of each participant in this study were varied and yet the participants all connected to their time in military service as deeply impactful. As a result, the findings from this study might further inform counselors who work with military members and veterans on the complex nature of the combat-deployment experience. Findings from this study could also benefit counselors by underscoring the nature of combat-related trauma when considering moral injury as a corollary condition. Furthermore, because moral injury in particular has become an increasing area of concern for combat-exposed military members presenting for treatment.
an understanding of how moral injury differentiates from PTSD is important to clinical understanding and ultimately in providing more effective clinical services. Findings from this study may highlight the need for more targeted assessments to differentiate moral injury from PTSD and the need to further develop treatments that specifically address moral injury. Several participants identified symptoms consistent with PTSD, such as hypervigilance, with the majority identifying situations that had possible moral implications without the experience of injury. Consequently, this study illustrates the value in counselor’s exploring moral content with military clients regardless of the presence of moral injury.

Stebnicki (2021) argues that there is a significant gap in terms of appropriate therapeutic modalities for working with the military population. Currently, therapeutic modalities, such as adaptive disclosure and transpersonal existential meaning-based therapy, are under development in order to directly address moral injury in military clients (Gray et al., 2021; Myers & Lane, 2021). Counseling programs that include coursework geared towards counseling military members would benefit from acknowledging this gap, providing up-to-date information on newer therapies, and emphasizing the need for understanding newer constructs, such as moral injury, that are important to providing clinical care to military clients.

Implications for training

In 2015, Stebnicki (2021) developed coursework in clinical military counseling as a certificate program at East Carolina University, which was later offered through the Telehealth Certification Institute of New York. Infusing content into classes such as multicultural counseling, lifespan, and ethics would be a method of introducing coursework involving clinical military counseling. Clearly, there is a need for counselor educators at both the graduate and
post-graduate level to provide specialized coursework and training for counselors who intend to work with military clients. Myers and Lane (2021) state that every military member belongs to the warrior class. Clinicians who have devoted and immersed themselves to learning about the military culture and obtaining those special skills and knowledge belong to [an] unique group of compassionate healers. Indeed, this devotion requires a special commitment or a pact with the warrior client, and this pact is not something to enter lightly (p. 3).

An understanding of the unique needs of military members, which is grounded in knowledge of military culture, is necessary to providing competent services (Redmond et al., 2015). Participants largely identified unit cohesion and the sense that their wartime actions were to serve a greater good were in part a byproduct of military culture. Furthermore, participants identified the desire to preserve lives and maintain the safety of the unit as a component of military culture. Counselors who receive training in working with military clients and whose cultural backgrounds are more individualistic in nature would benefit from identifying and bracketing their beliefs so that they are better able to conceptualize and interact with military clients from the collectivistic culture of the military.

Ethical practice in working with military clients involves an ongoing willingness to engage in continuing education that focuses on the clinical concerns of military members as well as a commitment to engaging in regular self-care practices (Exemplary Practices for Military Populations [EPMP], 2021). Suicide rates in combat-deployed military members are of significant concern, particularly as the number of suicide deaths outpaces combat deaths (Pilisuk & Mahr, 2015). The experience of the participant who lost a combat-buddy to suicide after a negative experience with a counselor serves to underscore the gravity of counselor’s receiving
necessary and appropriate training in order to work with a specialized population, such as the military. Due to the potential for military client suicide and for counselor vicarious traumatization, counselors who work with military clients would be well advised to actively engage in a self-care routine and to regularly seek out consultation with the appropriate colleagues.

**Implications for policy**

The EPMP (2021) identifies advocacy efforts as the “counselors’ ability to understand and influence individual, system, and public policy efforts to increase access to mental health resources for military-connected clients and promote the role of counseling professionals working with military populations” (p. 6). Access to needed mental health care for military clients is of critical concern due to increasing mental health concerns in the population. Licensed professional counselors (LPC) are a resource for providing needed mental health services for military clients. According to the National Board for Certified Counselors (NBCC) website, LPCs who hold doctoral degrees from a Council for Accreditation of Counseling and Related Programs (CACREP) accredited program became eligible to work for the Veterans Administration (VA) in 2006 with the passage of H.R. 6416 under the President Obama administration. Despite the change in legislation, the pace at which LPCs have been hired into the VA system has been abysmally slow. It was in 2020 that S. 785 was signed into law, which allowed for the VA to begin addressing barriers to hiring counselors into the VA system ([https://www.nbcc.org/govtaffairs/veterans](https://www.nbcc.org/govtaffairs/veterans)). My study demonstrates that the needs of combat deployed military members are complex as those individuals experience a variety of reactions to their wartime experiences, ultimately culminating in a fundamental change to the self. Access to competent, compassionate mental health care is critical and can be provided by counselors who
have been trained to work with military clients. Counselors who are interested in working with military clients, particularly through the VA, would benefit from partnering with NBCC in order to advocate for the removal of the barriers that have prevented counselors from serving veterans through the VA system.

While there are pre-existing resources, such as the VA, there is a need for veterans and military clients to have access to other resources as well. Participants of my study described that while they were deployed, they largely believed that they had the support of other military members who served alongside them. For some of the participants those relationships extended beyond their time in the military. Counselors who are involved in either providing care for military clients or the development of military treatment programs would benefit from establishing a mechanism for military members to support each other as part of the healing process as there are “…many veterans [who] do not want to discuss their experiences with civilians…” (Stebnicki, 2021, p. 11). Compassion and pride, which are considered moral emotions within the framework of the social-functional model of moral injury, motivates prosocial behavior and allows for an identity that is valued by society (Drescher & Farnsworth, 2021). Several of the participants of my study identified the work that they are now doing in the civilian sector which directly impacts veterans and military clients has provided an avenue for meaning making. Supporting military members and veterans engaging in acts of community service with other service members can work as a mechanism for mitigating both trauma and moral injury.

**Limitations and Delimitations**

A limitation of this study was that the majority of participants had one or two deployments and not multiple deployments. Although it is generally understood that moral
injury, unlike PTSD, tends to occur in the context of a singular event (Vincenzes, 2013) several of the participants identified more of the arousal symptoms of PTSD even after one or two combat deployments. The lack of additional female participants is another limitation of this study. MST was identified by participants as a potentially morally injurious event, and it was the one female participant who had the deepest perspective on the impacts of MST.

A focus group may have been beneficial in the data collection process. Focus groups allow for the possibility of more nuanced participant responses due to participants considering the responses of other participants. However, there is a risk that a focus group would be an ineffective form of data collection given the potential for “sensitive” and “highly personal” content (Merriam, 2009, p. 94). Finally, the response rate for member checking was low.

Delimitations of this study include that although multiple participants acknowledged that they had symptoms of trauma and one participant had a diagnosis of PTSD, no participant was acutely symptomatic. Another delimitation of this study was that individuals who were not deployed to a combat-zone were not included in this study. Finally, veterans of wars other than the Gulf War or OEF/OIF were not included in this study.

**Recommendations for Future Research**

**In the assessment and treatment of moral injury**

The themes that emerged in this study illustrated how military members who were combat deployed during either the Gulf War or OEF/OIF made sense of their war-time experiences. Future research can explore how these themes might inform the assessment of moral injury. Future research may also include a further exploration of the moral concerns of combat deployed military members even in the absence of moral injury. Myers and Lane (2021) noted that the treatment of moral injury “should have a more theological structure” due to the
spiritual concerns often associated with moral injury (p. 237). As the majority of the participants of this study did not identify spirituality as a significant component of their moral understanding of wartime experiences, further research on the role of spirituality in wartime experiences would be warranted. Previous studies have not addressed the role of moral development in moral injury so that future research may want to further explore moral development as a means to furthering our understanding of moral injury and its clinical presentation.

**In other wars**

The themes of this study emerged as a result of interviewing a small group of individuals who were deployed to combat zones during more recent conflicts in history, specifically the Gulf War and OEF/OIF. Future research may want to focus on the generalizability of these themes to combat deployed military members of other wars, such as the Vietnam or Korean Wars. Grossman (2009) identified that in the Vietnam War “we have not made [soldiers] capable of handling the moral and social burdens” of killing during combat (p. 295). The act of taking a life, regardless of the era of the war, is acknowledged as positively correlated to the likelihood of moral injury (Burkman et al., 2021). Consequently, current wars, such as the ones between Ukraine and Russia as well as Israel and the Palestinians bears examination when considering the potential for moral injury.

**In military sub-populations and civilian populations**

As of 2013, female military members are now fully able to participate in combat operations with 300,000 female military members deploying during OEF/OIF. The demographics of the military are such that approximately 16% of military members are female (Stebnicki, 2021). Future research might consider focusing on the unique experiences of females in military service, including examining the role MST might play in the experience of moral injury. Current
research on MST emphasizes the correlation between MST and commonly found co-morbid conditions, such as PTSD, depression, and substance abuse (Myers & Lane, 2021).

Future research on moral injury may want to focus on military members in positions of leadership as their perspective on wartime activities seem to vary from other combat-deployed military members. Grossman (2009) identifies that officers are generally not responsible for killing enemy combatants. For this reason, it may be beneficial to focus on leadership within special forces units to explore the relationship between leadership, individual mentality, and those circumstance where killing an enemy combatant is a component of the mission. Individuals in special forces units are typically considered to be mentally and physically resolute as a result of the need to preserve the safety of the unit considering the difficult nature of their missions (Stebnicki, 2021).

The potential for moral injury may not exist solely with military members. Nuttgens and Chang (2013) describe moral distress as “the experience that follows when one feels constrained from acting according to what one believes to be ethically correct” and that evidence of moral distress has been found in healthcare professions, such as nursing, and supervision in counseling (p. 284). Since moral injury has similar features, such as acting in a manner that contradicts deeply held moral beliefs, future research may want to focus on the potential for moral injury in various healthcare populations, including counseling.

**In counselor education and counseling practice**

Interviewing counselor educators on their perspectives regarding the training of counselors who work with military members and the delivery of clinical services to military members may be useful. Counselor training programs typically do not include coursework or a specific class to address clinical military counseling. Furthermore, programs that do include
coursework on clinical military counseling tend to have “discrepancies [in] curricula [that] have promoted questions about the knowledge and skills of licensed counselors” (Carter & Watson, 2018, p. 157). If the counseling profession is to promote its members as capable clinicians able to address the clinical concerns of military members, then developing a uniform educational standard for clinical military counseling is needed.

Interviewing counselors who work with military clients on their perspectives surrounding providing clinical services may be useful to future research. It is likely that many counselors who work with military clients have encountered moral injury. It may be useful to explore with counselors their level of knowledge and understanding of constructs such as moral injury as it relates to working with combat-deployed military members.

Finally, future research may also want to focus on interviewing counselors who are veterans. Several participants of this study were both counselors and veterans, which provided a unique perspective on moral concerns. Other participants worked in fields that were closely related to providing mental healthcare services to veterans and military clients with only two participants having no direct affiliation with the mental health field as a profession or another ancillary profession. Military members or veterans who work as counselors or in other related professions have higher levels of education (e.g. graduate level training), which is likely positively correlated to self-exploration and personal growth. Future research may want to examine the role that education status and degree of introspection plays in the potential for moral injury.

**Personal Reflections**

Getting to interview these Veterans was such an amazing experience. I felt so honored to hear their stories and their varied perspectives on the experiences that they had when deployed. I
also felt honored by how much vulnerability was displayed by many of the participants and to a degree that in some cases took me by surprise. I was delighted to discover that when I started participant recruitment how many individuals were quick to volunteer, feeling that my dissertation study was important and that their experiences could help me understand what it was like for them to go to war. I also felt some of my biases being challenged as a result of interviewing these participants, particularly the bias about the stereotypical rigidity of military members.

I wish that I could’ve had more female voices in this study. I had one particular potential female participant that I was really hoping to connect with and, although I don’t know with any certainty, I suspect that she wasn’t ready to share those parts of herself with me. The one female that I was able to interview readily brought a degree of thoughtfulness and vulnerability that really set a high bar for the other participants. Then there was the subset of participants who expressed that there was a certain amount of anxiety about the questions that I might ask and so I admire them all the more for taking a risk in having the conversation with me. I suspect it reflected the parts of them that joined the military out of a desire to be of service to others. Some of those individuals have even taken that service driven focus and brought it into the decision to become counselors who provide services to military members and first responders.

When I think about the overall experience, I can’t help but reflect on how much I gained from these conversations. This experience highlighted how important it is for counselors who work with military members to have a deeper understanding of their experiences and the role that moral injury may play in their post-war lives. I’ve also gained a greater appreciation for the veterans who have been part of my personal life, particularly my grandfather who was a World War II Veteran. I wonder if he would connect to the concept of moral injury the way that others
who have experienced war seem to have connected and wish that I could have that conversation with him.

I also wonder now about those fighting in the current war between Israel and the Palestinians. That particular conflict deeply resounds with me. I cannot fathom what they must be experiencing, particularly knowing that so many innocent civilians have been killed and in such horrific ways. I have also thought, although admittedly to a lesser degree, about the war between Russia and Ukraine perhaps because, although horrific, the brutality of what has happened in Ukraine has been overshadowed by the Israeli-Palestinian conflict.

**Conclusion**

In this chapter, I reviewed how the results connected to the research literature. In addition, I identified the implications of the study along with its limitations and delimitations. I also outlined recommendations for future research. Finally, personal reflections were included.
References


APPENDIX A

LETTER OF INFORMED CONSENT

Dear ________________________:

I am a graduate student under the direction of Professor Zarus Watson, PhD in the College of Liberal Arts, Education and Human Development at the University of New Orleans. I am conducting research to explore the experiences of military members who have been deployed to a combat zone during Operation Iraqi Freedom and/or Operation Enduring Freedom. I am requesting your participation, which will involve 2 individual interviews lasting approximately 60 minutes each. Your participation in my research is voluntary. If you choose not to participate or to withdraw from the research at any time, you will incur no penalty. The results of my research may be published, but your name will not be used. Although there may be no direct benefit to you, the possible benefit of your participation is that you will contribute to a body of knowledge aimed at improving care for the military population.

If you have any questions concerning the research study, please call me, Deborah Allsbrook Roth at (504) 920-5920 or Dr. Watson at (504) 280-7434.

Sincerely,

Deborah Allsbrook Roth

By participating, you are giving consent to participate in the above research.

If you have any questions about your rights as a participant in my research, or if you feel you have been placed at risk, please contact Dr. Ann O’Hanlon at the University of New Orleans (504) 280-3990. If you feel any distress as a result of your participation in my research, mental health resources are available to you. You can contact the Veterans crisis hotline at (800) 273-8255 or a civilian text messaging-based crisis hotline at 741 741. You can also contact me, Deborah Allsbrook Roth at (504) 920-5920 for a list of mental health therapists who would see you for a limited number of counseling sessions on a pro bono basis.
APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

1. Email address: ___________________________________________________________

2. Name the branch of the military in which you serve(d): ______________________

3. Enlistment Age: _________________________________________________________

4. Current Age: ____________________________________________________________

5. Gender: __________________________________________________________________

6. Racial Identity: __________________________________________________________________

7. Ethnic Identity: __________________________________________________________________

8. Active duty? Yes or No
   a. If no, how long were you on active-duty status? __________________________

9. Number of times you have been deployed to a combat zone? ___________________
   a. If multiple deployments, how long between deployments? __________________

10. Your MOS? __________________________________________________________________

11. Marital status: Single Married Divorced Widowed In a Relationship
    a. Number of times you have been married? ________________________________

12. Number of children you have (indicate 0 if you have no children)?____________

13. Your religious affiliation, if any? __________________________________________________________________
    a. Attendance at religious services: None Daily Weekly Monthly Yearly

14. Are you a spiritual person? Yes or No
APPENDIX C

PROTOCOL QUESTIONS

First Interview:
1. What are your thoughts about talking with me today?
2. What were the reasons you decided to join the Military?
3. What are/were your primary responsibilities in the Military?
4. Thinking back over the course of your life, how did you learn what is right or wrong/good or bad?
   a. Give me an example or a situation of something that happened in your life that you thought was wrong. How did you deal with it?
   b. Have your concepts of right/wrong, good/bad changed since your deployment(s)? If so, how?
5. If you have considered yourself a spiritual or religious person, what role have those beliefs played, if any, in your experiences while deployed?
6. How has your cultural background, including military culture, shaped your experiences while deployed? If at all?
7. What are your thoughts or feelings about our discussion today?

Second Interview:
1. How are you feeling about meeting for the interview today?
2. (Use participant photos and news clips) Tell me about your deployment.
   a. What was it like for you?
   b. What do you think or feel when looking at these photos?
   c. If you deployed more than one time, what was it like for you in between deployments?
3. I’m going to remind you that what we talk about in here is confidential. I also understand that there are some sensitive situations that you might not be able to discuss. With that in mind, I’d like you to describe an experience or event that you did or saw while you were deployed that you didn’t agree with.
   a. What did you do in those circumstances?
   b. How do you think these experiences affected you?
4. Were you supported by your command and/or fellow service members?
   a. If yes, how were you supported?
   b. If no, what was lacking?
5. While you were deployed, if you saw something happen that you disagreed with how did you handle it?
6. What are/were your responsibilities since your return from deployment?
7. Describe any differences in yourself since your deployment.
   a. Do others, such as family or friends, describe you as different? If so, how?
8. Do you think you act differently since your deployment(s)? If yes, how?
9. What do you think your family/friends/community thought about your deployment?
10. Now that we’ve come to the end of the interviews, I would appreciate hearing your thoughts or feelings about this experience.
APPENDIX D

IRB APPROVAL LETTER

THE UNIVERSITY of NEW ORLEANS

INSTITUTIONAL REVIEW BOARD

Memorandum

Principal Investigator: Christopher Belser
Co-Principal Investigator: Deborah Allsbrook
Roth Date: January 13, 2023
Protocol Title: Moral Dilemmas: A Phenomenological Exploration of Military Members' Experience of War
IRB Number: 03Jan23

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has deemed that the research and procedures of the above-named protocol are compliant with the University of New Orleans and federal guidelines and meet the standard for expedited IRB review according to:

A. Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. […]

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Review of the submitted protocol indicated that all procedures are in compliance with 45 CFR 46. Any changes to the procedures must be reviewed and approved by the IRB prior to implementation. All approvals are valid for one year and can be renewed upon request.

I wish you much success with your research project. If you have any questions, please do not hesitate to contact me at 280-7481.

Sincerely,

Roberto Refinetti, PhD
IRB Chair
VITA

Deborah Allsbrook Roth was born in New Orleans, LA. She received a bachelor's degree in psychology from the University of New Orleans in 2005 and a master of health science in rehabilitation counseling from the Louisiana State University Health Sciences Center New Orleans in 2007. She entered the PhD program in Counselor Education at the University of New Orleans in 2014. While enrolled in the PhD program she taught coursework online as an adjunct faculty member for the master of art in mental health counseling and wellness program at New York University Steinhardt. She is also a former president of the Alpha Eta chapter of Chi Sigma Iota and a former division president of the Louisiana Military and Government Counseling Association.