

★★★ DEPARTMENT OF THE AIR FORCE ★★★

AETHER

A JOURNAL OF STRATEGIC AIRPOWER & SPACEPOWER

VOL. 2 NO. 3

FALL 2023



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FROM THE EDITOR

Dear Reader,

Service. Duty. Honor. Integrity. Hero. These words can represent an enormous weight for the less than 7 percent of the US population—1/2 of 1 percent active duty and approximately 6.4 percent veteran—who have voluntarily embraced their deeper meaning and commitment through military service. From the oath of office to the various service iterations of core military values, these ideals, spoken and thus internalized and enacted, demand individuals forego an increasingly myopic inner- and self-focused world, and engage—mentally, physically, emotionally, and spiritually—with what it means to inflict lethal violence in pursuit of state ends.

For some, these ideals have elicited the ultimate sacrifice. But for others, the sacrifice comes by way of deep wounds, not readily visible. The earliest human warrior stories, ancient religious texts, and literature across centuries tell the tales of war's tragic mental detritus. The human psyche has not changed; the violence of war and killing in war has not changed. But global society's relatively recent ostensible embrace of the notion of universal human rights has placed warriors in many democratic nations in an impossible position: fulfill the actions required by a commitment to a noble cause and the highest ideals and risk a reciprocated mental violence that long outlives the physical violence one experiences in war.

Heroic actions, serving a cause greater than self, or fulfilling a sworn duty, can violate the transcendental ideals underlying these notions. It is not heroic to witness a terrible crime and be unable to stop it because of the rules of engagement and mission goals. Leaving innocents to certain death at the hands of the enemy because one cannot stay to defend a village is not serving a greater cause. Fulfilling a duty to support and defend the Constitution, a document founded on ideal aspirations for individuals and community, can lead to one engaging in activities that would be punishable by prison or execution at home. And humans, at least those with a moral, ethical compass, do not ask a foreigner, at mortal threat to that individual and their loved ones, to help them stay alive and further a mission, and then abandon that person to reprisal, including torture and death. War's reality is often difficult or impossible to reconcile at these levels.

The trauma suffered as a result of these violations, the exact definition of which is still being debated, continues to affect our warriors. Moral injury, a term coined in the

late 1990s based on clinical work with Vietnam War veterans, is the primary construct used to describe this trauma, which has expanded beyond the military context to reflect the moral distress seen, for example, in the healthcare field during the COVID-19 pandemic. Ultimately, unambiguous clinical definitions are important for society and bureaucratic structures with responsibilities to help those suffering make progress toward healing. Moreover, in sending our citizens to battle, we bear the responsibility to participate in their mental and emotional healing process. A moral injury suffered on behalf of the United States in war is an injury to the psyche of our nation as a whole.

In the aftermath of the abrupt withdrawal from Afghanistan two years ago in August 2021, the almost immediate recapture of the government by the Taliban, and amid ongoing global efforts to help those who helped the US military leave that country for safety, the injury to veterans' moral selves as the result of operations in Iraq and Afghanistan has only been exacerbated. This special issue of *Æther: A Journal of Strategic Airpower & Spacepower* intends to further the conversation that Jonathan Shay, Dave Grossman, and others began three decades ago, both scholarly and personal, on the subject of what is currently referred to as moral injury.

The special issue opens with a foreword by Chief Master Sergeant of the Air Force JoAnne Bass, urging individuals, leaders, units, and families to engage on the subject. *Battlefield Perspectives* begins with a conversation between two veterans of US operations in Iraq and Afghanistan, Dave "Lewdog" Lewis, a retired Air Force colonel, and Paul "VooDoo" Nelson, a retired Air Force colonel and physician, both of whom now work in veterans' service and support. They discuss moral injury and their perspectives on ways toward healing. Retired Air Force Chief Master Sergeant Dave Nordel reflects on his experiences as a nurse in Iraq—specifically fulfilling a procedure called *clearing the beds*, which in some cases meant poor to mortal outcomes for some patients. The forum closes with a reflection by Air Force Colonel Dave Blair on the emotional and mental preparation for war. He considers changes to the character of war, sacrifice, the military profession, and the relationship between killing and identity.

The issue then turns to a selection of current scholarship on the topic of moral injury, including views from the disciplines of history, psychology, ethics, philosophy, and psychiatry. In our forum *With Us from the Start*, Heather Venable examines the experiences of World War II bomber crews, finding clear evidence that unlike some theorize, air combat crews underwent psychological trauma akin to moral injury despite their distance from their targets. *Terms of Reference* leads with an article by Tim Hoyt arguing for the importance of distinguishing the term moral injury from sometimes comorbid but different experiences of emotional and mental trauma, including posttraumatic stress disorder. The forum concludes with a call to reconsider the term itself. Ann Jeschke questions the application of a diagnosis that engages decidedly ambiguous terminology, including questions about universal definitions of morality and the use of injury to suggest moral weakness or damage, and proposes instead a healing approach through ritual that embraces the notion of a broader injury to society that must be remedied.

Our final forum, *Implications for the Warfighter*, takes us on a philosophical journey through the views of war promulgated by amoral realism and pacifism. Dan Connelly argues both views deny the validity of war as a legitimate form of statecraft, making our warriors mere functionaries destined to commit evil on behalf of the state. In the second and final article in the forum, Mary Bartlett and Nicole Schmitz remind us suicide has a profound impact on the military and find evidence that moral injury is a risk factor for suicide. They offer recommendations for the military to better address this driver of suicidal ideation and suicide.

As always, I am exceedingly grateful for the authors and for Team *Æther*, without whom this issue would not exist. In addition, I would like to thank our guest editors: Paul Nelson, Tim Hoyt, Dan Strand, Mike Weaver, and Betty Ann Venth. These practitioners and scholars took significant time out of their busy schedules to help bring the issue to fruition.

This *Æther* issue also represents a special collaboration with the 711th Human Performance Wing and the US Air Force School of Aerospace Medicine. Their contributions of time, scholarship, and resources completed a journal effort that began a year ago, in September 2022. We appreciate their invaluable participation and partnership.

Our fall issue intends to be the opening lines in a longer-running military-driven dialogue on the subject of what is currently referred to as moral injury. We hope you find it informative, thought-provoking, and for some, even healing. *Æ*

~The Editor

FOREWORD

JoAnne S. Bass

For 75 years, America's sons and daughters have volunteered to raise their right hands and defend our great nation. In a country with a population of 332 million, our service members and veterans make up less than 7 percent of all those who are eligible to serve. That service does not come without its share of challenges. There is a weight that each of us carries when we, as the embodiment of what the nation aspires to be, raise our right hand and swear an oath to the Constitution. In an all-volunteer force, each of us takes that oath freely, and each of us agrees to share in those challenges.

Make no mistake, military service can be a rewarding experience. It is a pursuit of excellence in service to something higher than self that also brings personal growth. Yet, sometimes, service to our nation exacts a toll that is physical, mental, and emotional in its breadth. The unique and sometimes troubling physiological and psychological effects of military service can be enduring and may often remain buried deep in our souls.

For some, the burdens they carry are obvious. But far too many suffer in silence, with families often paying the price. For every tragic statistic of a veteran's or service member's suicide, there are many more individuals and families who are hurting.

Encouragingly, over the past several decades, we have become much better at talking about mental health, recognizing that these invisible wounds and scars are every bit as real as their physical manifestations that may be more easily seen. Research and treatment regarding one profound psychological wound of military service, posttraumatic stress disorder (PTSD), are now commonplace, with established healthcare services that assist sufferers toward healing. We still have much to do in treating this trauma field, but it is no longer a taboo topic of conversation or reason for shame. There has been a renewed interest from service members, commanders, and those in the healing professions, such as our chaplains and medical and mental health professionals, who are helping individuals grow beyond the initial injury and emerge stronger and more resilient, scars and all, after their military service.

Chief Master Sergeant of the Air Force JoAnne S. Bass is the 19th Chief Master Sergeant of the US Air Force.

Fortunately, the focus on military-service-related mental and emotional injuries has expanded, and over the past 30 years, practitioners and academics have shown increasing interest in identifying, exploring, and mitigating another psychological effect of military service, moral injury. According to the Moral Injury Project at Syracuse University, moral injury “refers to the lasting emotional, psychological, social, behavioral, and spiritual impacts of actions that violate a service member’s core moral values and behavioral expectations of self or others.”¹

As the articles in this issue demonstrate, the experience of moral injury has existed throughout our history. Yet the field of moral injury research is only recently growing, and the military and civil society will need to respond in meaningful ways to ensure our service members get the care and treatment they need.

War is messy. War takes its toll on all those impacted by it. Regardless of when and how someone serves, all military members will need to take full advantage of all the opportunities and programs designed to help them heal individually, as a military, and as a nation. This isn’t a solution that will manifest overnight. It takes time, and it takes compassion for our brothers and sisters in arms.

This special issue of *Æther: A Journal of Strategic Airpower & Spacepower* is intended to serve as a 2023 benchmark for academic research and practitioner experience concerning the phenomenon of moral injury, and to help move the conversation toward healing forward. The US Air Force has only recently begun to address moral injury from an institutional standpoint. This special issue can also serve as a starting point for discussions in the squadron, among peers, and within families. It is intended to augment and further complement work ongoing in the field.

Additionally, it serves to initiate a direct intra-military service conversation about moral injury in the aftermath of the August 2021 withdrawal from Afghanistan—a shared experience of devastating images and tragedy across the US military community, whether or not one served directly on the ground or in the air in Afghanistan. The articles are intentionally diverse in their approach to the topic, covering practitioner experiences and academic perspectives from fields including psychiatry, history, psychology, ethics, international relations, and philosophy.

While researchers and practitioners work on better identifying and evolving approaches to treating this outcome of military service, military members, families, and veterans can simultaneously take actions to mitigate the effects of moral injury and work toward healing—taking care of ourselves and each other. First, this requires us to talk openly and honestly about our experiences—giving voice to the “stuff” we’ve dealt with and normalizing our unique and larger shared military experiences. Truly, the Department of Defense is overdue for an honest evaluation of the negative impact on service members and veterans resulting from 20 years of war that lacked a clear victorious outcome. Only then can real healing take place, collectively and individually.

1. The Moral Injury Project, “What is Moral Injury?,” Syracuse University, accessed August 15, 2023, <https://moralinjuryproject.syr.edu/>.

Foreword

This important waypoint in the moral injury dialogue has been in development for close to a year. The dedicated issue is the result of ongoing academic work at Air University, the US Air Force School of Aerospace Medicine, the Air Force Academy, other service universities, the Defense Health Agency, and work in other government and nonprofit arenas. The editors and contributors are deeply invested, as am I, in continuing the multipronged approach to moving our elite, self-sacrificing Airmen, Soldiers, Sailors, Marines, Guardians, Coast Guard, and veterans away from moral injury toward peace and the place of healing. As one author in the issue notes: our “lifetime of fighting . . . is not an unalloyed good. For many of us, this source of strength is a source of wounds; for all of us, there was some cost to live this sort of life.” Another reminds us that “pain is inevitable; healing is optional.”

Our nation continues to owe a great debt to the men and women who volunteer to defend the homeland. We ask much of our service members, and they give even more. When it comes to caring for them, both in and out of uniform, we have to show the same level of commitment. How we care for our brothers and sisters in arms matters. They matter. *Æ*

A CONVERSATION ABOUT MORAL INJURY

DAVE LEWIS

PAUL NELSON

Retired Colonel Dave “LewDog” Lewis and retired Colonel Paul Doc “VooDoo” Nelson met first at Spangdahlem Air Base, Germany, when LewDog was deputy commander of the 52d Operations Group and VooDoo was assigned to the 23d Fighter Squadron. When LewDog took command of the 14th Operations Group (2004–06) at Columbus Air Force Base, Mississippi, he brought VooDoo along with him as the base’s senior flight surgeon.

Since 2010, they have worked closely together on service member reintegration and veterans’ issues. During VooDoo’s final assignment as the Air Force Surgeon General’s chair to Air University, LewDog was named an Air University visiting scholar, which allowed them to continue to collaborate. As professionals they debated how to refer to each other in an academic format, finally settling on “LewDog” and “VooDoo” to reinforce to the reader that what follows is not only a professional but also personal conversation between two old friends and colleagues who have worked on these issues for many years together.¹

VooDoo: I appreciate you taking the time to talk about the concepts of moral injury from your perspective—as an operator, as a strategist, and now in your role as the director for the Harris County, Texas, Veterans Services Department. As an operational physician who worked hard to stay current throughout my career, I had never even heard the term until about 2011 or so, when you mentioned it to me and asked if these were some things I was dealing with after returning from a difficult deployment to Afghanistan. When you described it, a light bulb came on. Can you talk about the origins and evolution of the term moral injury, how you became aware of it, and how you understand the concept to be defined today?

LewDog: Until recently, very few people had heard of the term moral injury. But if we go back and study history, especially the ancient Greeks, we find instances of moral injury—a specific type of mental and emotional injury that can come from a variety of experiences and can manifest in different ways—described in literature.

1. The following discussion was conducted over Zoom on April 20, 2023. Each paragraph was subsequently edited for readability and brevity while retaining the essence of the conversation.

For example, Homer's epic poems *The Iliad* and *The Odyssey* have very clear descriptions of what we consider today to be moral injury. In the 1990s, Veterans Affairs psychiatrist Dr. Jonathan Shay really elevated the concept of moral injury and popularized the name, but the phenomenon or experience is nothing new. What history has taught us is that human beings—unless they're sociopathic or psychopathic—do not like to kill other human beings. When you are either witnessing or perpetrating things that violate your deep personal moral beliefs, there's an effect that is generated. It's pretty easy to explain to somebody when we're trying to raise awareness about moral injury. And yet, when I talk to most people they say, "Wow, I've never heard of that before." But we see it all the time in our warriors.

Recently, a good friend of mine—a Baptist preacher and veteran—was sharing some difficulties he was having with another veteran who was experiencing some life challenges. I asked him if he'd ever read anything about moral injury, and it was a completely new term to him! We human beings haven't evolved a lot in the last 2,500 years, so there's nothing strange and unusual about our recent wars that caused us to experience moral injury. I believe this is something we need to talk about, give it a name, and better understand it.

VooDoo: Years ago I became aware of retired Lieutenant Colonel Dave Grossman's book *On Killing*, which was one of the first books to methodically address the human aversion to killing other human beings.² Our professional military has become very proficient over the past 75 years in decreasing our human, natural resistance to killing others and has been able to desensitize our military members to the act of taking another person's life in combat. While this makes sense in terms of military operations, we put our humanity at risk when we do this.

LewDog: That's an important point. Grossman talks about going back to Civil War battlefields and looking at the rates of fire on the enemy. If you calculate the rates of fire and determine the distance between squads, the injury and fatality rates are much lower than the math predicted. It turns out that firing on the enemy in the Civil War was actually the exception and not the rule. For example, they found multiple muzzle-loaded weapons with several charges rammed in them but never fired, presumably because of the aversion to killing, even when personal safety is threatened. The closer the proximity we are to our enemy the more difficulty we have morally to fire because it gets very personal. Fixing bayonets was an especially significant event because it signaled to both belligerents that the fight was about to get very personal.

If you are the perpetrator of violence on behalf of your country, it becomes very challenging from a moral aspect. Since World War I, we've trained our warriors to kill other humans limbically. If we look at how we train our infantry forces, especially those who are at the pointy end of the spear, it is based upon a very simple stimulus challenge and response that is predictable and good in combat. We condition our warriors to react semi-autonomously—without thinking.

2. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Little, Brown and Company, 1995).

Post-combat, and especially post-military service, however, our brain starts to think about our response. That can be a problem. We think this is the root of a lot of what we now call moral injury. Add in the other part of the limbic brain being challenged—living in a state of fear, fight, flight, or freeze reaction—that is designed to keep you alive. But moral injury is different.

One of the issues is that we have posttraumatic stress (PTS) challenges coexisting with moral injury. The American Psychiatric Association *DSM-5-TR* manual [*Diagnostic and Statistical Manual of Mental Disorders, Text Revision*] provides the criteria to make a mental health diagnosis. Since as of now there are no diagnostic criteria for moral injury, we think that many cases are either not reported or they get lumped into the posttraumatic stress disorder (PTSD) criteria.

I have a simple way to explain it: PTSD is when something traumatic happens to you. Moral injury occurs when you are the perpetrator of violence, you witness violence, or you feel betrayed by events that have unfolded. In some ways, PTSD is more fear-based, and moral injury is more reflective or personally introspective. That distinction becomes important, because if we lump everyone together, we may end up missing the mark. Obviously, I'm not a clinician but it seems intuitive that if we don't have the right diagnosis, we won't provide the right treatment.

VooDoo: As a long-time clinician, I'll agree with you. Let's talk more about PTSD, and more specifically posttraumatic stress. Normal people experience stress after witnessing or being a part of an abnormal situation. Maybe this is witnessing a serious car wreck or engaging in combat operations. This of course applies to veterans and first responders, but it can also apply to other people, too. A startle response or hypervigilance is a normal protective mechanism designed to keep us alive in a dangerous situation.

For most people, several weeks or months go by and they return to normal. The symptoms may have been very troublesome, but most tend to burn out. Unfortunately, for about 20 percent of the people with PTS, they get stuck or "fixed." For these people PTS can permanently interfere with basic life skills and functioning, especially if not treated—it becomes a "disorder." That's the PTSD that gets all the headlines, of course. What are your thoughts about PTS, PTSD, and the connection to moral injury?

LewDog: I agree with your summary of how PTS becomes PTSD. The biggest challenge with posttraumatic stress is when your brain gets hijacked—that is, that fear-based limbic response gets hijacked—and you can't rationally think your way through the challenge.

Now when we get to moral injury it almost becomes the exact opposite process in your brain. Let's say you're the one who takes a life—especially when it is your own limbic response to a threat. As you reflect upon that experience later—often it's a long time post-combat—that's where the cognitive dissonance starts to occur, and you start to question your own morality. I think this explains why we are seeing many of our Vietnam-era vets struggling today. They put it in a container when they got home and tried to reintegrate back into society. Now that they are retiring and thinking

about their own lives, they have plenty of time to think through their experiences in Vietnam. A lot of repressed stuff is leaking out now . . .

I think it's important that we cast the net wide when it comes to identifying moral injury. Much of my understanding comes from Dr. Zachary Moon, a professor of theology and psychology at the Chicago Theological Institute. We don't want to have a narrow definition of moral injury because so many things play into the guilt, shame, and betrayal emotions. These experiences can overlap and become very complex. For example, if someone experiences military sexual trauma, that event may leave them with posttraumatic stress. But there may also be the feeling of betrayal—by your unit, maybe a supervisor or commander, or by your peers. That sense of betrayal is very real and may leave a person with a moral injury associated with the traumatic event.

VooDoo: Here's one I don't really understand: around 10 percent of our military vets were involved in active contact with the enemy, while 90 percent—like me—spent most of our time in support roles. And yet, from the VA's statistics, anywhere from approximately 10 to as high as 30 percent of vets experience PTSD and are rated by the VA. Some of the highest rates are in Vietnam-era vets, and we are still trying to understand the magnitude of the issue in vets who have served in the last 30 years. Why the big difference between the percentage of those exposed to trauma, whether from combat or other experiences, and the rate of PTSD, in your opinion?

LewDog: In my view, America's foreign policy goals are very ambitious. But to those fighting the wars, the actions are morally ambiguous, particularly in counterinsurgency operations. World War II, our "touchstone war," was unambiguous, at least for policy-makers. But for those on the ground, or in the air, or at sea, it was far more complex.

With today's conflicts, maybe we are putting ourselves on a moral pedestal that's impossible to achieve. Incidentally, our nation had never fought a war like World War II before, and has never fought one like it since, so it is really hard to draw generalities from this war.

I also think we can look at betrayal using a moral injury lens. Think about August 2021 and the way we left Afghanistan. Many veterans felt betrayed by their country: I'd characterize that as a moral injury. Many of us had thoughts like, Why did we do all this, why did I lose friends, or why did we leave our friends? It's easy to say, "I joined because we don't want terrorists to attack us again," but the reality, for those with boots on the ground trying to execute the mission in a morally ambiguous environment—we saw in very personal ways the murkiness of our foreign policy.

VooDoo: You and I first started talking about this subject after I had returned from Afghanistan working the aeromedical evacuation part of the surge in early 2010. The Joint Trauma System has resulted in remarkable survival rates for those wounded in battle—it's an incredibly good news story for our nation. And yet, as we discussed then, moving people quickly has a potential downside, too. During World War II, most vets returned home on a troop ship with 3,000 of their closest friends, and with lots of time to debrief and share experiences and talk among peers who understood, because they were there, too.

Today, there is a sharp juxtaposition between the combat experience—for those wounded and those not—and a return back home, whether to a rehab hospital or back into civil society. How might this play in today's experiences with both PTSD and moral injury? Has this impacted the experiences of veterans, particularly for those in the National Guard and Reserve components?

LewDog: In a counterinsurgency fight it's difficult to put your experiences into context. We come home—remember we're an all-volunteer force—and America is going to the mall, going to the movies, and going to restaurants. You're trying to understand how to put your own experiences into context, and it can be a real challenge. Relationships with family and close friends very often change: good relationships start to show strain, and those already facing difficulties will often bend and may finally break. One spouse will say “just talk to me” and the other spouse—the veteran—is thinking, “I can't even put my own experiences into context, let alone put it into context for you.”

You and I have talked about this . . . the most common response for someone who has been medically evacuated out of theater is almost always “When can I get back to join my unit?” We've had people lose limbs and still want to get back and join their unit. Why? Because they feel a sense of incompleteness about the mission. They didn't get to finish what they started or have survivor's guilt because their buddy didn't make it, and they want to get back to finish the mission.

We're really good at building up units and teams with incredible camaraderie and morale, but when we pop somebody out of that unit they're now often labeled and self-identify as “mission incomplete.” We are good at making them more physically whole, but we haven't addressed the attendant moral and mental components.

VooDoo: Drawing on my own experiences coming home, I didn't have a language or a mental framework to explain why I felt bad, I just knew I did. And I started falling into what now I know were very predictable patterns—angry at everyone, hard to talk to, especially to those who mattered most. I ate too much, drank too much . . . I was not headed for a good place. I couldn't explain it to my wife, or family, or my boss, or anyone. I felt like I was the only guy who felt this way, and I felt unworthy or weak and tremendously guilty and ashamed because my experiences were not anywhere within the same league as the patients I took care of—most of them frontline Marines wounded in combat. But on the outside, I put on a great mask. I was acting like I was before—like a flight doc and a colonel—but in the inside I felt like a fraud . . . really unworthy.

You and I have talked a lot about this. You gave me the language and framework and helped me understand I wasn't the only guy who felt this way. Talk to me about that, and especially the role that loved ones, friends, and communities can play in supporting veterans during this transition.

LewDog: That's an important point: we tend to challenge ourselves internally but put a mask on externally. I was on the ground with an Army unit during Desert Storm, and I was part of the wholesale killing machine. It was up close and personal. For much of the 1990s, what we did seemed morally challenging. I felt remorse, but I was thinking, “I'm the only one that's experiencing this, so I probably ought to just shut my mouth and soldier on.” So I put on the mask, carried on with my career and

the things and assignments I needed to do. Yet, like most people, I reflected upon those actions, and these challenged my own deeply held moral beliefs—“Thou shalt not kill.” I could not filter my experiences through the lens of the community—the Greeks would call that catharsis—and it created some mental isolation.

I am a strong advocate for a community-based sharing process that helps us understand our own experiences—the context of those experiences is critical. Let’s face it. In our all-volunteer force less than 1 percent of America is serving at any given time. For those that have skin in the game, it becomes really complicated. We must do a better job of normalizing our combat experiences. Like I said, in the 1990s I thought I was the only human being in history that had ever been through these challenges.

I read Homer’s *Odyssey* when I was in high school, but it didn’t really make much of an impact on me. Later in life as I read and reread this and other classic works, I realized I was not the first person that has ever gone through this! As it turns out, this is a very normal, human reaction, but nobody talked about it. We need systems in place to deal with this; a big part of that is to work within our communities to address those who carry the baggage home. We say we support the troops, but this is where the rubber meets the road.

VooDoo: We’ve talked about the tribal traditions, Native American and others. When the warrior class returns to the community, the community collectively shares the experiences and the responsibilities; the warriors, together with the entire community, bear the burden of war. What can our American society learn from this? Is there a way to apply some of these principles to where we are today?

LewDog: This is something that Native American and many other tribal communities have addressed throughout the years. Many tribes knew and know how to deal with these moral injury experiences, namely in ceremonial ways that create a shared sense of responsibility among the entire community. So how do we take our warriors and spread the responsibility for the war across the entire community? Our society doesn’t do that today, so I think there are some very good lessons to be learned from Native Americans and their perspectives.

Contemporary American society tends to turn to the Hollywood perspective: warriors are either portrayed as stoic heroes or something that is a threat to our society—the discards or broken warriors. Neither portrayal is accurate. Perhaps we may learn lessons from prior generations about how to share the burden of war across the entire society. We don’t do that very well in our country.

VooDoo: For me, coming home after 9/11 to a nation where doing our part meant going to a shopping mall and doing “normal” things was completely disorienting. I had no way cognitively to bridge the fact that I had been over there on the other side of the world where people were dying on behalf of people who are shopping.

LewDog: This is where I think we need to look at shared sacrifices that could provide a key to the “normalization” concept we need to talk about. What we experience is very “normal” for the warrior class, but when we come home there doesn’t appear to be any shared sacrifice; the challenges of war are not spread broadly across our society

like it was in Vietnam. Jonathan Shay wrote about Vietnam and moral injury, but that was largely a conscripted force.

I've always found it interesting that we had significant counterwar protesting during Vietnam by—like it or not—the people of America. We didn't really see that while we were in Afghanistan or Iraq, and I often ask myself, Why not? I think it has to do with “skin in the game”—unless you volunteer you don't perceive any particular risk. And since you were a volunteer, society may feel they really don't owe you anything more—you signed up for this, suck it up. Maybe you know somebody you went to high school with who served, was injured, or perhaps died in combat, but that's not a sacrifice for the rest of America. It's not a “clean” fight like World War II. So I think there's a feeling of betrayal from our society.

Betrayal is another form of moral injury.

VooDoo: Betrayal . . . I'll come back now to the withdrawal from Afghanistan: it was a mess . . . a tragedy played out in real time in front of every American . . . we left people behind, we lost some of our military, and in the end most of us were asking, Why the hell were we even there in the first place if this is how it ends? What was it worth? Most of us are still angry. I even remember being in Germany with you in late 2001, watching us launch F-16s to overfly Afghanistan and wondering even then, What the hell are we doing? What purpose were we trying to achieve? I didn't say anything because I figured since everyone else was so gung-ho, I needed to be, too. Same when I deployed. Inside I'd think privately, What the hell are we doing? Now I wonder if maybe others felt the same way. So here we are. I'm some combination of mad, sad, and thinking our nation didn't learn a damn thing from Vietnam, and here we are again. And it sucks.

LewDog: First, we need to remember wars have political, not military, outcomes. Our thinking centers on winning the fight militarily. We've won virtually every military battle since Vietnam, but how many wars can we say we've won? When you take a look at the actual political outcome from Afghanistan, you could say we spent nearly 20 years there without comprehending our desired political outcome. I understand victory from a military sense; I never fully understood what winning meant in a political context. It's like putting a football team on the field that scores first down after first down, but we don't know where the goal line is, and we don't know what the scoreboard says.

If we don't know what the political outcome of winning looks like, then we rely on our military to go out and win the war on military terms. Perhaps at some point in time we will start evaluating the long war from a cost/benefit analysis. How many trillions of dollars did we spend? What did we get from our investment? So maybe it's time to leave. With regard to the Middle East and the past 20, actually 30 years of conflict—do we look at our wars and say, Was our goal to keep America from being attacked by terrorists again? Or was our goal to create a democracy in Afghanistan? That last one is not achievable . . . never was. Or was it somewhere in between?

That's the problem we run into as military warriors: we want to know specifically what we need to accomplish and break it down into a set of objectives we can do. The

policy becomes fuzzy at some point in time, which means when we fight, the rules are one way some days and very different other days. It's challenging to keep track of all of that, and it becomes morally ambiguous in a lot of ways for those doing the fighting on the ground.

If you look at nearly 20 years in Afghanistan, we have to ask, did we make anything better? Is there less of a threat to our society from terrorism? Or did we actually make it worse? Those are interesting questions because we did spend a lot of blood and treasure. But what was the political return on investment?

VooDoo: Now you're talking like not only a professor of strategy but also a practitioner of one—a so-called pracademic.³ I know you've often told me "strategy is strategy," and your approach to veterans' issues is based upon the tenets of strategy applied to real-world problems. The VA and its mental health teams have been doing incredible work, and there are so many other groups that are doing good things, too, for our vets—faith-based organizations, peer groups, the broader community. You have worked hard over the past now—almost 15 years?—to connect all these loosely connected groups . . . connecting strategy to the operational arts for effect. How would these different communities come together and what specific roles can they play in supporting veterans and service members?

LewDog: When I think about moral injury, I want to talk about helpful communities. Let's start with the mental health community. When we look at our warriors' challenges there's some really interesting research being done. How do we differentiate what we see in brain responses to moral injury inputs, and how do we differentiate these responses from other trauma? What are the most effective ways to treat moral injury?

I don't think we will ever have a pill that "cures" moral injury. I'm not discounting that some type of pharmacological intervention may be helpful, but I am concerned we might chase after that and miss the strength of connectedness and shared responsibilities. It's important that we grapple with clinical approaches to moral injury. Some clinicians believe putting a label on it and including it in the *DSM* will help, but others believe doing so reduces the incentive to getting treated once moral injury is a compensable diagnosis. I'm not sure what the right answer is. I just want our veterans to get the help they need and to heal.

VooDoo: Certainly, it's important to address the medical and mental health issues faced by veterans, but tell me more about the disincentive you just mentioned.

LewDog: One of the things we know is that when somebody becomes rated at 100 percent disability they quit going to the VA, so we have to ask ourselves, What's the real goal? In my organization we say, "Focus on the ability, not the disability." I want to look at barriers to success. If moral injury is one of those barriers to success, then how do we approach that challenge? I want to think of the challenges less from a compensatory aspect, and more on how we remove barriers to life goals.

3. See, for example, Maria R. Volpe and David Chandler, "Resolving and Managing Conflicts in Academic Communities: The Emerging Role of the 'Pracademic,'" *Negotiation Journal* 17 (2001), <https://doi.org/>.

I'll reiterate three main points: awareness, normalization, and individual growth potential. If a warrior can understand that what they are experiencing is a very normal human reaction to their experience, then the door opens to a path forward and healing. We warriors can spend a lot of time being very self-reflective and introspective about actions we've taken. Normalizing those feelings can lead to growth. But a lot of us are very good at numbing the feelings without addressing them—that's a big problem. If I don't want to reflect anymore, then I'll reflect into the bottom of a bottle of vodka instead.

Our faith-based communities are another part of American society that knows how to talk about experiences, particularly from a moral perspective. We need to raise awareness and unleash that skill set within the faith-based community. How do we normalize and talk about the things we witnessed, experienced, or the transgression from our own actions? I would love to see somebody take a look at the Bible, the Qur'an, or other religious texts from a moral injury perspective. There's plenty of violence, war, and atrocities in our documents of faith. How do we reconcile that with contemporary experiences? It's not just a bunch of stories from the past. We must connect to lived experiences from real world people.

VooDoo: The role of organized religion in American society has changed significantly over the past few decades. What are the roles faith-based communities can play even if participation in organized religion is declining overall?

LewDog: I am constantly amazed at how many faith leaders come to us talking about veterans, and I think in some cases about veterans who have experienced traumatic events or morally injurious events, but they lack the context of the warrior perspective. I talk about leveraging the faith-based community—being on the lookout for someone who might have experienced moral injury, and then knowing what to do or where to refer them to. I agree we tend to see fewer and fewer people participating in organized religion, but that doesn't mean Americans are less spiritual. Faith-based organizations can provide important eyes and ears in our communities and help us address the issues confronting vets today.

VooDoo: As younger generations have moved away from many organized religious traditions, we've seen a rise in alternative forms of spiritual practices, such as meditation, mindfulness, and yoga. As with religion, these practices may provide individuals with a sense of purpose, meaning, and connection to something greater than themselves. Your thoughts?

LewDog: Absolutely; it may be a portal into acceptance for our warrior communities . . . participation in the spiritual experience of their choice. I'll touch on my own experiences throughout much of the 1990s. When I came home to "peace," I took all my experiences at war and threw them in a file in the back of the file cabinet to be dealt with at some point in the future. I felt like I wasn't welcome to go back to church because I had transgressed many of the values I was taught as a young man. I wrote it off and said, "Well, that's one thing I can't do anymore"—until I had a really powerful and spiritual conversation with a chaplain.

So maybe we can open the door to better participation in faith and other spiritual communities. But it has to come from an area of understanding. Our warriors want to know they can go to our faith leaders, but they need them to understand the veteran's experience and the context in which moral injury occurs and exists. Once vets realize that people do understand and are empathetic toward the morally conflicted situations we find ourselves in, then we make progress.

VooDoo: Let's talk a bit about the importance of peers, and peer-to-peer relationships, either formal or informal. How does that fit in the discussion?

LewDog: A couple of things go together to optimize our mental health—community-based programming and clinical-based programming. They aren't mutually exclusive; rather, they work better when working together. I especially think peers using "nonclinical" language is important for the average warrior. We often understand best from those with whom we have shared experiences and language. Building out savvy warrior peers who can communicate in an easily understood way is important—a peer base capable of engaging and communicating in nonclinical language can be a way to address and normalize the challenges of moral injury.

VooDoo: What are the roles of organizations, like the VA or others, to facilitate those peer-to-peer conversations?

LewDog: That's an important topic. The State of Texas did something really interesting about 12 years ago when they created a military veteran peer network as a first line of defense. Those working on behalf of veterans recognized they would never have enough clinical support to be able to address the challenges of a fairly large returning veteran population—there are almost 1.8 million vets in the state of Texas. Veteran peers are like scouts. They can help screen the force and can connect people to helpful resources. That's a big part of my job, incidentally, as the veterans director for Harris County.

To do that effectively and safely, we need to have some type of peer certification or accreditation. That last point is challenging. The goal is to have a screening force that can talk about moral injury in a VFW [Veterans of Foreign Wars] or American Legion Post, not necessarily over a cocktail, but to do it in a nonthreatening peer way. What's normal and what's not, and who to go see.

VooDoo: Prior generations found those peer-to-peer relationships at the VFW or the American Legion, and yes . . . those conversations were usually facilitated by alcohol. Today's generations aren't joiners in the same way that our generation and those before were. That phenomenon of course isn't just limited to veterans' groups but includes all legacy organizations. Young people today are online—social media, LinkedIn, and a bunch of new ones I haven't heard of yet. Have you seen any examples of how we could utilize technology and social media to help bring people together as opposed to dividing them further?

LewDog: Social media and tech are the classic double-edged swords here. For every organization that brings people together we find ourselves divided by another. Granted you and I are older, and for our generation that face-to-face interaction is very important. It's hard for me to be empathetic online. It's hard to develop empathy

over an app. But apps can help to raise your own personal awareness of the risk that you face.

The elephant in the room when we talk about moral injury or PTSD in veterans is suicide. Maybe well-applied technology can help us move the needle on that one, but I still think, at least for now, that the key is connectiveness—there is no substitution for real relationships with real people.

VooDoo: We've covered a lot of ground. What makes you optimistic these days? It's easy to get depressed about the stats like "22 vets a day," recognizing that is only the tip of the iceberg of pain within the community of veterans.

LewDog: I'll tell you the first thing that I'm optimistic about, and it may sound unconventional to some: I have seen some amazing potential in plant-based medicine from a perspective of addressing some of the mental health aspects and particularly moral injury challenges. We obviously need to know more, but that has me optimistic. The good news is that there are many things we can learn from long-established tribal activities—things such as Ibogaine, Ayahuasca, and other plant-based traditional medicines connected to tribal rituals. But if we try to separate the plants from the ceremonial aspect of the healing journey, we run the risk of an incomplete process. That to me is a big risk . . . the same risk if we decide to rely only on pharmacologic treatment and medication. It appears that the power we are starting to see in plant-based medicines is accomplished via a guided journey.

The other thing I see that's exciting is the fact that we are raising awareness. Ten years ago I couldn't imagine Air University taking on a topic like moral injury, and now it's kind of front and center, and people are thinking and talking about it. That means we're making progress in raising the awareness about moral injury. I think as we continue to develop community-based programming that goes hand-in-hand with the clinical approach, and as we get better knowledge and understanding about interventions, then I believe there are some very exciting times ahead of us.

On the challenges of shared sacrifice for America going to war, I don't have an answer, but I remain optimistic as we bridge the gap by having community discussions on what it's like to go to war, not by pretending that it's exclusive to a warrior class and not the rest of America. Everybody needs to have skin in the game, or we shouldn't go to war.

VooDoo: We live in a very partisan time in our nation, but one bright spot I see is that there are vets on both sides of the aisle working together on things they can agree on. I've seen that in DC, but I'm also seeing that at the local and state levels, too. Talk to me about that.

LewDog: Veterans know how to solve problems. We're trained from day one to understand things that are bigger than ourselves, and our mission requires us to work together as a very diverse organization to solve problems. If we can identify and clearly articulate the tough problems, then there's nothing better than a highly diverse, highly trained workforce to come together to solve those challenges.

We have many problems in our society today, but I think this is an opportunity that we have as veterans. I can't solve world hunger, but I might be able to solve hunger on

my block. I can make my block better, and block by block, community by community, city by city, state by state, we can make this a better country. I think that's the skill set that we bring to the table as veterans, and that is the opportunity that sits in front of us. If you were able to get through boot camp, or whatever commissioning source you came through, then you have the ability to make a significant difference in our country today. What we need to do is to identify the mission, bring that diverse workforce together, and solve some problems.

VooDoo: Earlier we touched briefly on the importance of making sense of our experiences as we transition back to civil society. We need to understand what happened to us and put it into a package we can deal with. It's like Joseph Campbell's concept of the "hero's journey" connecting back to ancient literature such as the *Iliad*, but also to modern-day stories like *Star Wars*. All highlight the idea of rediscovering who we were and who we have become. Thoughts?

LewDog: I think rediscovering yourself but allowing your community to rediscover you is even more important. I work in the Houston area. If you were 18 years old when you left Houston and joined the military, you are a different person when you return home, in four years or 34. Regardless of where you served or what you did, you faced experiences that could make you stronger, but only if you are able to package them in a way to make sense of them for yourself.

When a vet comes home, we have to rebuild their Maslow's pyramid in civil society in order for them to reintegrate successfully into their new roles and responsibilities. They will always be a veteran, but they need to build on and, in some ways, stretch beyond that identity. Our vets have incredible skills and talents, but sometimes they need help coming to terms with their service in order to move forward. It's a remarkable and untapped national capability.

VooDoo: In that light, I'll bring up a quote from T. S. Eliot from 1942: "We shall not cease from exploration/ And the end of all our exploring/ Will be to arrive where we started/ And know the place for the first time."⁴

LewDog: That's a good one. I frequently start my talks with the adage "you can never go home again," because while your old home may or may not have changed, you have, by the nature of your service in uniform. If your transition is managed well, you return stronger than you were when you left. That's the goal.

VooDoo: Final words as we wrap this up?

LewDog: To me, moral injury is a pretty simple concept. I say that PTS is when something traumatic happens to you, and stress is normal after a traumatic event. But things are different if you're the perpetrator, or you're the witness, or you feel betrayed by events that took place in your presence, then that is when a moral injury can occur. It doesn't mean it will, but it can. To be able to move past the simple concept, however, requires both awareness and normalization. I think it's incumbent on all of us to help raise awareness regarding moral injury and then figure out how we can bring each of

4. T. S. Eliot, "Little Gidding," *The Four Quartets*, stanza V.

the communities together and leverage them to make our warrior class productive and successful and to play a key role in making our communities better.

VooDoo: Thanks, LewDog. It's been good to talk. You're a pretty smart guy . . . for a fighter pilot . . .

LewDog: Noted. Æ

Colonel Dave Lewis, USAF, Retired, served for 29 years in the Pacific, European, and Southwest Asian theaters, primarily as an F-16 pilot and professor of strategy, but also in air and ground combat roles. For two years, he served as a US Army air liaison officer, including ground combat with the US 1st Armored Division in Operation Desert Storm. He continues to teach and apply strategy as the director of the Veterans Services Department for Harris County, Texas, serving one of the largest veteran populations in the nation.

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CLEAR THE BEDS

DAVID NORDEL

As we transition between constant military deployments and conflicts and the aftermath, we have started to address the social and human effects of this type of continuous—over 20 years—military involvement.¹ Most veterans have some association with deployment or being sent to a place that is not “home” for extended periods to serve in multiple capacities. These exposures and levels of involvement have left each of us with some impression, memory, or trauma. Each veteran has different jobs, stories, memories, and in some cases, different traumas.

The story I choose to share here covers a couple of areas of trauma; they are personal, and they are mine. Each of us has had a journey when we return, and our experiences will shape us forever. I am not the same young man that joined the United States Air Force as a medic in 1984. That is impossible. My journey started when I left a farming community life and ventured into the military during the Cold War. We were not in active conflict. We had a lot of money, based on the Reagan administration, and we “fought” from the bases where we lived.

Let me explain life in 1984 and up until 1990 and the beginning of Desert Storm. We prepared, trained, and played hard, and except for Grenada, Panama, and a few other small quick conflicts, we fought from where we were stationed. The officer and enlisted clubs were full after softball and baseball games. Over 70 percent of the people stationed at a particular base lived on that base. It was a community, and it was tight. You lived in the Air Force 24 hours a day, and we enjoyed that. What we did not do was go to training far away, get on a plane to a dangerous place, and experience things that are not natural, that press our values and morality to the maximum and give us little time to recover until we do it all over again.

In 1990 I became an accomplished emergency room medic; I was exposed to some rough sights and sounds and had tests on my beliefs and moral foundation. Then came Desert Storm, the operation to free Kuwait from an Iraqi invasion and stabilize the energy resources that run the world. We all had to change, and after six or almost seven years of service, my whole way of serving would be turned upside down.

1. A version of this article was first published as part of *When the Cows Lie Down: The Reason People Quit YOU—Their “Leader,”* (Max Fab Consulting, 2023).

As Desert Storm kicked off, I was selected to go on the first deployment with our tanker aircraft to Saudi Arabia; I was excited and wanted to do it. But I had orders to England, and because of that, I had to stay behind. This was okay with me, and that quickly changed to a one-year remote to Turkey as backfill to support the war effort in the theater. My life as a service member changed forever at that point, and I will fast forward a bit to when the exposures started for me. The journey takes you to my place and time of moral injury.

Moral injury is defined as a psychological concept that describes the psychological, social, and spiritual distress experienced by individuals who have witnessed or participated in events or situations that violate their moral or ethical beliefs or values. It is often associated with experiences of trauma, such as war, violence, abuse, and medical emergencies. Moral injury can arise when individuals perceive themselves as complicit in or responsible for actions that go against their moral compass or the moral standards of their community or society. This can result in guilt, shame, and a loss of meaning or purpose in life.

Moral injury is different from PTSD (posttraumatic stress disorder), which is a mental health condition that can develop after exposure to traumatic events. While PTSD is primarily characterized by flashbacks, avoidance, and hyperarousal symptoms, moral injury focuses more on the emotional and spiritual consequences of having experienced events that challenge an individual's values and beliefs. In my case, the journey would present itself in this form and in the form of PTSD.

After my year in Turkey, I returned to England and soon left for California. I arrived in California in mid-August, and at that time, the humanitarian relief efforts in Somalia were in full swing. Our unit was tasked with a deployment for an independent duty medical technician; this was my advanced training. It is likened to a one-person hospital—the doc, the nurse, the lab, public health and bioenvironmental, and yes, sometimes the dentist. When asked to go, I was ineligible because I only had 45 days at my new assignment. But, I was the only one that had kept his certifications current, and so if it was not me, there would be nobody. So the waiver was approved, and off I went to Somalia.

If you know the story of *Blackhawk Down* (2001) and all that it encompasses, I arrived four days after that event; we still had a hostage to recover, and the politics and decision-making based on that event were lively. I was a new father, away from home and watching our nation's political engine operate through the projections and use of us—the military.

As I watched this unfold and had my traumatic events transpire, it became the first time I doubted my conviction and role in the execution of our nation's will. The sworn oath was a thing; my internal values and morality were pressed to the maximum to try to balance the two.

There are other similar events, as my travels took me to different places, some with shooting and others with politics, that sometimes put the ultimate pressure on me. It all culminates in a couple of places, but this story is in Iraq during the surge in 2008 when I served as the senior enlisted leader for the trauma center at Balad Air Base.

I write this after eight years of thought and collaboration with my commander from that time. As these things have shaped me and I have had time to reflect, I have run the gamut of ways to handle it all and use the energy that PTSD from trauma medicine work imparts on me and how the struggle with moral injury can make us super strong or hurt us forever. When we started down the path in Desert Storm, the journey for all veterans changed. The new journey begins with what is next after service and how we handle the permanent baggage we acquired along the way. As I have shared, this is my story, and it may be similar to others'. We all have one, and all of them are real to those who own it.

Clearing the beds in a hospital is an endeavor in self-reflection.

There are times in your life when you experience something that, when you reflect on the entire event, seems unreal and, in some ways, seems almost like it never happened. Before I started to write the first word of this, I called a dear friend and one of my leaders during this extraordinary and trying time. We will call him the doc, but he was also the leader and the one who carried a tremendous burden as we made decisions of incredible magnitude. With his permission and collaboration, this story will be ours to share from our perspective as we worked through clearing the beds and preparing for what was to be a major operation during the surge in Iraq.

Clearing the beds and what it conveys is shared with you so that maybe those of us who are critical of our leaders and think perhaps we could do it better can have an appreciation for those who take on these responsibilities and for how lonely it can be when you have to make the call and then execute it.

When I grew up in a rural community, I was exposed to leaders in less traditional ways; some were farmers, and others were business owners and even a baseball coach or two—we had cops and firemen and all the elected officials around. As I watched the farmers conduct their business and daily operations, they made decisions constantly: Do you send the cow to slaughter, do you plant, not plant, sell or buy? You also decide what you can and cannot do: vacations are a dream, and supporting your kids and their growth drives specific priorities. It always amazed me how natural it seemed. These men and women would start the decision into motion and manage and lead it. Sometimes, it did not go well, but mostly it seemed easy.

When I began to lead people and manage resources with high value, I understood what goes on in a leader's mind—the lost sleep, the seeking of counsel and advice, and the reading and research that come with preparation. The constant work is done to make you the most informed and capable leader you can be before you make a decision and while you manage the dynamics that accompany change.

When my grandfather decided to move his entire farming operation from the California northern coast to the north valley, I am sure there were many conversations had, sleepless nights, and there were kids to consider (my mother would move in the middle of high school). He had to ask advice from my grandmother, but in the end, when it came time to make the decision, it was his, and all that comes with it weighed on him.

When asked how he felt about deciding to invade Normandy in June of 1944, General Eisenhower said, and I paraphrase, that the best night's sleep he got was after he decided to go—at that moment, it was up to others to execute the mission. I am sure he worried, and he definitely led and managed through the end of the war and beyond, but in this case, his weight of command was immense in that he had lots of advice and lots of data and history to work with. Still, it is a lonely existence with all that is considered, and the whole world is looking at you to make the call, set the direction, and move out. Once you start things like that in motion, there is no going back. When we were told to clear the beds in 2008, it was not done in haste, and it was not done without heartfelt and deep thought.

In the spring of 2008, we had many operations during the surge that brought unique surges to our trauma center and, at times, some profound tragic moments. One dynamic that had arisen was the enemy had started to continuously harass part of Baghdad with rockets and mortars. It would require significant operations to neutralize and eliminate the threat. This was one of those decisions I mentioned above, and I am sure one not taken lightly, as it meant that we would have significant casualties to make that happen.

This event started the domino effect in our medical world, with the military responsibilities of executing our mission portion. This would soon become a deeply dividing emotional event for leaders of a medical unit filled with people torn between the responsibilities that come with serving as both medical personnel and as military members. In this case, the core values that drive each profession would collide in a way that would involve human emotions I have never experienced before or even to this date, including during the COVID-19 pandemic.

In the situation of fighting and going to war, the medical piece is complex. An example is seen in recent intelligence reports before the Russians invaded Ukraine. One key indicator of the imminent invasion was the fact that the medical units had started to bring blood supplies to the front lines, one of those building blocks that need to be in place before you send in the tanks. In our case, as we prepared to eliminate this threat and knew there would be multiple casualties over many days, we received the order, "Clear the beds!"

Clearing the beds sounds like a lot of work that is hard and painful. In reality, in most noncombat hospitals, this would be easier than it sounds. The challenge is always the critical care beds for highly ill people. Our situation was odd and complex, and there are always a lot of emotions attached to any patient you care for, especially with the amount of skill and expertise required to keep these people alive and try to send them home to their loved ones. There were three categories of patients: Allies (American or other Allies and civilian personnel), Iraqis (indigenous men, women and children—noncombatants), and the enemy (yes, we took care of the enemy right alongside the rest).

Our American wounded were evacuated from our hospital in 24–48 hours, no matter how badly they were hurt. This was an amazing daily feat by remarkable people; we got you home to more definitive care and your loved ones. If you were an

Allied member, it was fast, but maybe not as fast as with an American, but we got you home, too. If you were indigenous, severely injured, and needed intensive care, our trauma center was almost always the best place to be, and we offered the best chance to survive and get rehabilitated. So often we had many intensive care beds full of indigenous patients, including the enemy.

These patients (people) became part of our lives, as did the assigned Soldiers, Sailors, Airmen, and Marines who guarded the enemy patients 24/7. It was common to look down the bay of patients and have three or four guards sitting at the bedside. We did it all. The healthcare in Iraq at this time was fractured, and most civilian facilities did not have the capabilities we had, and it was constantly dropping them down a level or two in care when we moved them. The goal was always to get them as healthy as possible before we moved them, mainly to the hospitals in Baghdad. This happened frequently and usually one or two at a time, and our docs took them on the helicopters to Baghdad.

We had dedicated and highly passionate professionals who were charged with these transfers. As I said we were all passionate about our patients no matter who they were. I watched and twice participated in clean-up after an enemy patient would throw urine or feces at our Airmen. Even after all that, our Airmen continued to care for each of these patients like they were the most critical persons in the room. I bet you have a bit of emotion and many questions right now—well, multiply that by hundreds, and you can get to the place I am going to take you.

The beds were cleared for a few reasons. One was because an Allied member needed a bed, and the room was made, usually through transfer. There was the clearing of the beds because we had a mass casualty, or because military planning and doctrine dictated that the beds would be empty before a major operation where many casualties were expected. Once this order is placed, it is on the hospital command staff to execute it, and the only person it falls on is the commander, the leader of the whole smash. The leader's actions and the navigation he had to make in handling what I am about to describe was no less than impressive. I do not know more than a handful of commanders in my time that would have maintained their temper, grace, and respect any better.

So, yes, we had civilians in our hospital and intensive units; some had been there for months and had multiple surgeries. We knew their names, and some had family visits. They were there so long—an odd dynamic during a war. Yes, we had the enemy as well, no visitors, but they were indeed there for a long while and well known to us. And we always had our own, getting ready to be moved to Germany and then home. We were always kind of “full.”

When the order came to clear the beds, we had some difficult decisions needed to be made and made quickly, not to mention executed with precision and expertise. We had the right people for all of this, yet we had not anticipated the added dimension of knowing what may come of the patients we had to clear. We knew the practices of the Iraqi medical systems; they were not like ours and, in this case, did not have the resources to sustain these patients. There was a high probability that after all these

months of care, these people would not survive. In the eyes of some of our team, they were convinced that this was true. Worse yet, they felt that if they participated in clearing the beds, they were, in their words, “killing them.” Things were said like “I will not participate in euthanasia.”

The emotions ran hot and quick, and there became two camps.

Remember I told you this needed to be planned and executed quickly. There needed to be more time to vote or develop elaborate alternatives. We would promptly do the normal transfer process in mass and volume. All hands on deck, as it were. Well, we had a problem. Many of the key people in that process felt that the oath that they had taken was of the highest calling in this situation, more elevated than their officership, their command position, or the direct military orders given to them. They did not want to participate and were highly emotional about it. They were in the decision stages of do I quit or not?

This is a decisive moment: the personal and professional ramifications of disobeying an order in the combat zone can be severe. You can face extreme discipline and lose an awful lot in the end. Here we are, with patients we know and a process that is not desirable, where morals, values, credo, and medical professional beliefs all collide. This is when you are defined as a leader; these are the moments when you are all alone.

My most profound personal memory of this as the chief was interacting with fellow Airmen and medical professionals who were absolutely against it. I had my orders, the boss was clear, and we needed to move out and clear the beds. We knew the potential outcomes and who might fill that bed in the next 24–48 hours: our men and women injured in the fight. As I spoke to them, some new to the Air Force, some around for a long time, and I listened to their concerns, I had mixed emotions. I am a registered nurse; I had a calling and had taken an oath. But I am an American Airman with my orders. It was a double dilemma, for sure. I felt these individuals’ passion and desire to do and prove both things.

We had to pick the best of a few bad choices, commit to it, and execute or quit. This is where leaders show their true colors, and how they shape and execute the decision that matters forever. Everyone came around to accept that clearing the beds was okay because our guys were going in them, and our orders were our orders, and disobedience is treasonous. I wish that were the case. We had congressional inquiries that lasted long after we all rotated back to the world, and we had anger, and frankly, we lost a few people in the areas of enthusiasm or commitment. They were but a few, though, because the leader did his magic. He listened, he heard, and he explained his reasoning and the mission why; he gave clear expectations and desired outcomes, ensured we had what we needed to make it happen, and had our backs and fronts when the exterior forces played into all this.

Most of all, he cared about all of us. No matter what side of the issue we fell on, he respected our beliefs and wanted us all to have some foundation after it was over to stay, not quit, and be ready for the next mission, because there is always a next mission, a next tough decision, and a next order that sounds like clear the beds we will need to be ready for.

Did we clear the beds? Yes, with military precision. Did we like what the results for our indigenous patients were? Of course not; we all wished for a better option than sending them away. Did we quit? Maybe some quit the Air Force that day and dumped the excellent attitude and commitment, but I did not see anyone quit, because the real reason to do that was more about how the leader handled it versus the actual issue. We cleared the beds, did it well, and met the mission.

The tragic part was that the major operation that drove all of this was canceled. We never received a mass casualty and never got any of our patients back. There was no way to predict that, and no way we could have taken the risk. The leadership challenge with this part of the story requires a daily commitment to what I mentioned—we were led in a way that did not produce quitters. It created future leaders, showed us an example to follow as we continued, and showed us how to make the tough call.

What is not here is the epilogue, the part where you say, “Dave, what happened to you, and how are you doing? What did you do with all this?” Well, we each have to find our path to better mental health, using time and energy in a way that provides us the ability to thrive and to find help when needed. We are sharing our superhero tactics that have been derived from our experience and journey overall. Here are some tactics for all of us to consider:

Superhero Tactic 1: Going it alone is not healthy. The damage of the journey can only be dealt with in a healthy way with help; put your ego in your pocket.

Superhero Tactic 2: Make positive energy. The energy from the injury and trauma is real, and it drives emotion and attitude. Learn to change the polarity of the energy in a fashion that makes you stronger.

Superhero Tactic 3: Attitude is everything. Take the energy and drive a positive attitude no matter what has come your way any day. Positivity drives more positivity; use it to manage the challenges.

Lessons from Clear the Beds

- Respect toward those who disagree with your direction sometimes grows new followers.
- Listening to all viewpoints can steady emotions and calm the seas.
- Setting the direction and providing clarity is a life skill in every avenue we operate in. Your team and, better yet, your family will love you for it.
- Gather data and then make the call if it is your call. If you hesitate, you may lose your teammates and your command.
- The best decision is sometimes the best of a few terrible options. Be okay with that. It will stay the same.

Nordel

- Teams succeed and fail on the back of the leader. Build a formidable team before the crisis.
- Have your people front and back, including your kids and your spouse. They need to be able to focus. **Æ**

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**AN ANTHEM OF THE
LONG WAR
RECOLLECTION,
LEARNING, AND LOOKING
AHEAD**

DAVE BLAIR

Over the last two decades, Airmen have fought in many wars and learned many things. There is an arc to these campaigns that starts in the Middle East, extends to the proxy campaigns of today, and points toward larger wars looming on the horizon. By capturing the lessons our force has learned, we can steel ourselves, and those who lead, for what is to come. In particular, warfighters must consider the way the character of war changes, the nature of sacrifice, the foundations of the military profession, and the relationship between killing and identity, in order to emotionally and mentally prepare for the next fight.

Modern warfare is a human story written in the language of technology. Clausewitz tells us that the nature of war remains constant, but its character evolves based on changes in technology and culture. Our generation had more than its fair share of those changes. Over the last two decades, we have grappled with war from half a world away, sensors that brought us closer than ever to our targets, and a full range of information-age technologies that altered the way we think about time and space. And yet, over the course of that story, we relearned some timeless truths about human nature and the nature of war—perhaps just in time to prepare ourselves for the daunting task that is on the strategic horizon.

To that end, this article will approach the topic of moral injury through three lenses. First, a recollection of the wars of our times will help us understand what we owe to our comrades who made sacrifices alongside us, as well as how we changed in the course of these events. Second, the toolkits we built along the way will illuminate what we need to get ourselves where we need to be for what may be coming. Finally, this article will consider what we must provide to the next generation who may face these threats without the advantage of our experiences. Altogether, these lenses are designed to capture what we have learned and leverage it toward the strategic task at hand.

There and Back Again

My generation of Airmen never really knew a day of peace in our careers. There was always an active war zone, somewhere where we were taking lives, somewhere where there was a clear and present threat to innocent people at home and abroad. There is an arc to the story of our careers—our nation was focusing on strategic competition with China prior to the events of September 11, 2001, as evinced by the

largely forgotten drama of the collision between a Chinese J-8 fighter and a US Navy EP-3 reconnaissance aircraft in April of that year.

September 11th was the first great inflection point and the first indication of the changing character of war, which had come to us from human threat networks rooted halfway across the world. Our response in Afghanistan demonstrated our increasing grasp of the new rules of networked warfare, with cavalry charges of Special Forces soldiers enmeshed in indigenous networks calling down precision ordnance from jet bombers to defeat Soviet-made armor.

After a picture-perfect conventional victory in the initial phase of the Iraq conflict, the fight turned deeply personal, in the sense that we were fighting human networks with targets whose names we knew well. We transposed the reconnaissance-strike complex that ravaged the Iraqi command and control into a manhunting engine and directed it at individuals who embodied malice and the will to do harm: Abu Musab al-Zarqawi, Uday and Qusay Hussein, and Abu Ayyub al-Masri.

Ever since the Industrial Revolution, technology has drawn humans farther from the humanity of their targets, but now, advances in sensor technology were bringing us closer to our targets. This was a jarringly intimate form of air warfare, backlit against the tide of faceless improvised explosive device (IED) attacks that we were desperately trying to stem. We knew our targets well, but we also knew what they were doing and why they needed to be stopped. All these things deserved contemplation, but there was little time for that.

In a brief respite around 2010, it almost looked like it might all turn out well. Iraq was more or less calm, and Afghanistan seemed to be on the mend. But even as terror networks went to ground, they sprawled across the region and continued their evil work, attacking shopping malls and taking young women hostage for the crime of learning—so we pursued them, as the global war on terror became the Long War.

In a campaign that seemed to belong to some bygone era, chasing pirates or slavers or some other sort of *hostis humanis generis* (enemy of all mankind), we navigated the strange rules of that murky war, striving to frustrate our enemy's pursuit of their execrable ends without turning the world into a war zone.¹ We also learned what it was to fight a handful of our own compatriots who had murderous designs on our homeland. All these things, too, deserved contemplation, but there were lives to be saved and little time to spend counting the cost.

Meanwhile, in Iraq and Syria, the remnants of Zarqawi's malice metastasized into Abu Bakr Al-Baghdadi's Daesh. As huge swaths of the region fell to their murderous empire, we were once again desperately trying to stem the tide, but this time, it was against an enemy who fought in the open, using shock and fury. The Islamic State of Iraq and Syria (ISIS) was yet another inflection point—we had to apply all the things we learned over the preceding decade, but at a breakneck pace against fielded forces.

1. Jenny S. Martinez, *The Slave Trade and the Origins of International Human Rights*, repr. ed. (Oxford, UK: Oxford University Press, 2014).

It started at Kobane, where Kurdish fighters were standing against death to stave off a genocide, with ISIS to their front and the Turkish border to their rear. As the Joint team winched one striker after another, American airpower conjured a wall of fire between the Peshmerga and their assailants, and over the course of days, walked it road by road through the town as Daesh withered under the onslaught.

From that point forward, the dark ISIS smudge on the map started shrinking. The fight, like the broader war, had its own character: on one day, we provided overwatch for improvised armored vehicles that appeared straight from the set of *Mad Max*; on the next, we hunted sociopathic, self-styled executioners from miles above the ISIS capital of Raqqa. This fight was the shape of things to come—civilians picking up weapons and organizing themselves to repel an invader, combatants rapidly adapting improvised weapons, and unexpected networks linking low-tech fighters to high-tech capabilities. It was also where we started pushing up against great power adversaries once again. It was fast—far too fast to glean all the operational lessons that could have been learned, much less to pause and try to fully reflect as humans on everything that had happened.

The time for reflection eventually came after the withdrawal from Afghanistan. How can one express the emotions of frustration and helplessness as everything we'd fought for unraveled with heartrending speed? Seared into our memory was the picture of a C-17—its crew bravely saving as many as they could, but not as many as needed to be saved—as was the sense of shame for the moral obligation to all those who believed in us, fought alongside us, trusted us.

But even in this dark moment we found a glimmer of hope. In a moment of desperation, we learned that some things that couldn't be fixed at work could be fixed at home, and a new volunteer underground was born. Using open versions of the skills we built over the long fight, a few heroes figured out how to get more of our friends to safety. This, too, was an important lesson, one propelled by the human drama of this long story arc, and one that would be quickly put to great use.

Six months later, in the first confused hours of Russian troops flooding into Ukraine, it seemed likely we would have to watch another friendly government crumble in the face of an enemy assault. And then, half-miraculously, the Russian attack began to falter as the Ukrainians rallied to fight an enemy that outmatched them technologically and outnumbered them 10-to-1. The Russians staggered under the weight of their own corruption, and in a moment that would have been utterly foreign to our Cold War predecessors, we were cheering for Ukrainian Fulcrums, S-300s, and T-64s.

From that *mélange* of hope and vengeance, we built on what the "Pineapple Express" started—from crowdfunding Molotov cocktails, to open-source analytics, to many other things, we worked out our frustration on a fight that mattered. In shades of Claire Chennault's Flying Tigers, some of our friends did far more, risking life and limb to make a difference. Soon enough, the casual war crimes of the Russian forces came to resemble those of the terrorists that we spent our adult lives fighting, and we remembered the fire that called us to the fight in the first place. Taiwan seems to

have caught the same fighting spirit, with their aviators bodychecking their belligerent neighbors.

Things are more dangerous than any time in recent memory, but hope runs high nevertheless. We are sharpened and scarred from a lifetime of the Long War, staring down fights beyond what we've known but upon us nonetheless. We have one thing our enemies lack—a lifetime of fighting. Our lifetime of fighting is not an unalloyed good, however. For many of us, this source of strength is a source of wounds; for all of us, there was some cost to live this sort of life. If we can come to terms with the things we carry, then we will have a tremendous advantage in conflict.

The “Stone Soup” Briefing: Thoughts on Combat

To that end, this article presents results of about two dozen seminars with Air Force Special Operations Command squadrons between 2019 and 2021 on the topic of moral injury, and more broadly, human and moral factors in war. The *Humans Hunting Humans* brief that served as the focal point of these seminars started as a 2017 *Lawfare* paper discussing experiences years prior.² I did not understand my own story or allow myself to feel the complex emotions that come with this life, until I saw that story through the eyes of the Airmen I was leading. As a flight commander many years ago, I learned I needed to talk through some of the stark realities of this line of work with younger crews. In the course of doing so, I realized much of what I was sharing with them was medicine I needed to take myself—“heal thyself,” as the proverb goes.

Our command needed to have a conversation about the serious business of killing, and these seminars opened that conversation. From young audiences going to war the first time, to 20-year veterans trying to find meaning from their experiences, these intimate and honest conversations always brought some new perspective or insight about the broader issue of being human while taking human lives. Each brief was followed by a long discussion afterward, and the strongest points of the discussion became new slides that informed the next brief. By the time most of the command had been briefed, the brief itself became a stone soup, its authorship comprising more or less all participants.

This collected wisdom is not scientifically rigorous, and the article does not make causal claims. That said, causal inference typically generalizes to a population, and in the course of our briefings, we talked with a majority of the squadrons of the command, and that command was carrying much of the weight of the fighting and killing over the Long War. Accordingly, these findings are rigorous in the sense that the relevant population is well represented, and that population provides the best sample available to explore the phenomenon in question—the moral and human effects of sustained combat and killing.

2. David Blair and Karen House, “Avengers in Wrath: Moral Agency and Trauma Prevention for Remote Warriors,” *Lawfare* (blog), November 12, 2017, <https://www.lawfareblog.com/>.

Several key insights emerged from these seminars including war's social, moral, and physiological elements and effects through the lenses of change, sacrifice, profession, physiology, killing, combat intimacy, and risk.

Generational: Change is the Constant

Regardless of the generation, war rarely shows up on the terms military planners and strategists expect. The leaders of World War I grew up on Tennyson's "Charge of the Light Brigade," but they got a war of mustard gas, trenches, and machine gun. A commander who led his people on an ill-considered charge in ignorance or indifference to these new tactical realities would not be a hero, but a fool. Leaders who learned from the texts of World War II and Korea found themselves in an ugly hybrid war in Vietnam and had to adapt. The generation that served from 2001 to 2021 was raised on the stealth and smart bombs of Desert Storm, but the Long War was about hunting social networks in the shadows.

The next generation will hear Long War stories, but their fight will almost certainly be different. The imperative remains to use whatever tactics and technologies are available, effective, and morally acceptable to transfer risk to the enemy. First and foremost: get the mission done, and get your friends home in one piece.

Sacrifice: Risk and Loss

One defining feature of contemporary wars is their historically low casualty rates. The Soviets lost an order of magnitude more people than the United States did in Afghanistan in half the time. If the Ukrainian estimates are accurate, the Russians are currently losing more troops every two weeks than America lost in all of Iraq and Afghanistan combined.

This unprecedented effectiveness in reducing mortality did not happen by accident. Secretary of Defense Robert M. Gates' Golden Hour policy, where wounded warfighters would receive treatment within one hour, likely saved hundreds of lives. No less important to saving lives was the ground warfighter's access to a reservoir of reconnaissance and close-air-support assets. So long as a friendly force could hold, time was almost always on its side. Conversely, adversaries struggled to mass forces or plan large-scale attacks due to constant high-value target strikes against threat leadership networks.

This aerial umbrella was the result of a breakneck operations tempo for years at a time. The United States and its Allies and partners offset much risk into the air through casualty evacuation (CASEVAC), close air support, and intelligence, surveillance and reconnaissance, so that acute risk was distributed across many capabilities and transposed into cost, much like a radiator on a spacecraft ejects heat into space by spreading it across a large surface. The force was like Nomex flight suits—the whole formation charred around the edges so that very few individuals were burned.

And in the light of the ultimate sacrifices made by some, it was hard to name the costs that seemed so insignificant in comparison. A particularly vicious World War II assault might take 10 percent casualties—a 10 percent risk of losing 100 percent of the

rest of your life. Battlefield Airmen and our Joint partners faced these sorts of odds in the Long War. But the math for most of those who fought OIF and OEF from the air was more like a 100 percent chance of losing 10 percent of the rest of your life.

Previous generations said it well: “All gave some, some gave all.” But those “some” costs meant something nonetheless, and it was good to name them—the broken relationships, the moments lost while members were away from home, the pictures that can never be unseen, the lives that might have been lived had there been no war. Then it is time to move forward.

A note of caution is in order. The foundations for the transformative tactics and technologies that enabled Gates’ Golden Hour vision will likely be challenged in a peer fight. Without air supremacy or guaranteed access to large, fixed facilities near the front lines, rapid CASEVAC to exquisite medical capabilities would be much more difficult. So, as our force considers resiliency for the next fight, we should take into account how to deal with both those who “gave some” and those who “gave all.”

The Profession: Distinctive Skill versus Purpose

The military profession contains tension between what members do and why they do it—between their distinctive skill and their purpose. The surgical profession’s purpose is healing people, and a surgeon’s distinctive skill toward that end is cutting people. Cutting on people outside of that purpose is evil, but when used in support of medical purposes, society celebrates surgeons’ abilities to perform their craft. A tool of the surgeon’s craft, the scalpel, is not for the squeamish, but the surgeon’s ability to use it well and to good ends is laudable.

The US military profession’s purpose is to protect people. Military members’ distinctive skill is killing, or at least standing ready to kill. This requires tools, too, that are not for the faint of heart. But so long as they are used well and for good purposes, then military professionals should hold their heads high. This difference between distinctive skill and purpose is key to rightly ordering and understanding experiences in combat.

The purpose can be celebrated without any constraints—it is always a good thing to try to protect one’s comrades, one’s compatriots, and those needing protection from wicked acts. The employment of the distinctive skill is where it gets complicated. Those who would turn away from the distinctive skill, those who would soft-pedal the reality of the profession, do no favors for those who will actually have to kill the enemies of our nation. If society considers the distinctive skill as something unsuited to polite company, society consigns those who do the work to bear the weight of their actions in isolated silence.

Conversely, unmoored from its purpose of protection, celebrating killing itself is soul-rotting. The necessity of taking lives is a regrettable feature of a broken world and should not be a source of joy. But it is right to celebrate craftsmanship, even if the craft is killing. A well-performed shot, a clever tactic, and a well-designed lethal operation should all be sources of pride. Focusing on craftsmanship binds the distinctive skill to the purpose. Killing done well gets the mission done while protecting as many people

as possible—both friendlies by stopping the threat, and innocents by employing weapons with precision.

Importantly, the will to act decisively should not spring from an indifference to human suffering, rather from a deep understanding of human suffering and a recognition of the ways in which the enemy is contributing to that suffering. In facing the harsh reality of such a situation, there is a fiery imperative to drive the course of events toward the best remaining conclusion as soon as possible. The purpose of the profession is to do just that, both by standing ready to act, defying those who would do harm, and by acting decisively should they carry out that dark intent.

Physiology: The Brain and Killing

One of the recurring breakthroughs in the seminars involved realizing the brain is an organ and should be seen as such. Instead of seeing the mind as a black box, understanding that different physical parts of the brain code events differently provided a foundation to grapple with these experiences.

Consider a counter-high-value-target missile shot from an MQ-9. The pilot reasons and makes decisions utilizing the frontal lobe and prefrontal cortex, processes sensory information critical to navigation and flying in the parietal lobe, and then pulls the trigger. Next, the sensor operator uses their temporal and parietal lobes to process visual and auditory information and their motor cortex to drive the missile into the target. Both crew members get feedback on the impact of their actions with their occipital and parietal lobes, while their temporal lobes encode the memories of what just occurred.³

The insight that different crew members might experience a shot differently allows aircraft commanders to lead and take care of their crews more effectively. Consider an unexpected civilian casualty event driven by an unobserved civilian suddenly running toward the target. The pilot, who took the shot based on good judgment, can reason with themselves the shot was still necessary, and the civilian could not have reasonably been accounted for. The moral math balances in the front part of the brain, and the remedy meets up with the wound there. But for the sensor operator, whose hands were driving the missile all the way into the target, the wound is farther back in the brain. A logical explanation that nothing could have been done lands in the front part of the brain, and it will take time and a lot of talking and thinking to migrate the remedy to the wound.

Similarly, we found that crews have less difficulty with shots during troops-in-contact situations where friendlies were present on the screen. The picture of good guys getting shot at contextualized the purpose for the act of killing on a much more visceral level. Explaining to one's self that a bomb maker was going to kill many innocents satisfied the logical part of the brain, but felt disconnected from the emotionally laden pictures of body parts and blood pools cooling in infrared.

3. Lieutenant Colonel Lea Johansen, USAF, personal correspondence, July 2023.

More than anything else, civilian casualties create moral trauma in the minds of the crews. Just as there is a golden hour for a physical wound, there is probably a golden day for these moral wounds. If these thoughts and images fester, they take root and become much harder to deal with later. Immediate intervention from friends and leaders generally sets people on a better track, and healthy rituals allow the crews to bear the gravity of these actions together. The key to these sorts of rituals is to not celebrate the act of killing nor to make the killing a competition, as shot leaderboards tend to do. Rather, the best rituals allow the crews to understand why they were killing their targets, to communicate the narrative and human drama that led up to the strike, and to commemorate the significance of the completed strike as a community event.

In the Long War, some enemy tactics took advantage of the humanity of crews in grotesque ways—chaining innocents to vehicle-based IEDs, for instance. Perhaps crews would hesitate to shoot and the enemy's attack would be successful, but once the shot was taken, the crew members had to live with it, leading to moral injury and potential long-term degradation or incapacitation. These were mental IEDs, and the fact that they worked as intended is no less surprising than finding out human skin does not repel mortar shrapnel. The most important thing they did was to come alongside friends as soon as possible and provide any help they needed, making sure these mental IEDs didn't achieve high-order detonation.

Killing: Empathy and Identity

One of the most powerful concepts that came from seminar discussions about the mechanics of the brain was the relationship between empathy, killing, and identity.

As someone gets to know a friend, they learn their friend's mannerisms and subtle cues. Over time, they know their friend well enough to be able to hazard a guess as to how this friend would behave in a given circumstance or respond to stimuli. Imagine shopping for new foods at a grocery store for a spouse or partner—someone known very well. In healthy relationships, faculties for empathy allow one to buy things for the other person that bring them joy or pleasure. A person that uses their close knowledge of another to bring that person harm would be manipulative or even sociopathic.

Yet, Sun Tzu reminds us that a good battlefield commander must know their enemy and know themselves. The language he uses invokes a sense of intimacy: this is not just about knowing facts about the adversary, but something more along the lines of protagonist Ender Wiggin's complex feelings about the alien race he destroys in the novel *Ender's Game*.

At a tactical level, we might call this hunter's empathy, in the same sense that a hunter has a sense of how a deer might act in a given environment in order to hunt them better. Experienced high-value target shooters have a sense for how their target walks, their habit patterns, and even what they will likely do during a missile's end-game. To do the job well, some warfighters had to habitually weaponize their faculties for intimacy and empathy—this was one of the stranger parts of this war. In order to do this safely, an individual must be embedded in a fabric of healthy relationships.

The seminars conceptualized different identities pertinent to the experience. In the protector identity, a warfighter weaponizes their faculties for intimacy against a specific target but uses those faculties as intended for close relationships with friends and family. This is the safest identity, and the one that we should constantly strive for, as it is least likely to cause moral injury and least likely to lose one's soul.

Yet one might lose a friend or fail someone who counted on them. If this loss happens in the course of combat, a warfighter may take on the avenger identity, which is characterized by mourning through vengeance. The story of Kayla Mueller, an aid worker who was murdered by ISIS, brought this out in many US military members. In fact, the raid to kill Baghdadi was named after her. The avenger identity takes time to work through, but once again, warfighters should strive to return to the protector identity whenever possible.

One identity to beware of is that of merely a killer, unmoored from healthy relationships. While killing is part of all of these identities, for the killer identity, the attachment to the mission and the fight is all that is left. This is a dangerous moment, both for the individual and for the tactical liabilities they may incur on the mission. If one can identify it in themselves, they need to seek help; if it emerges in a teammate, it's time to get them back home.

Combat Intimacy: Avengers in Wrath, Reprised

The most foundational seminar series element concerned the idea of combat intimacy, the way in which warfighters come to understand their enemies as humans and simultaneously inflict violence upon them.

First, for the vast majority of aerial combatants in these wars, cognitive distance—where the mind is in relation to the target—was more salient than physical distance when it came to understanding the enemy. Cognitive distance is an individual's sensory proximity to an adversary, or how real that adversary is through the lens of the five senses. This is a function of sensor resolution and of dwell time, or the duration of that sensing. Physical distance is crucially important in questions of risk and valor, since an enemy cannot climb into a sensor feed to physically harm the operator, but when it comes to killing, most experiences confirmed cognitive distance was the key variable.

Consider the experience of a mortar crew, physically proximate but cognitively abstracted from their target, firing on grid coordinates generated by a counter-battery radar. In contrast, a ground force commander in a distant operations center approving a strike over high-definition full motion video would be physically distant but cognitively proximate. A soldier engaged in close quarters combat would be both physically and cognitively highly proximate, with all sensors engaged rather than just the visual.

We found that multiple ways of sensing a target can close the cognitive distance. Prior to the seminar discussions, an accepted understanding of cognitive distance seemed more about visual sensing, but discussions revealed many ways to interact with a target using a range of sensors. The brain is nimble enough in connecting to other humans that any of those means of sensing can create the risk of moral injury.

For instance, the legendary codebreaker William Friedman was so impacted by his work hacking Japanese ciphers in World War II that he had a nervous breakdown.

The nature of the enemy matters, too. As Dave Grossman argues, the closer one is to a target, the harder it is to kill them.⁴ This is most likely true in the aggregate, and especially so in wars where one could understand and empathize with someone on the other side, such as in World War I's Christmas Truce, a series of unofficial ceasefires around Christmas 1914 in which British, French, and German troops exchanged holiday pleasantries, food, and gifts, and even caroled together.

These are tragic combatants, people who would prefer to get along if circumstances were different. But not all enemies are tragic. The people we fought were largely malicious enemies, and justice demands that an individual who uses drills to torture innocent people must pay for their evil deeds. The more one learns about that kind of a person, the easier it is to agree with a decision to take their life: distinctive skill meets purpose. By and large, the more air crews learned about the reasons for hunting the targets, the more eager they were to execute the mission and the lower the likelihood of moral injury.

Importantly, air crews strongly desired to understand the *why*—they were looking for an opportunity to ratify the logic of the shot. If they were able to make that logic their own, it would help in understanding their experiences later. The seminars also highlighted the tremendous importance of leaders narrating the story of the fight to the crews. Lots of shots could stack up quickly, and if crews did not understand where they were in the overall arc of a campaign, it was easier to become lost in the killing. The seminar members also debated what would happen if they were to fight a true tragic enemy, perhaps North Korean conscripts or something of the sort. Until recently, it seemed it would be a hard shift for the US military. After watching the Ukraine conflict, it may not be, if given just cause.

Risk: Proportionality and Mistaken Identification

Some of the harder questions raised by crews in these seminars centered on risk. In the textbook just war case study, a student has to consider proportionality while deciding whether or not to hit a surface-to-air missile (SAM) site on a hospital's roof. This hypothetical does not capture most of the proportionality considerations baked into real-world tactical problems faced by aerial combatants in recent wars. A strong crew could "tactics their way out" of a scenario like that by fine-tuning weaponeering, waiting for the SAM crew to leave and then striking them, or conducting some other *Kobayashi Maru*-like solution. Air crews are clever and cunning, so much so that the drama-inducing moments in films that try to depict that world often seem silly: Why wouldn't you just offset the shot? Or change fusing? Or hit them somewhere else?

4. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society*, rev. ed. (New York: Back Bay Books, 2009).

This was not to say that assessments of risk are always accurate. But the ways in which the engagement goes wrong are rarely the eyes-wide-open collateral damage acceptance sorts of shots. There are those moments, and when they happen, they are hard. More likely, though, is a shot going bad in some unexpected way after weapons release. The most common is dynamic collateral damage, the unfortunate ways in which the world changes during the time of flight of the weapon. For instance, the target takes a left turn when they should have gone right, or a light turns red and cars stack up while the missile is still in the air. With dynamic collateral damage, many crews second-guess the timing—if only 10 seconds earlier, if they had shot a minute later, and so on.

The second risk is mistaken identification. What if the person identified as the target actually wasn't? There are a number of ways to get this wrong, and it is to the credit of the whole team that mistaken identification is as rare as it was, especially when the adversary in the Long War went out of their way to look like innocent bystanders.

These risks—proportionality as it related to collateral damage and mistaken identity—had to be weighed against the human cost of the continued survival of, in the case of ISIS, an evil enemy regime that murdered civilians as a matter of policy. Each day ISIS controlled territory, civilians were murdered, tortured, or subjected to some other form of depravity. This expected value of evil weighed down one side of the moral scales, and all the risk of getting a shot wrong or accepting unavoidable and proportional noncombatant losses was the counterweight. Actually doing this math was helpful in the seminars, as the manifest cruelty of ISIS and Al-Qaeda easily outweighed the cost and risk of US weapons employment.

The challenge is learning to count the negative: how many people didn't die because the air crews took these shots. But once they learned to do that, it was much easier to process shots that went badly for reasons outside their control. This is the classic principle of proportionality, but in living it, they perhaps had to build the arguments themselves in order to feel comfortable in them.

Letting Go and Looking Forward

The last seminar where this brief was given was for friends on our major command's staff as we watched the withdrawal from Afghanistan. We were all roughly the same age, all approaching retirement eligibility, all worn and wiser in our own ways. Initially, we thought we were learning the material to teach others. By the end of this final seminar, we realized these stories were about understanding our own experiences. We had decades invested in these fights which had little closure, and we were trying to come to terms with the hardest of questions: What was it all for?

On one hand, there was a sense of loss, and a mix of frustration and acceptance about what we weren't able to do in Afghanistan for all the years of trying. On the other hand, this whole story started when Al-Qaeda attacked our homeland, and we prevented any further spectacular attacks while thoroughly eviscerating their organization. There weren't really clean answers to our questions. But there was a sense that we were all in that place together, and perhaps that was answer enough.

That 2021 brief almost seems an eternity ago, in light of a hot war in Ukraine and an increasingly aggressive China. The international gameboard has shifted to the point that many things which once seemed especially important have faded into the background. Yet, there are echoes from the last two decades' fights that can be heard in these current fights, if we listen closely enough: innovations in tactical unmanned aerial systems, creative communications networks with diverse combat forces, personalized wars with ubiquitous information operations. Even if our generation won't find clean answers for ourselves, one of the best things we can do is to offer some of our solutions to the next generation that will face these daunting challenges. If we can increase their chances of surviving and prevailing, then our efforts are not in vain.

Since these seminars, policies have been implemented broadly to ensure air crews understand the reasons for killing and also have the chance to spend time away from this killing long enough to reflect. The Air Force has certainly come a long way for our deployed-in-garrison forces, who for years had no boundary between war and peace—for many, never more than double-digit hours from potentially taking a life for years on end. With deploy-to-dwell cycles, where crews cycle between peacetime training and combat duties over the course of months, that world is no more.⁵

We have a seasoned fighting force. But as this Long War winds down, we will have a generational shift in this experience base. Those of us who joined when the Long War started are retirement eligible, and it is unlikely we will serve as tactical operators in a fight that may be a few years out. So we offer what we learned.

Culture is a lagging indicator of a community's learned experience of what works in war. Reflecting on the Battle of Hampton Roads during the US Civil War, no less than Herman Melville decried the USS *Monitor* ironclad as an inglorious machine that was somehow diminishing his ideal of war: "Hail to victory without the gaud of glory . . . war's made less grand than peace."⁶ With all due respect to Melville's literary prowess, if I had been a sailor on the USS *Minnesota*, having just seen my sister frigates *Congress* and *Cumberland* sunk by the ironclad CSS *Virginia*, I would care far less about the USS *Monitor*'s ungainly appearance and far more about the fact that the *Union* ironclad placed itself between my ship and the *Virginia* and saved my crew.

Sentimentality about winning with a certain aesthetic is a luxury for those for whom war is an abstraction; it is a malady that is instantly cured the moment you hear a radio go silent during a firefight or see on infrared a good guy go down. The only thing that remains is to protect your buddies and get the mission done without losing your soul in the process.

Indeed, the military profession leaves little room for sentimentality, even about our own hard-learned lessons. Let future military historians decide whether or not we did

5. Johnny Duray, "Forever Deployed: Why 'Combat-to-Dwell' Reform for MQ-9 Crews Is Beyond Overdue," War on the Rocks, January 23, 2018, <https://warontherocks.com/>.

6. Herman Melville, "A Utilitarian View of the Monitor's Fight," lines 7-8, 29, as qtd. in David A. Mindell, *Iron Coffin: War, Technology, and Experience Aboard the USS Monitor*, updated ed. (Baltimore: Johns Hopkins University Press, 2012), 129.

it right. But for now, there is the task at hand. To the next generation, standing watch from the posts we once held, I deeply hope that some of what we've found will be of use to you. Keep anything useful, and throw the rest away. But maybe this will give you a head start. We might need it.

Post Scriptum: A Call to Action

It seems appropriate to end—as it was to begin—with a call to action. First, the veterans of the global war on terrorism will carry these things with them for the rest of their careers and after. The Air Force's efforts to embed mental health professionals in its units provide much-needed resources for those who are still in uniform, but we must consider those who have left the service as well. Retirement or separation provides time to contemplate those things we never had time to think about. Doing so without the sense of purpose and belonging provided by the military community might be an unsettling prospect for some of our friends. Providing continuing institutional support to these veterans, and connection if desired, is a way to keep faith.

Second, we have a brief window to gather lessons learned on resiliency, coping strategies, best practices, and pathologies from those who fought these wars. In the face of an existential threat, our military members are rightly refocusing on the challenge ahead of them, which means that many of these hard-won lessons will quickly fade in our institutional memory if not captured now. These lessons may be exactly what we need to prevail in future challenges; we must identify which lessons are likely to carry over into the next fight, which lessons must be adapted, and which lessons will probably not apply in a large-scale fight. One hard-earned lesson was that when we can fight from anywhere, the fight is everywhere, and this presents new challenges for crews and their families. In the next fight, we will likely fight as a distributed battle network, where displaced and collectivized killing may be the norm rather than the exception. We should prepare accordingly.

Finally, the war in Ukraine bears witness to the human realities of a large-scale fight. Many of these same veterans found a renewed sense of purpose fighting alongside the Ukrainians, and they likely have much to teach us. Our force would gain from learning about the Ukrainians' resiliency strategies—especially the interplay between troops, leaders, chaplains, and counselors over the course of the conflict. We might offer in return effective strategies for reintegrating veterans into society. There is much to do yet, but there is no choice other than to get it done. To slightly paraphrase the poet Robert Frost, we have promises to keep, and miles to go before we sleep. **Æ**

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**LIVING WITH
KILLING**
**WORLD WAR II US BOMBER
CREWS**

HEATHER P. VENABLE

The experiences of World War II bomber crews indicate that, unlike some scholars have theorized, distance from targets did not lessen the combat and other trauma resulting from prosecuting targets in the European theater. An analysis of Dave Grossman's five factors of the likelihood of killing finds these air combat crews experienced significant psychological trauma, including moral injury, in the execution of their missions.

The Germans called them *terrorflieger* or “terror fliers.” But the terror many US bomber crews inflicted upon German cities in World War II was often revisited on the crews themselves. What historians have characterized as a derogatory name used by Germans to label Allied airmen ironically is an accurate characterization of the crews’ own experiences.¹

Shot down over Germany and subsequently interned, B-17 bombardier J. W. Smallwood even referred to the sharing of his war stories with other airmen as the telling of “terror stories” or “terrifying experiences.”² Indeed, many struggled not to tell their stories.³ Some crew members spent Christmas Day of 1943 telling them to each other in the cold metal huts they temporarily called home in England. Sharing their stories of terror helped some crew members cope with the trauma of war, although others struggled to tell them, both during and after the war.⁴

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1. Ron Morris and Ian Hawkins, *The Wild Blue Yonder and Beyond: The 95th Bomb Group in War and Peace* (Washington, DC: Potomac Books, 2012), 327.

2. J. W. Smallwood, *Tomlin’s Crew: A Bombardier’s Story* (Manhattan, KS: Sunflower University Press, 1992), 166; and Charles N. Stevens, *An Innocent at Polebrook: A Memoir of an 8th Air Force Bombardier* (Bloomington, Indiana: 1st Books, 2003), vii.

3. Leonard Streitfeld, *Hell from Heaven: Memoirs of a World War II B-17 Bombardier* (Egg Harbor City, NJ: Laureate Press, 2012), 80, 172; and Tom Faulkner, *Flying with the Fifteenth Air Force: A B-24 Pilot’s Missions from Italy during World War II*, vol. 13, ed. David L. Snead (Denton: University of North Texas Press, 2018), 79.

4. Stevens, *Innocent at Polebrook*, 117, 59.

The experiences of World War II bomber crews reveal several interrelated facets of killing in combat: the reluctance of humans to kill, the fear that comes from the threat of being killed, the trauma that often results from seeing one's comrades being killed, and the moral trauma—or moral injury—that results from believing one has transgressed one's deeply-held beliefs. It is important to note that moral injury can overlap with but also differs from posttraumatic stress, which manifests more as hyperarousal caused by the experience of combat in a wide range of symptoms from flashbacks and dreams to anger and increased alertness. According to the National Center for PTSD [posttraumatic stress disorder], moral injury, by contrast, occurs when in “traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations.”⁵

Increasing attention has been devoted to moral injury since 2001. While conventional warfare offers opportunities enough for moral injury to develop, counterinsurgency may provide even more because of the extent to which combatants may face increased moral dilemmas due to the sometimes more diffuse battlefield where civilian encounters can be fraught with tension, misunderstanding, and firepower.



Figure 1. B-17 Flying Fortress falls from the sky in World War II

5. Sonya B. Norman and Shira Maguen, “Moral Injury,” PTSD: National Center for PTSD, n.d., accessed August 10, 2023, <https://www.ptsd.va.gov/>.

Understanding Air Combat Experiences

*They say there's a Lanc just now leavin' Berlin
Bound for old Blighty's shores
Heavily laden with terrified men
Strewn all about on the floor*

J. W. Smallwood, *Tomlin's Crew: A Bombardier's Story*⁶

Despite the immense interest in bomber crews in the European theater, only minimal scholarship has focused on the psychosocial effects on Airmen. Dave Grossman, who is more interested in the experiences of close combat, argues that distance from their targets enabled bomber crews to kill relatively easily. In reality, though, crews had far more complex experiences because physical distance from one's target is only one of many factors that help explain the onset of psychological and moral trauma.

Controversially, Grossman accepts S. L. A. Marshall's assertion that approximately one in five US infantrymen fired their weapons in World War II.⁷ While a number of scholars have heavily criticized Marshall's methodology and quantitative findings, others continue to value his "overall observations" about soldiers' inner resistance to killing.⁸ Marshall's scholarship may be heavily flawed but its spirit is correct: humans have a resistance to killing, and combatants must receive effective conditioning to kill.

The primary work to focus on the combat experience of US bomber crews, Mark K. Wells' ethnocentric *Courage in Air Warfare: The Allied Experience in the Second World War* (1997), celebrates the resiliency of US bomber crews at the expense of British bomber crews. This work accords with what one military history scholar refers to as the "greatest generation" school in seeking to celebrate crew members, uncritically accepting the "utilitarian" purpose that heroism and self-sacrifice serve for militaries.⁹

While Wells argues his comparative approach offers "insight into the nature of air combat and its impact on aviators," it is unclear what that is other than a generic reference to the importance of "courage, stamina and determination."¹⁰ These laudatory words neither accord with how Airmen viewed themselves nor help to delineate the complex dynamics of bomber crews.¹¹ Similarly, Wells accepts US participation in World War II as an uncomplicated good, leading him to dismiss those today who contemplate the war's moral issues. In fact, as will be shown, many World War II

6. Smallwood, *Tomlin's Crew*, 178.

7. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Back Bay Books, 1995), 3, 337; and see also James Roberts, *Killer Butterflies: Combat, Psychology and Morale in the British 19th (Western) Division 1915–18* (Solihull, UK: Helion, 2017).

8. Kelly C. Jordan, "Right for the Wrong Reasons: S. L. A. Marshall and the Ratio of Fire in Korea," *Journal of Military History* 66, no. 1 (2002): 141, 162.

9. Michael Stephenson, *The Last Full Measure: How Soldiers Die in Battle* (New York: Broadway Paperbacks, 2012), xii, 20.

10. Mark K. Wells, *Courage and Air Warfare: The Allied Aircrew Experience in the Second World War* (London: Frank Cass & Co., Ltd., 2012), 3, 2.

11. See, for example, Stevens, *Innocent at Polebrook*, 77.

crew members wrestled with moral issues rooted in living with killing during and after the war.¹²

While it has some analytical flaws regarding acceptable killing vis-à-vis distance to the target, of the two works, Grossman's *On Killing* provides the nearest approximation to a theory gauging a person's propensity to kill in combat. That likelihood of killing can be considered as a relationship among the following unquantifiable factors: "(demands of authority) x (group absolution) x (total distance from victim) x (target attractiveness of victim) x (aggressive predisposition of killer)."¹³

The first factor, demands of authority, speaks to the historical recognition of how an officer, more often than not, compels an enlisted soldier to kill, either through positive or negative motivation. The second factor, group absolution, recognizes that spreading the guilt of killing among a group rather than placing that burden on a single individual enables people to overcome their deeply ingrained resistance to killing.

The third factor of distance stresses how it is much easier to kill from farther away, a point Grossman incorrectly rationalized to mean that Airmen experienced no psychological trauma.¹⁴ Target attractiveness, the fourth aspect of the formula, speaks to how motivated or resistant an individual is to kill those whom they are expected to kill. Finally, the last aspect, predisposition, highlights how likely an individual is to overcome cultural and social mores against killing.

These factors will be considered in regard to the different roles of crew members. A typical B-17 crew consisted of 10 men, including four officers: a pilot, copilot, navigator, and bombardier. It also included enlisted gunners and radio operators. In terms of highlighting psychological trauma and moral injury, the bombardier—and his relationship to the pilot and the rest of the crew—and the gunners will receive the most attention.

Factor One: Group Authority

Grossman's first factor in his "probability of personal kill" equation, or the "estimation of the total psychological leverage available to enable the execution of a specific personal kill in a specific circumstance," is the demands of authority.¹⁵ Traditionally understood as an officer using physical or mental suasion to encourage killing, this variable constitutes one of the weaker forces among bomber crews. Paradoxically, a kind of diffuse democratic mentality formed within bomber crews because of the collective will to not be killed, which required spreading mutually-reinforcing responsibilities among crew members. Both memoirs and psychological studies conducted at the time help illuminate these relationships.

12. Wells, *Courage*, 1; and see, for example, Stevens, *Innocent at Polebrook*, viii.

13. Grossman, *On Killing*, 345.

14. Grossman, 108.

15. Grossman, 345.

Enlisted-Officer Relationships

One of history's most egalitarian military units, bomber crews, unlike ground combat units, broke down many traditional hierarchies between officers and enlisted men. Still, it is important not to romanticize these relationships. The amount of fraternization between enlisted crew members and officers varied among individual crews. The Army Air Forces (AAF) also divided crews, placing enlisted crew members in one hut and officers in another.

One pilot who flew in Italy similarly described officer and enlisted crew members eating in different messes.¹⁶ In the case of this bomber crew, enlisted crew members initially joined the officers in their tent after surviving their first mission.¹⁷ On subsequent occasions involving both celebration and mourning, however, the officers met by themselves. Only later, possibly with inhibitions loosened by alcohol, did they include their enlisted crew members.¹⁸ The AAF also frequently needed to separate crews for practical reasons, including temporary illness and incompatibility.

To some extent, then, the seamless, cohesive crew was more an ideal than reality.¹⁹ Smallwood, for example, suggested that being shot down on his fifteenth flight did not provide "much opportunity to get acquainted."²⁰ B-17 co-pilot Bert Stiles, confessing disappointment that his crew was just "average," noted that "a great crew is just about as rare a thing as a great ball team" and "they just come along once in a while."²¹ Other Airmen were not as concerned about establishing close relationships. Eighth Air Force bombardier Charles N. Stevens explained that his first concern was his "own safety," leaving him interested only in a "loose camaraderie."²²

Ultimately, Airmen made pragmatic choices about their identification with the crew that provided varying amounts of emotional and psychological support. Rhetoric about the "band of brothers" has come to dominate understandings of the World War II combat experience, resulting in the tendency to overstate and caricature how relationships form in combat.²³ In reality, a pragmatic desire to live brought disparate crews together, at least temporarily.²⁴

16. Linda Audrey Kantor, *Emil's Story: Memoir of a WWII Bomber Pilot* (self pub., CreateSpace Independent Publishing Platform, 2012), loc. 1790–99, 1814–15, of 2808, Kindle.

17. Kantor, loc. 1602–32, 1814, of 2808, Kindle.

18. Kantor, loc. 2212–25, 2507–19, 2644–58, of 2808, Kindle; and also see Raymond E. Brim, *Pathfinder Pioneer: The Memoir of a Lead Bomber Pilot in World War II* (Philadelphia: Casemate, 2016), loc. 2165–71, 2031, of 3908, Kindle.

19. Streitfeld, *Hell from Heaven*, 121; Willis Hastings, *From Barn Burner to Bombardier* (self-published, 1995), 18; and Faulkner, *Fifteenth Air Force*, 3.

20. Smallwood, *Tomlin's Crew*, 242.

21. Bert Stiles, *Serenade to the Big Bird* (self pub., Eyrie Books, 2016), 101.

22. Stevens, *Innocent at Polebrook*, 74.

23. Gregory A. Daddis, "Beyond the Brotherhood: Reassessing US Army Combat Relationships in the Second World War," *War & Society* 29, no. 10 (2010).

24. Samuel J. Watson, "Religion and Combat Motivation in the Confederate Armies," *Journal of Military History* 58, no. 1 (1994): 31.

Role of Pilots

Within these crews, pilots sometimes functioned as de facto fathers by virtue of their age, rank, and life experience. But they rarely acted as assertively as ground officers, who exercised a more exhortatory function.²⁵ A pilot balanced the responsibility for making final decisions with recognizing the crew's mutual interdependence; in some cases of extreme crises, portions of crews even voted on a particular course of action.²⁶ And pilots were not always the oldest crew members.²⁷ Other pilots set the tone for the crew's experience because of their own desire to complete their duty as soon as possible in order to return home, which led them to seek the buy-in of their fellow crew members, such as volunteering for missions.²⁸

The pilot also had little direct control over those doing the killing. Located in the cockpit while the bombardier sat in the Plexiglas nose, the pilot lacked the immediate physical presence to reinforce the act of killing except by voice. The pilot also had his own responsibilities throughout the exhausting flights.²⁹ During the bombing run, moreover, the pilot gave temporary control to the bombardier, who guided the plane over the target using autopilot run through the Norden bombsight. The navigator remained in closest physical proximity, sitting at a desk behind the bombardier who looked out ahead to fighters and flak, mentally and physically distant from his crew in many important ways.³⁰

Mission Tension

The pilot, then, had little authority over a bombardier's actions. The factor that may have provided the strongest form of group authority stemmed from a bombardier seeking to balance his responsibility to kill with the responsibility to make his crew's mission matter.

Stevens' experience highlights this struggle. Although he became "haunted[ed]" by the innocent civilians he helped to kill, he considered it even more traumatic to confront the possibility of his crew dying on a mission where he did not drop his bombs.³¹ After his bombs failed to drop on his first two missions, Stevens considered whether he had made errors to avoid killing. He ultimately concluded that to be grounded for

25. Grossman, *On Killing*, 144.

26. Kantor, *Emil's Story*, loc. 2441–55 of 2808, Kindle.

27. Faulkner, *Fifteenth Air Force*, 97.

28. Charles N. Stevens, *The Innocent Cadet: Becoming a World War II Bombardier* (Bloomington, IN: AuthorHouse, 2008), 337–38, 340; and Hastings, *Bombardier*, 22.

29. Wells, *Courage*, 33; and Brim, *Pathfinder Pioneer*, loc. 1664–78 of 3908, Kindle.

30. Donald L. Miller, *Masters of the Air: America's Bomber Boys Who Fought the Air War against Nazi Germany* (New York: Simon & Schuster, 2006), 209, 83; and Roy R. Grinker and John P. Spiegel, *War Neuroses in North Africa: The Tunisian Campaign, January–May 1943* (New York: Josiah Macy Jr. Foundation, 1943), 208.

31. Stevens, *Innocent at Polebrook*, 36, 38, 40–43.

his inability to drop bombs would have “psychological consequences of such a calamity . . . for me to even imagine.”³²

To kill civilians horrified Stevens, but the possibility of his crew members dying on a fruitless mission terrified him more. Group authority thus sometimes provided bombardiers with a significant sense of responsibility for the crew’s lives, making the bombardier’s role unique in terms of how group authority dynamics shape an individual’s combat experience and, more specifically, the likelihood of experiencing moral trauma.

Factor Two: Group Absolution

Just as group authority functions very differently in bomber crews than in traditional military organizations, the group absolution of crew-served weapons does not apply well to bombers, again because of the bombardier’s greater independence. The notion of group absolution works on crew-served weapons, such as artillery, by requiring members to be accountable to each other while diluting individual responsibility for killing.

By contrast, only the bombardier mentally decided when to release the bombs and to physically take the action. As explained in one study by medical officers, the bombardier often had to make decisions on the fly—he did not have “enough time to explain the whole situation and get advice” and needed to “make his own decision immediately.”³³ And some decided not to drop their bombs.

As a result, some drastic targeting inaccuracies—sometimes missing by miles—resulted not only from failures in navigation and technology but also because of human resistance to killing. Medical officers noted some bombardiers found themselves psychologically incapable of dropping bombs.³⁴ In one case, a young bombardier on his second mission “blacked out” over the target, resulting in his navigator having to launch the bombs.³⁵

That the bombardier’s sudden lack of consciousness coincided with the need to launch bombs demonstrates the resistance to killing that can occur among even those removed from their target.³⁶ As one medical officer stated, such an event was common, as were instances of “freezing at the controls, panics in the air, attempts to bail out, with or without parachute, and the jettisoning of bombs over our own territory.”³⁷

32. Stevens, 45.

33. William M. Lepley, ed., *Report No. 17: Psychological Research in Theaters of War, Army Air Forces Aviation Psychology Program Research Reports*, 1947, 112, reel 1204, Air Force Historical Research Agency (AFHRA), Maxwell AFB, AL.

34. See, for example, Lepley, *Report No. 17*.

35. Robert Rehm, “Fifty Missions over Europe: Psychological Study of an Average Combat Tour,” in *Observations*, 5.

36. Rehm, 5.

37. Major Douglas B. Bond, Project No. 18, “The Diagnosis and Disposition of Combat Crews Suffering from Emotional Disorders,” August 1944, File 520.7411-2, Reel B5070, AFHRA.

Despite dropping bombs from several miles away, bombardiers struggled with their actions' ramifications. One study described a B-17 bombardier who began having nightmares after he dropped bombs that hit a city rather than the designated target.³⁸ Hospitalized due to a knee injury after flying 22 missions, he experienced the mockery of soldiers, who called him "D. D." for "Death and Destruction."³⁹ He showed even more signs of moral injury after walking around a city the United States had bombed, feeling "considerable guilt."⁴⁰

The medical officer diagnosed the Airman's guilt as a typical "reaction to his own unconscious destructive impulses." In other words, he linked the guilt not to the Airman's wartime experiences but rather to something innate.⁴¹ In another case study, a bombardier flying over France drastically misaimed his bombs at a point six miles away from the target. As he watched the bombs hit farmhouses, he became increasingly agitated, leading him to subsequently avoid firing at German fighters.⁴² The traumatic experience of almost inadvertently killing civilians led him to neglect engaging German fighters seeking to destroy his bomber crew.

The development of Pathfinder crews helped resolve some of these problems by providing an improved sense of absolution. Beginning in November 1943, specially trained bombardiers positioned at the front of bomber formations released their bombs, with the rest of the bombardiers following suit.⁴³ In effect, the entire formation became a crew-served weapon in which individual bombardiers did not have to initiate but follow the lead bombardier. Even this development, though, could not stem the possible onset of moral trauma.⁴⁴ Indeed, this development simultaneously may have intensified a sense of guilt among some because the vaunted precision tactics of the AAF—designed to target factories—had been replaced with carpet bombing, which greatly increased collateral damage and civilian casualties.

Factor Three: Distance from Victim

According to Grossman, physical distance from the target is a powerful enabler of killing. The farther away one is from the target, the easier it is to execute a kill.⁴⁵ Those on the ground engaged in close combat therefore struggle to kill, with a small minority of infantrymen undertaking most killing. Killing with a bayonet or even one's own

38. Norman A. Levy, *Personality Disturbances in Combat Fliers* (New York: Josiah Macy Jr. Foundation, 1945), 59.

39. Levy, 59.

40. Levy, 59.

41. Levy, 60.

42. Donald W. Hastings, David G. Wright, and Bernard Glueck, *Psychiatric Experiences of the 8th Air Force* (New York: Josiah Macy Jr. Foundation, 1944), 295.

43. See, for example, Brim, *Pathfinder Pioneer*, loc. 1664, 1685–87, 2874, of 3908, Kindle.

44. See, for example, Rehm, "Fifty Missions"; and Bond, Project No. 18.

45. Grossman, *On Killing*, 107–8.

hands is so difficult that it almost never happens, and those who kill close up rarely escape deep emotional scars.⁴⁶

By contrast, Grossman argues those at a great distance can kill relatively easily. Airmen, he asserts, should suffer little combat trauma because of their physical distance from their targets. Similarly, bomber crews should have an easier time killing than fighter pilots.⁴⁷ For this he draws on weak evidence—a book heralding fighter aces that lacks compelling quantitative data—to conclude fighter pilots show an innate resistance to killing because aces, making up only one percent of pilots, purportedly do 30 to 40 percent of air-to-air killing.⁴⁸

Although fighter pilots often killed at a closer distance, their defensive role protecting bomber crews provided a significant motivation that helped enable killing.⁴⁹ Their actions more directly worked to save their fellow Americans, providing an immediate mental payoff in contrast to the bombers' more anonymous destruction of targets. As one fighter pilot explained, he had no objection to "strafing the enemy 'because it helps the American soldier out' " and it angered him to see "forts [B-17s] go down, as fellows in the bombers seem so g—d— helpless."⁵⁰

Both found common ground and the greatest combat motivation when their killing supported fellow Americans. For bomber pilots, the majority of these efforts did not begin until the Normandy invasion of June 6, 1944, which helps explain why bomber crews generally suffered more combat trauma than fighter pilots, who flew in support of others.⁵¹ While bomber crews did not like providing close air support because of the possibility of injuring their own troops, they relished the opportunity for indirect support, such as hitting marshalling yards used to rush German troops to the front. These efforts provided a significant source of sustaining combat motivation far more fulfilling than in hitting targets as part of a strategic bombing campaign.⁵²

Combat motivation, then, worked at cross-purposes with distance, as seen when comparing fighter pilots to bomber crews. Fighter pilots killed at a closer range, yet they experienced less combat trauma because of why they were killing. This factor outweighed the significant distance bomber crews had from their targets, even when that visual detachment intensified when the United States began bombing by radar in September 1943 on cloudy days.⁵³ Radar bombing may have decreased crew motivation because they received less immediate feedback on mission success.

46. Stephenson, *Last Full Measure*, 98–99; and Grossman, *On Killing*, 98.

47. Grossman, *On Killing*, 31, 58, 98, 108.

48. Gene Gurney and Mark P. Friedlander Jr., *Five Down and Glory: A History of the American Air Ace* (New York: G.P. Putnam's Sons, 1958), 256.

49. Howard B. Burchell and Douglas B. Bond, "A Study of 100 Successful Airmen with Particular Respect to Their Motivation and Resistance to Combat Stress," December 1944, 520.7411-1, AFHRA, 13–14.

50. Burchell and Bond, "100 Successful Airmen," 9; and Bond, Project No. 18.

51. Burchell and Bond, 9; and Wells, *Courage*, 67.

52. Faulkner, *Fifteenth Air Force*, 97, 106–7; and Streitfeld, *Hell from Heaven*, 69.

53. Richard Overly, *The Bombers and the Bombed: Allied Air War over Europe, 1940–1945* (New York: Penguin, 2013), 157; and Streitfeld, 77.

Factor Four: Target Attractiveness

For Grossman, the bomber crews sought survival over killing, with many having only a vague sense of why they were at war other than that Pearl Harbor had been attacked. Regarding the formula's provision for target attractiveness, Grossman considers the killer's antipathy toward the victim, the killer's investment in the strategy, and the "payoff" relationship between the killer and the intended victim.

It is here that the context of the European air war is instructive. Multiple medical officers attested to the fact that most American Airmen did not hate their German opponents, thus significantly reducing target attractiveness and thereby making killing more difficult.⁵⁴ In a group of 150 Airmen who had completed tours in heavy bombers, for example, a medical officer found that only 29 percent felt "personal hate" toward the Germans.⁵⁵

Another study concluded that although gunners constituted a better educated group in comparison to the civilian population at large, even they had little sense of why they were fighting.⁵⁶ Asked after completing their gunnery training in the United States, only 44 percent understood why they would soon be fighting.⁵⁷ This is notable because most of these Airmen had volunteered not only for military service but also specifically to be gunners.⁵⁸ Many volunteered, moreover, to avoid being drafted, or in other words to retain agency and choice.⁵⁹

As many acknowledged later, they decided to serve in the AAF largely on a whim, without serious thought of the consequences.⁶⁰ While there was a general sense of service animating young American men after Pearl Harbor, it did not translate neatly into hate for the Germans or a deep-seated understanding of why they were fighting.⁶¹

As a result, some bomber crew members struggled with how exactly they contributed to the war effort, wrestling with killing and being killed. Perhaps the youngest B-24 pilot in the AAF, 1st Lieutenant Tom Faulkner found his first bombing experience to be surreal. As he recorded in his diary, "All seemed sort of weird, knowing that down below, people were probably being killed, sirens were blowing, and guns were blasting away at us."⁶²

54. David G. Wright, "Notes on Men and Groups under Stress of Combat: For the Use of Flight Surgeons in Operational Units" (New York: Josiah Macy, Jr. Foundation, 1945), 12; and Burchell and Bond, "100 Successful Airmen," 13.

55. Hastings, Wright, and Glueck, *Psychiatric Experiences*, 135.

56. Army Air Forces (AAF) Aviation Psychology Program Research Reports, *Report No. 11: Psychological Research on Flexible Gunnery Training*, File 141.28-11, AFHRA, 268.

57. *Report No. 11*, 284; and Burchell and Bond, "100 Successful Airmen."

58. *Report No. 11*, 285.

59. Faulkner, *Fifteenth Air Force*, 1; and Stevens, *Innocent Cadet*, 68.

60. See, for example, James Holland, *Big Week: The Biggest Air Battle of World War II* (New York: Atlantic Monthly Press, 2018), 147.

61. Faulkner, *Fifteenth Air Force*, 33.

62. Faulkner, 5.

In one of his longest diary entries, Faulkner wrestled with the likelihood of killing not a hated enemy but rather “people”—his word choice connoting civilians—as well as the reality that others sought to kill him.⁶³ Faulkner subsequently struggled with his sense of honor and suffered mentally for decades—to include psychosomatic manifestations of his feelings through constant pain in his throat that required multiple surgeries—because he wondered if he had been guilty of cowardice.⁶⁴ Others confronted the reality that they were using radar to target city centers.⁶⁵

A sense of duty to country did not translate neatly into a sense of purpose for many crew members flying missions involving strategic bombardment, unlike higher-ranking officers who sought to win the war with airpower alone to legitimize the creation of an independent air force. A survey of 3,000 bomber crew members conducted the week before the Normandy landing highlighted their frustration with attacks on cities, epitomized by raids against Berlin, which they believed served publicity purposes more than military ones.⁶⁶ Airmen insightfully argued that the destruction of one city could not break the enemy’s will. Indeed, one Airman believed it made “the people more bitter toward us.” Another conveyed his opposition to “spite” bombing.⁶⁷

Of course there were exceptions. B-17 bombardier Leonard Streitfeld held little back regarding his strong motivation to kill Germans, whom he referred to as “Nazis.”⁶⁸ Upon learning of his mission to Berlin, Streitfeld claimed everyone was happy because the “city was crammed with refugees from the Russian front,” and it “was to be a demoralization mission to create confusion and break their morale.” Arriving over Berlin, he noted he could not see the target due to smoke.⁶⁹ Regardless, Streitfeld convinced himself that they had done so much damage that “most” of his crew members happily would have returned to Berlin on another mission to end the war “sooner.”⁷⁰

On a subsequent mission to Berlin, Streitfeld explained: “Every target up to this day was one of military importance but this one was different. Our Group was scheduled to bomb a statue in the center of Berlin. I had hoped it was of Hitler. My feelings about this was that Germany started the war and the consequences were deserved.”⁷¹

Streitfeld’s inclination to kill can be understood with reference to two factors. First, Streitfeld applied his own views to everyone around him on several occasions, which might have served to justify his own opinions. Second, and most importantly, his Jewish

63. Faulkner, 5, 121, 155.

64. Faulkner, 172, 178, 180, 182–91.

65. Stevens, *Innocent at Polebrook*, 105, 107.

66. Research Branch, Special Service Division, “Survey of Combat Crews in Heavy Bombardment Groups in ETO: Preliminary Report,” 8, in Carl Spaatz Papers, Library of Congress.

67. Special Service Division, 11.

68. Streitfeld, *Hell from Heaven*, 68.

69. Streitfeld, 109, 113.

70. Streitfeld, 114.

71. Streitfeld, 154.

heritage understandably provided strong motivation to kill.⁷² While in training, he had listened to his friends make comments like, “One good thing that Hitler is doing is killing off the Jews.”⁷³

For Streitfeld more so than most crew members, the war was personal, in part because his opponent had killed his relatives and millions of others who shared his religious faith.⁷⁴ Yet it is also important to note that Streitfeld only wrote about his experiences years later after seeing a television program about B-17s that “clear[ed] the cobwebs” from his memory, thus the prism of the intervening decades highly shaped his memoir.⁷⁵

Airmen wanted to know they had contributed to the war effort, but they also wanted to hit clearly defined military objectives. Prior to a mission, for example, one officer described the bombing of an aircraft target as paying immediate dividends by explaining they sought to hit the part of a factory from “whence the planes ‘went out the door.’ ”⁷⁶

In seeking to maintain their combat motivation, crews discussed how much effect they had, desperately hoping their actions directly contributed to the war effort. Yet it was difficult to measure what had actually been accomplished in hitting factories. Providing more indirect support—for example, striking railroad stations used to transport enemy troops—was more eagerly desired. But crews expressed angst at being asked at times to support their own soldiers directly because their bombs might do more harm than good.⁷⁷

Factor Five: Aggressiveness

These factors, then, merge with the final consideration of Grossman’s formula regarding the killer’s potential aggressiveness. After World War II, the US military increasingly institutionalized training to encourage aggressiveness.⁷⁸ But World War II AAF crew members did not always receive this training, especially when the AAF rushed essential replacement crews to make up for significant theater losses.⁷⁹ Training also lacked realism in that the target one practiced on in training did not approximate the combat target.⁸⁰

The AAF devoted some attention to preselecting members for aggressiveness, but their efforts could be rather cursory. Smallwood recalled how the AAF determined if

72. Streitfeld, 197, 113.

73. Streitfeld, 19.

74. Streitfeld, 154.

75. Streitfeld, *Hell from Heaven*, loc. 3 of 2099, Kindle.

76. Smallwood, *Tomlin’s Crew*, 142, 147.

77. Smallwood, 141, 135.

78. See, for example, Russell W. Glenn, “Men against Fire in Vietnam” (thesis, U.S. Army Command and General Staff College, November 8, 1987), <https://apps.dtic.mil/>.

79. Stevens, *Innocent Cadet*, 356.

80. Stevens, *Innocent at Polebrook*, 26.

Airmen had the right “attitude toward fighting” based on their ability to recognize the names of baseball players.⁸¹ Streitfeld had to be interviewed twice after he informed his interrogator that he most enjoyed chess. The medical officer worried that the “quiet game” of chess indicated potential difficulties enduring combat.⁸²

Simultaneously, bombardiers had competing identities that undermined the kind of aggressive tendencies that the AAF hoped to inculcate. Stevens found rhetoric that encouraged him to be a “fighting man” to be ludicrous.⁸³ Unlike many who became bombardiers after washing out of pilot training, Stevens actively sought this position after watching a movie of a British bombardier skillfully, precisely, and courageously dropping bombs “squarely” on a German target.⁸⁴ The movie highlighted the bombardier as a masterful technician more than a warrior, as did bombardier training, which consistently stressed precision and accuracy.⁸⁵

Enhancing this tendency was the bombardier’s defensive responsibility to protect the highly-classified Norden bombsight, which had to be removed from the bomber after each mission. Thus identities of technician and “guardian” of secret technology coexisted with his more offensive responsibilities.⁸⁶

And, in some ways, the AAF and American society as a whole assumed men generally had a kind of innate aggressiveness. To dislike hunting, for example, called into question notions of manhood.⁸⁷ When medical officers identified those struggling in combat, they searched out childhood events to identify lifetime trends of passivity.

One medical officer, for example, highlighted a B-17 bombardier’s habitual “timid” behavior. Having worked as a civilian photographer documenting accidents, he struggled to view “mangled bodies without anxiety.”⁸⁸ Given his personality and inability to adjust psychologically to his job’s requirements, the medical officer showed no surprise that the bombardier had to meet with the medical disposition board after he saw burning airplanes and parachutes and his own airplane being hit. Ultimately, the medical officer used his case as an example of how such a man’s background should have been identified before arriving in theater rather than as an example of a reasonable reaction to the horrors of combat.

Psychological and Moral Trauma

The photographer-turned-bombardier was not alone in his combat experience. Despite significant distance from their targets, many crews experienced trauma. For example,

81. Smallwood, *Tomlin’s Crew*, 29, 33.

82. Streitfeld, *Hell from Heaven*, 26.

83. Stevens, *Innocent Cadet*, 141.

84. Stevens, *Innocent at Polebrook*, 156–57.

85. Stevens, 265, 311, 375; and Jack R. Myers, *Shot At and Missed: Recollections of a World War II Bombardier* (Norman: University of Oklahoma Press, 2005), 9.

86. Stevens, *Innocent Cadet*, 242.

87. Hastings, Wright, and Glueck, *Psychiatric Experiences*, 220, 259.

88. Levy, *Personality Disturbances*, 23.

of 150 Airmen—a majority of whom were bomber crew members—who completed their tours, 95 percent showed some signs of operational fatigue and a third of the group showed severe signs.⁸⁹

The long-term implications of combat trauma on bomber crews flying in World War II are unknown. Like infantrymen engaged in close-quarter combat, Airmen reacted very strongly to the loss of their own crew members.⁹⁰ While Grossman might be correct that Airmen suffered less combat trauma than soldiers from the act of killing, he fails to account enough for how many Airmen had to live with the challenges of killing and seeing their friends being killed.⁹¹

One study found the “typical” gunner lost half of his “close friends” in combat, due to death, injury, or missing in action.⁹² The loss of a comrade constitutes one of the most emotionally traumatic events in a combatant’s wartime experience, often resulting in “prolonged states of numbness.”⁹³ Thus, regardless of their distance from those they helped to kill, Airmen suffered. According to one study, the rate of combat trauma for gunners averaged about 45 percent.

Another study found higher rates, suggesting 24 percent experienced “severe combat fatigue” in addition to the 50 percent of gunners who suffered “moderate” trauma. Of those, about 20 percent returned to the United States early because of the psychological effects of combat. And they continued to exhibit signs of trauma well after their return, where some struggled to readjust to their new positions as gunnery instructors. Those gunners who had watched multiple crew members die on their planes also exhibited greater resistance to the idea of serving an additional combat tour.⁹⁴

Bomber pilots, who did not kill directly but only enabled it, also suffered greatly. The extent to which their experiences differed from that of fighter pilots profoundly shaped how they viewed their service. A week before D-Day in June of 1944, medical officers distributed an anonymous questionnaire to 350 bomber pilots. Although they conducted the same survey with 650 fighter pilots after D-Day, when the pace of operations had lessened somewhat, the bomber crews’ negativity about their experience is striking.

Asked if they would consider returning to the European theater after 30 days of rest, not a single bomber pilot said yes. By contrast, 29 percent of fighter pilots expressed their willingness to return.⁹⁵ 23 percent of bomber pilots conceded they would consider another theater after 30 rest days, but fighter pilots again outweighed bombers—43 percent far more enthusiastically answered yes. Asked if they would

89. Hastings, Wright, and Glueck, *Psychiatric Experiences*, 135.

90. See Levy, *Personality Disturbances*, 62-63; and Hastings, Wright, and Glueck, 11, 34, 250, 252.

91. Levy, 58.

92. AAF Psychology Program, *Report No. 11*, 268.

93. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994), 53.

94. AAF Psychology Program, *Report No. 11*, 268-9, 275, 281.

95. Headquarters, European Theater of Operations, “Survey of Fighter Pilots in the Eighth Air Force,” August 7, 1944, File 141.28, AFHRA.

choose combat flying if they could do it over again, 85 percent of fighter pilots affirmed their decision. Considerably fewer bomber pilots—just over half—could envision making the same choice.

The experience of Stiles, a B-17 co-pilot, is instructive in illuminating the experience of bomber crews that not only experienced terror but sometimes caused it as well. The night before his first mission in April 1944, Stiles considered how little he understood the act of killing.⁹⁶ He forthrightly compared his weak desire to kill Germans to the more aggressive attitudes of Polish fighter pilots he had met.⁹⁷ He ruminated on what the AAF expected him to do, explaining:

The whole idea was to blow up just as much Germany tomorrow as possible. From way up high, it wouldn't mean a thing to me. I wouldn't know if any women or little kids got in the way. I'd thought about it before, but that night it was close. The more I thought about it, the uglier it seemed.⁹⁸

Despite the distance between himself and his target, Stiles could not divorce himself from his increasing doubts regarding strategic bombardment. Stiles' thoughts then turned to the men who had occupied the bunks his crew now did, some of whom failed to return after their own missions.⁹⁹

Conclusion

A diffuse collective group authority merged with a relatively flattened military hierarchy to enable World War II bomber crews to endure the terror of combat. The need to survive their own terrifying experiences, not to wreak terror on others, provided the ultimate motivator for many crews. In other words, their sense of purpose in hitting German targets came not from the bombs' impact but from their understanding that dropping bombs enabled their mission to "count" toward their crew's 25- or 30-mission requirement to get the men home. They generally did not demonstrate a strong desire to kill, they greatly feared being killed, and they struggled to internalize the killing of friends as they continued living.

Physical distance certainly provides emotional separation from the horrors of war, but its importance has been overstated. The bombardier who proclaimed that fighting "for your life is more fun than fooling with women" is the exception, representing what some scholars have estimated is the two percent of people that genuinely enjoy combat.¹⁰⁰ Physical distance from one's target provided little mental distance to crew members who contemplated their mission. A vague desire to serve the United States animated many, which resulted in increased combat motivation especially when one could support the infantry, albeit indirectly due to the risk of friendly fire.

96. Stiles, *Serenade*, 11–12.

97. Stiles, 12–13.

98. Stiles, 13.

99. Stiles, 13–14.

100. Burchell and Bond, "100 Successful Airmen."

Crews with the strongest interpersonal relationships adjusted the best, but it is unclear how many crews truly functioned as a team. Similarly, relatively few crews flew all of their missions together due to temporary illness and other factors. Rather than romanticize these crews, the beauty of crew dynamics might be their pragmatic flexibility and seamlessness in the face of the trauma of war. A band of brothers did not occupy every B-17 or B-24. Indeed, Stiles characterized his own crew as “average.”

After surviving his tour on a bomber, Stiles became a fighter pilot rather than returning to the United States to serve as an instructor pilot in relative safety. His reluctance to engage in strategic bombardment differed dramatically from his willingness to risk his life to protect other bomber crews. Having done just that by shooting down a German fighter on his sixteenth mission, he became disoriented in a dogfight and crashed into the ground to his death.¹⁰¹ His bomber experience suggests not only the physical and psychological challenges of bomber crews but the emotional and ethical ones as well.

Theory concerning the motivation to kill in warfare has paid disproportionate attention to the close combat experience. Outside of training accidents, 31,494 Airmen died in their frigid flights amidst flak and fighters at 30,000 feet over Germany.¹⁰² By contrast, the Marine Corps lost 19,733 Marines in the miserable ground combat of the Pacific on distant islands against a determined enemy.¹⁰³ Despite vastly different theaters, the physical and psychological costs Airmen paid were not that different from the experience of the Marines.

The crews over Germany may have been thousands of feet from their victims, but those victims were often civilians who did not present appealing targets. For those who did kill, particularly bombardiers, the bomber also provided far less absolution than traditional crew-served weapons such as artillery, because the bombardier had full control of the bomber when releasing the bombs. Finally, the bomber provided a unique setting in which individual crews operated largely outside of the immediate demands of authority. Regardless of the altitude, living with killing after surviving being killed posed psychological and moral challenges for those lucky enough to survive the trauma of war. *Æ*

101. See American Air Museum in Britain, “Bert Stiles,” accessed July 18, 2023, <https://www.americanairmuseum.com/>.

102. Stephen McFarland, *A Concise History of the U.S. Air Force* (Washington, DC: Air Force History and Museums Program, 1997), 32.

103. Marine Corps History Division, “Marine Corps Casualties: 1775–2015,” Marine Corps University, 2017, <https://www.usmcu.edu/>.



Figure 2. Crew of the 91st Bomb Group, 8th Air Force, beside their B-17 Flying Fortress¹⁰⁴

104. Photograph of 91st Bomb Group crew, American Air Museum in Britain, object no. UPL 22448, n.d., <https://www.americanairmuseum.com/>.

MORAL INJURY WRESTLING WITH DEFINITIONS AND CONCEPTUAL DRIFT

TIM HOYT

As the study of moral injury has increased over the past three decades, the construct itself has been applied to an expanding number of contexts. This article briefly reviews how the measurement of exposure to potential morally injurious events and the associated aftereffects has developed and explores how the construct of moral injury may differ from adjacent, related constructs, including posttraumatic stress disorder. Establishing some degree of consensus on these factors will be critical as research on moral injury continues to investigate treatment options and address its root causes.

I was introduced to the concept of moral injury during a crucial point in my professional development. As a graduate student specializing in trauma psychology, I devoured Jonathan Shay's book *Achilles in Vietnam*, wherein Shay compares the battlefield experiences of Homer's *Iliad* to those faced by US soldiers in the Vietnam War.¹ Drawing on his experiences treating veterans in clinical care, Shay was the first to point out that the morally questionable behaviors to which these veterans were subjected by leaders often had a worse effect on their psychological functioning than exposure to combat. When I first read the book, the United States was in the midst of the surge in Iraq, and I was working with service members who had recently returned from combat in my practicum placement at the local Veterans Affairs hospital while simultaneously serving as a second lieutenant in the Army Reserve.

I took Shay's admonition to heart that "bad leadership is a cause of combat trauma."² When he spoke at the 2008 annual conference of the International Society for Traumatic Stress Studies in Chicago, I rushed to get a front-row seat in a packed auditorium to hear the talk. Shay's criteria for moral injury were clear, with requirements for a betrayal of the service member's moral values by someone holding "legitimate authority" in a "high-stakes situation."³ It was also clear that these moral injuries

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1. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994).

2. Shay, 196.

3. Jonathan Shay, "Casualties," *Daedalus* 140, no. 3 (2011): 183.

inflicted by their leaders significantly exacerbated the symptoms and complicated the treatment of posttraumatic stress disorder (PTSD) among these veterans.⁴

I was so convinced of Shay's model—with stories of ribbon-chasing officers ordering soldiers to commit atrocities so they would be eligible for combat action badges and unit citations—that it was initially confusing to read the seminal article by Brett Litz et al. when it was first published.⁵ Their model of moral injury proposed a broader definition: "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."⁶ This definition expanded moral injury to account for actions perpetrated by the individual service member, even if not ordered. It also included witnessing human suffering and the other atrocities of war and indirectly hearing about these events even if the service member was not present.

In a subsequent paper, Shay distinguishes between the two views of moral injury, emphasizing that all three of his criteria must be met to represent a moral injury based on his definition.⁷ By extrapolation, this potentially would preclude moral injury in situations involving the serious betrayal of values by a high-ranking officer, but that are not high-stakes.

This may also exclude from the definition serious acts of betrayal by someone who did not have any direct authority, such as a subordinate. Although specifically stating that the two models are complementary, Shay further distinguishes his concept from the model of Litz et al. by emphasizing that his model emphasizes the behavior of others, whereas their model emphasizes the service member's own behavior.⁸

Otherwise, it is important to note that these models share a number of similarities. Both models were based on reported experiences from service members with direct combat experience, and the reported symptom overlap resulting from these experiences is nearly identical.⁹ Shay and Litz et al. both emphasize that the current concept of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* does not account for moral injury, with subsequent research supporting that the mechanisms behind the etiology—or causes—and treatment of each concept may significantly differ.¹⁰ Comparing these initial models of moral injury presents a potential

4. Kent D. Drescher and David W. Foy, "When They Come Home: Posttraumatic Stress, Moral Injury, and Spiritual Consequences for Veterans," *Reflective Practice: Formation and Supervision in Ministry* 28 (2008): 92.

5. Brett T. Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29, no. 8 (2009).

6. Litz et al., 700.

7. Jonathan Shay, "Moral Injury," *Psychoanalytic Psychology* 31, no. 2 (2014).

8. Shay, 184.

9. Harold G. Koenig et al., "Examining the Overlap between Moral Injury and PTSD in US Veterans and Active Duty Military," *Journal of Nervous and Mental Disease* 208, no. 1 (2020).

10. American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, DC: APA Publishing, 2022); and Haleigh A. Barnes, Robin A. Hurley, and Katherine H. Taber, "Moral Injury and PTSD: Often Co-occurring Yet Mechanistically Different," *Journal of Neuropsychiatry and Clinical Neurosciences* 31, no. 2 (2019).

point of tension: Should the field focus narrowly on a specific set of criteria or expand the concept to account for a wide range of potentially distressing events?

Definitions of Moral Injury Today

Since that time, a number of fields have expanded academic inquiry into moral injury, including history, communications, and theology.¹¹ As a result, the concept has been applied to multiple domains without a consensus definition.¹² As examples, recent research on moral injury has included veterinarian participation in convenience euthanasia, teacher reactions to district education policy, and workplace bullying.¹³ One review of over a hundred studies identified 12 different conceptual definitions of moral injury.¹⁴ This is similar to the ongoing debate on “bracket creep”—the conceptual shifting of parameters—in the definition of traumatic events and the degree to which exposure qualifies for a diagnosis of PTSD.¹⁵

When considering moral injury, most people may agree that the horrific war zone acts described by Shay in *Achilles in Vietnam* unambiguously constituted moral violations. As the concept of moral injury moves into other contexts, however, there may be less objective agreement about whether or not a particular event should be defined as having potential to be morally injurious. Each individual defines moral standards based on their own values and background, and these individual differences may be more salient when considering norms violations than a given society’s moral values.¹⁶ Indeed, social science research on individual moral behavior must account for factors such as political ideology, particularly when considering the role of authority in moral decision-making.¹⁷

The overall concept of moral injury also may be applied to adjacent stressors within a given population. As an example, many veterans transitioning from military to civilian status report moral injury, but these reports often focus on the social outcomes such

11. Barton David Buechner, “Untold Stories of Moral Injury: What We Are Learning—and Not Learning—From Military Veterans in Transition,” *Frontiers in Communication* 5 (2020), <https://www.frontiersin.org/>.

12. Brandon J. Griffin et al., “Moral Injury: An Integrative Review,” *Journal of Traumatic Stress* 32, no. 3 (2019): 350.

13. Jarl B. Anderson, “Clash of Values: Workplace Bullying and Moral Injury,” *Counseling and Family Therapy Scholarship Review* 3, no. 2 (2021): 2; Erin P. Sugrue, “Moral Injury among Professionals in K–12 Education,” *American Educational Research Journal* 57, no. 1 (2020); and Victoria Williamson, Dominic Murphy, and Neil Greenberg, “Veterinary Professionals’ Experiences of Moral Injury: A Qualitative Study,” *Veterinary Record* 192, no. 2 (2023): e2181.

14. Natalie M. Richardson et al., “Defining Moral Injury among Military Populations: A Systematic Review,” *Journal of Traumatic Stress* 33, no. 4 (2020): 577.

15. Richard J. McNally, “Progress and Controversy in the Study of Posttraumatic Stress Disorder,” *Annual Review of Psychology* 54, no. 1 (2003): 231.

16. Benjamin Grant Purzycki et al., “The Cognitive and Cultural Foundations of Moral Behavior,” *Evolution and Human Behavior* 39, no. 5 (2018).

17. Jesse Graham, Jonathan Haidt, and Brian A. Nosek, “Liberals and Conservatives Rely on Different Sets of Moral Foundations,” *Journal of Personality and Social Psychology* 96, no. 5 (2009): 1040.

as isolation, lack of belonging, withdrawal, and anger rather than on military or combat events.¹⁸ When describing the experience of moral injury these veterans most often report that the civilians around them—as well as the companies where they seek post-military employment and the universities where they seek post-military education—lack the same values or moral foundation as service members.¹⁹ Indeed, after dropping out of school or being fired from a job, there might be no other adequate term than moral injury for the distress and accompanying thought that “I didn’t fit in and no one else shares my values.”

Given the wide-ranging impact of the concept of moral injury, and the potential benefit of reducing distress associated with moral injury, it may be difficult to justify a rationale for restricting the criteria that define moral injury and exposure to events that have the potential to be morally injurious. As the military continues to grapple with the challenges of mental health stigma, service members may be careful to distinguish moral injury from a diagnostic label of PTSD.²⁰ Nonetheless, this restricting of the concept to avoid bracket creep may be a critical step forward for the overall validation of moral injury as an empirically valid construct.

In a discussion of the conceptual challenges associated with the study of moral injury, scholars posit that “the boundary conditions and features of the construct need to be specified” as a precondition for evidence-based analysis and practice.²¹ From a construct validity perspective, this precondition must include clear criteria for identifying moral injury as well as for conceptually differentiating moral injury from adjacent constructs that may have a shared symptom presentation.²²

Clear Criteria

Despite the widespread use of the term moral injury in clinical settings, there are no formal diagnostic criteria for moral injury in the *DSM-5*, primarily due to the lack of consensus about its reliable identification.²³ Toward that end, there have been several recent attempts to validate measures of exposure to morally injurious events and the associated distress. These rating scales typically focus on either the exposure to morally injurious events or on associated symptoms that may or may not be directly related to morally injurious events.²⁴

18. Claire Houtsma et al., “Isolating Effects of Moral Injury and Low Post-Deployment Support within the US Military,” *Psychiatry Research* 247 (2017).

19. Buechner, “Untold Stories.”

20. Thomas Gibbons-Neff, “Haunted by Their Decisions in War,” *Washington Post*, March 6, 2015, <https://www.washingtonpost.com/>.

21. Brett T. Litz and Patricia K. Kerig, “Introduction to the Special Issue on Moral Injury: Conceptual Challenges, Methodological Issues, and Clinical Applications,” *Journal of Traumatic Stress* 32, no. 3 (2019).

22. See Kristin Naragon-Gainey, “Meta-Analysis of the Relations of Anxiety Sensitivity to the Depressive and Anxiety Disorders,” *Psychological Bulletin* 136, no. 1 (2010).

23. Edgar Jones, “Moral Injury in a Context of Trauma,” *British Journal of Psychiatry* 216 (2020): 127.

24. Kimberley A. Jones et al., “Moral Injury, Chaplaincy and Mental Health Provider Approaches to Treatment: A Scoping Review,” *Journal of Religion and Health* 61, no. 2 (2022): 1088.

For example, the Moral Injury Event Scale broadly references the time period “at any time since joining the military,” and includes items that assess witnessing and being troubled by acts that were morally wrong or acting in ways that were contrary to one’s own values, as well as feelings of betrayal without reference to specific events.²⁵ Items from the Moral Injury Event Scale were adapted for use with war zone refugee samples in the Moral Injury Appraisals Scale.²⁶ Items on this scale broadly assess feeling “troubled” by morally wrong things that the individual has done, seen, or heard about.

Similarly, the Moral Injury Questionnaire focuses primarily on events that the individual saw or experienced, such as violations of the rules of engagement, treating civilians harshly, and friendly fire incidents.²⁷ In addition to these events, several items on the Moral Injury Questionnaire also focus on experience of guilt, betrayal, or enjoying violence.²⁸

Although not specific to war zone events, the Moral Injury Scales for Youth may provide a more general criterion for identifying events potentially associated with moral injury. This scale includes items such as “I have done things to other people that I think are wrong,” “I have been forced to do things to others that I think are wrong,” and “Someone I trusted did something I think is really wrong.”²⁹

Another set of measures focuses on the specific reactions, indicators, or symptoms that might be associated with moral injury. The Expressions of Moral Injury Scale assesses a number of potential reactions to moral injury events, including guilt, shame, disgust, withdrawing from or lashing out at others, and loss of faith in humanity.³⁰ The Moral Injury Symptom Scale, which has separate versions for military and healthcare samples, includes items that assess loss of meaning, difficulty forgiving, self-condemnation, and religious struggles.³¹ Yet neither of these scales specify direct alignment of symptoms to particular events, nor do they specify a particular time period for when the noted symptoms occurred, as in, for example, the past month.

The Moral Injury Outcome Scale has undergone the most rigorous testing for reliability and validity.³² This measure includes an initial assessment of specific “worst” event exposure—“something that went against your moral code or values”—and a

25. William P. Nash et al., “Psychometric Evaluation of the Moral Injury Events Scale,” *Military Medicine* 178, no. 6 (2013): 650–51.

26. Joel Hoffman et al., “The Relationship between Moral Injury Appraisals, Trauma Exposure, and Mental Health in Refugees,” *Depression and Anxiety* 35, no. 11 (2018).

27. Joseph M. Currier et al., “Initial Psychometric Evaluation of the Moral Injury Questionnaire—Military Version,” *Clinical Psychology & Psychotherapy* 22, no. 1 (2015): 57.

28. Currier et al., 57.

29. Shannon D. Chaplo, Patricia K. Kerig, and Cecilia Wainryb, “Development and Validation of the Moral Injury Scales for Youth,” *Journal of Traumatic Stress* 32, no. 3 (2019): 450.

30. Joseph M. Currier et al., “Development and Evaluation of the Expressions of Moral Injury Scale—Military Version,” *Clinical Psychology & Psychotherapy* 25, no. 3 (2018): 480.

31. Harold G. Koenig et al., “The Moral Injury Symptom Scale—Military Version,” *Journal of Religion and Health* 57 (2018).

32. Brett T. Litz et al., “Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium,” *Frontiers in Psychiatry* 13 (2022).

screening for symptoms of PTSD. This initial assessment is followed by 14 items that assess reactions during the past month to the specific noted event, such as blaming oneself, losing faith in humanity, and feeling disgusted by the event. Finally, the Moral Injury Outcome Scale is paired with the Brief Inventory of Psychosocial Functioning in order to assess to what degree the noted symptoms interfere with daily functioning.³³ As a whole, the Moral Injury Outcome Scale overcomes several of the drawbacks of previous measures by indexing reactions to a specific event, the inclusion of PTSD symptoms, and assessing the impact on functioning.

Nonetheless, these advances again highlight the tension in narrowing the scope and definition of a moral injury, when others in the field may be seeking to broaden the scope of moral injury and be more inclusive.³⁴ Furthermore, this type of diagnostic differentiation and symptom specificity may be seen as inappropriately “medicalizing” the normal process of experiencing and resolving moral conflicts.³⁵ Indeed, if resolving these kinds of moral struggles is part of the human experience, these reactions—though distressing—may not reflect a pathology or disorder.

Differentiating Moral Injury

In parallel to the research on identifying exposure to potential events that may cause moral injury and the specification of associated symptoms, additional work is needed to differentiate moral injury from other diagnoses and reactions that may have overlapping features. Indeed, much of the extant research notes that moral injury shares features with a number of behavioral and mental health outcomes.³⁶ From the healthcare literature, it is unclear what role moral injury plays in burnout, for example.³⁷ Any given traumatic event resulting in PTSD may have the potential to simultaneously be life-threatening and carry potential for moral injury.³⁸ Betrayal by institutions, which may underlie many instances of moral injury, also has been identified as a unique type of traumatic event.³⁹

33. Sarah E. Kleiman et al., “Psychometric Properties of a Brief Measure of Posttraumatic Stress Disorder–Related Impairment: The Brief Inventory of Psychosocial Functioning,” *Psychological Services* 17, no. 2 (2020).

34. F. Jackie June ter Heide and Miranda Olff, “Widening the Scope: Defining and Treating Moral Injury in Diverse Populations,” *European Journal of Psychotraumatology* 14, no. 2 (2023).

35. Jacob K. Farnsworth et al., “A Functional Approach to Understanding and Treating Military-Related Moral Injury,” *Journal of Contextual Behavioral Science* 6, no. 4 (2017).

36. Koenig et al., “Examining the Overlap,” 8.

37. Anto Čartolovni et al., “Moral Injury in Healthcare Professionals: A Scoping Review and Discussion,” *Nursing Ethics* 28, no. 5 (2021).

38. Griffin et al., “Moral Injury,” 351.

39. Sheila B. Frankfurt et al., “Mechanisms of Moral Injury following Military Sexual Trauma and Combat in Post-9/11 US War Veterans,” *Frontiers in Psychiatry* 9 (2018): Article 520.

Burnout

From the outset of the COVID-19 pandemic, news reports and academic journals alike highlighted the daily struggle of healthcare providers facing moral stressors, including rationing of resources, feeling as though they had to choose which patients would live or die, and living in communities that did not acknowledge the severity of the life-and-death problem they faced.⁴⁰

Although acknowledgement of these problems came to the forefront during the pandemic, the literature on moral injury emphasizes that the underlying moral distress among healthcare providers had been an area of concern for several decades.⁴¹ For many years, these stressors in the healthcare context have been framed as part of burnout, alongside factors such as role conflict, long weekly work hours, high caseload, and productivity overload.⁴² Yet it has been suggested that many of these stressors—and the attendant outcomes such as staff turnover and mental health concerns—are better understood as moral injury.⁴³

Other researchers have modeled moral injury as an intermediate step toward symptoms of burnout, with medical providers faced with this situation progressing from chronic moral distress to moral injury to burnout, and subsequent behavioral outcomes (including addiction and suicide).⁴⁴ From a symptom perspective, constantly facing a healthcare environment with apparently conflicting values between administrative and patient care priorities results in cynicism, physical exhaustion, and an overall lack of efficacy rather than overwhelming guilt, shame, and anger.⁴⁵ These root causes of ongoing barriers to the practice of healthcare may likewise be reflective of the concept of institutional betrayal.⁴⁶

Institutional Betrayal and Trauma

In the context of trauma, institutional betrayal refers to the exacerbation of PTSD symptoms through a violation of trust by authority figures.⁴⁷ This concept closely aligns with Shay's original concept of moral injury and has been associated with a number of potentially traumatic events, including being ordered to act against the

40. Čartolovni et al., "Moral Injury," 591.

41. Amanda Rosen, Jonathan M. Cahill, and Lydia S. Dugdale, "Moral Injury in Health Care: Identification and Repair in the COVID-19 Era," *Journal of General Internal Medicine* 37, no. 14 (2022).

42. Tim Hoyt and Michael D. Jones, "Examining Psychologist Productivity Standards in the Provision of US Army Behavioral Health Care," *Advances in Psychology Research* 141 (2020): 154.

43. Wendy Dean, Simon Talbot, and Austin Dean, "Reframing Clinician Distress: Moral Injury Not Burnout," *Federal Practitioner* 36, no. 9 (2019).

44. Rosen, Cahill, and Dugdale, "Moral Injury," 3740.

45. Dean, Talbot, and Dean, "Reframing Clinician Distress," 401.

46. Katherine C. Brewer, "Institutional Betrayal in Nursing: A Concept Analysis," *Nursing Ethics* 28, no. 6 (2021).

47. Carly Parnitzke Smith and Jennifer J. Freyd, "Institutional Betrayal," *American Psychologist* 69, no. 6 (2014): 578.

rules of engagement, military sexual assault committed by unit leaders, and any other violation of trust resulting in threat to life.⁴⁸

Research examining the occurrence of PTSD and moral injury in the military context suggests institutional betrayal may play a strong role in the occurrence of PTSD symptoms—regardless of whether those events were interpersonal or combat traumas—whereas acting against one’s values had a stronger relationship to guilt and shame.⁴⁹ In parallel to the reviewed efforts on assessing moral injury, specific measures also have been developed to assess trauma-related guilt and shame, further underscoring the nature of these emotional outcomes in the context of traumatic events and PTSD.⁵⁰ This also suggests these constructs may be significantly intertwined, complicating efforts to differentiate moral injury as a subset of PTSD from it as a separate construct.⁵¹

Posttraumatic Stress Disorder

The majority of patients described in Shay’s book were in active treatment for PTSD, and all had significant exposure to traumatic events, making it difficult to distinguish moral injury from PTSD.⁵² One study postulated that the concept of PTSD did not adequately account for several aspects of moral injury, such as negative self-appraisals, although this work may have significantly contributed to the expansion of PTSD criteria in *DSM-5* to better account for this discrepancy.⁵³ Another study subsequently tested a structural model to differentiate unique PTSD symptoms (e.g., exaggerated startle, flashbacks, insomnia) from moral injury symptoms (e.g., shame, guilt, alienation, anger), although both constructs heavily overlapped with depression.⁵⁴

Other research to distinguish these constructs showed that various indicators of moral injury are highly correlated with and predictive of PTSD symptoms, including guilt, shame, betrayal, moral concerns, and religious struggles.⁵⁵ Thus, despite conceptual distinction, there is not yet clear empirical evidence that PTSD and moral injury are separate and discrete constructs.

48. Lindsey L. Monteith et al., “Perceptions of Institutional Betrayal Predict Suicidal Self-Directed Violence among Veterans Exposed to Military Sexual Trauma,” *Journal of Clinical Psychology* 72, no. 7 (2016): 744.

49. Frankfurt et al., “Mechanisms of Moral Injury.”

50. Jeremy D. Jinkerson, “Defining and Assessing Moral Injury: A Syndrome Perspective,” *Traumatology* 22, no. 2 (2016): 122.

51. Derek K. Tracy et al., “What Should Be Done to Support the Mental Health of Healthcare Staff Treating COVID-19 Patients?,” *British Journal of Psychiatry* 217, no. 4 (2020): 537.

52. Shay, *Achilles in Vietnam*, xiii.

53. Litz et al., “Moral Repair,” 696.

54. Craig J. Bryan et al., “Moral Injury, Posttraumatic Stress Disorder, and Suicidal Behavior among National Guard Personnel,” *Psychological Trauma: Theory, Research, Practice, and Policy* 10, no. 1 (2018): 41.

55. Koenig et al., “Examining the Overlap,” 9.

Experiencing Moral Stressors

Underlying all conceptual definitions of moral injury is the idea that certain events violate what an individual believes is morally right and wrong. As with the psychometric validation of scales to identify and quantify it as a construct, setting aside moral injury as a separate condition alongside PTSD and other trauma-related disorders incurs further risk of inadvertently pathologizing the process of experiencing and resolving moral conflicts.⁵⁶

This adoption of pathology and definition creep could avoid a core problem; that is, the modern military may be drifting away from a foundation of moral reasoning. Even as books such as *Achilles in Vietnam* became staples of the reading list at the military academies, the day-to-day work of officers focused on doctoring training reports and ignoring the question of “right and wrong.”⁵⁷ This tendency drifts toward “management by lawyer” as a proxy for moral decision-making, with commanders defaulting to review by their judge advocate or Office of General Counsel in the decision-making process.⁵⁸ Along these lines, one study differentiates moral injury from ethical or moral dilemmas by emphasizing that those who experience moral injury do not feel they have agency or control in the situation.⁵⁹ In like manner, officers might avoid any moral responsibility—or injury—by ceding their decision-making authority to legal review.

The results of this drift toward legal justification can play out at many levels. A technician may feel moral frustration when conducting laboratory research protocols on nonhuman animals, despite the approval of this research by an institutional review board and strict adherence to research standards.⁶⁰ In like manner, service members may experience moral distress based on acts they committed in combat, even when these actions were legally permissible under the rules of engagement.⁶¹ As an extreme example, enhanced interrogation techniques were ruled lawful shortly after September 11, 2001, although such acts likely resulted in a significant number of morally injurious events.⁶²

In considering these examples, moral stressors and associated reactions may exist more on a continuum than having a strict diagnostic cutoff, such as one framework

56. Litz and Kerig, “Introduction,” 344.

57. Leonard Wong and Stephen J. Gerras, *Lying to Ourselves: Dishonesty in the Army Profession* (Carlisle, PA: Strategic Studies Institute, 2015): 17, <https://press.armywarcollege.edu/>.

58. A. Edward Major, “Law and Ethics in Command Decision Making,” *Military Review* 92, no. 3 (2012): 62.

59. Jones, “Moral Injury,” 127.

60. Jane Johnson and Anna Smajdor, “Human Wrongs in Animal Research: A Focus on Moral Injury and Reification,” in *Animal Experimentation: Working towards a Paradigm Change*, ed. Kathrin Herrmann and Kimberley Jayne (Leiden, Netherlands: Brill, 2019), 312.

61. Julie D. Yeterian et al., “Defining and Measuring Moral Injury: Rationale, Design, and Preliminary Findings from the Moral Injury Outcome Scale Consortium,” *Journal of Traumatic Stress* 32, no. 3 (2019): 365.

62. Benjamin R. Farley, “Enhanced Interrogation: The Report on Rendition, Detention, and Interrogation, and the Return of Kriegsraison,” *Emory International Law Review* 30 (2015): 2039.

proposes.⁶³ This framework encompasses two concepts. First, moral challenges are ongoing experiences involving moral considerations but may not involve the individual directly, such as the decisions of political leaders. The associated moral frustration may result in thoughts that “something should be done differently” or a desire to hold someone accountable for the outcomes.

Second, moral stressors involve specific actions by the individual that may have resulted in harm to others—deliberately or inadvertently—but would not involve “grave threats.”⁶⁴ The associated moral distress from these acts may be associated with ongoing emotions and intrusive thoughts (or pricks of conscience), but would not significantly impact an individual’s ability to function. Only at the most extreme end of this continuum would objective morally injurious events result in debilitating moral injury.

Conclusion

Given the wide-ranging impact of moral stressors and the associated scope of symptom constellations, the future concept of moral injury likely will continue to develop in at least two directions simultaneously. First, as assessment of potential morally injurious events and their aftereffects improves and associated measures undergo more rigorous psychometric validation, one version of moral injury likely will have increased specificity through standardized symptom and diagnostic criteria. Indeed, this is a necessary first step toward empirical validation of treatments for moral injury and being able to reliably measure change in associated moral distress.

Second, as the construct of moral injury is applied to additional settings, practitioners and scholars from a number of disciplines will continue to add to the potential areas in which the underlying concept may be applicable. As this expansion continues, our respective fields must be clear about what indicators of moral distress are being pathologized versus normalized, as well as ensure that boundary conditions are explained when considering other, parallel constructs. None of the proposed models of moral injury universally captures even the limited number of related constructs presented herein, and no single group of professionals can claim a monopoly on either side of this developmental bifurcation.

This call for consensus is not intended to downplay the distress felt by service members, veterans, and civilians from all manner of settings who must wrestle with moral violations in modern society. Moral injuries are genuine and must be acknowledged, regardless of where the instigating events fall on a continuum, the degree to which associated aftereffects impact daily functioning, or how well individuals might be coping with accompanying emotions.

Ultimately, the prevention of moral injury may rest with leaders in the military space, working diligently at all levels to consider the moral consequences of decisions and the impact on their service members. Leaders furthermore can ensure service

63. Litz and Kerig, “Introduction,” 345.

64. Litz and Kerig, 345.

members are not placed in impossible situations wherein they lack the resources needed to take the appropriate action from a moral standpoint. As professionals from a variety of disciplines come together to address these problems, promoting a culture of accountability and prevention can work toward this goal. **Æ**

MAROONING MORAL INJURY

AN ETHICAL INQUIRY INTO THE TERM

ERIKA ANN JESCHKE

The term moral injury has gained traction within the military and veteran health research communities. This conceptual analysis integrates literature from across academic traditions to explore what moral injury as a construct offers military members and veterans. An evaluation of the negative implications of current multidisciplinary research reveals that moral injury holds no enduring value as an official clinical diagnosis. Yet interdisciplinary research in the short and long-term human experiences of war could explore the impact of communal healing rituals as a means of engaging the broader polis in an exploration of the moral implications of war and warfare.

Since the late 1990s, the term moral injury has gained traction in traumatology, a specialized subdiscipline of clinical psychology, particularly within the military and veteran health communities. The genesis of this term is Jonathan Shay's 1994 book *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, in which he forwards the notion that combat trauma, in some instances, may be related to a betrayal of "what's right" by a legitimate authority figure in a "high-stakes situation."¹ His captivating and insightful exploration into the lived experiences of Vietnam veterans with posttraumatic stress disorder (PTSD) initiated interest in evaluating moral injury as a new clinical construct.

More recently, moral theologians, philosophers, and political theorists have taken an interest in moral injury.² These humanities scholars investigate morality in relationship to the values of the military, the character of military service members, and

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1. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994), 208.

2. Mark A. Wilson, "Moral Grief and Reflective Virtue," in *Virtue and The Moral Life: Theological and Philosophical Perspectives*, ed. William Werpehowski and Kathryn Getek Soltis (New York: Lexington Books, 2014); Willie James Jennings, "War Bodies: Remembering Bodies in a Time of War," in *Post-traumatic Public Theology*, ed. Stephanie N. Arel and Shelly Rambo (Cham, Switzerland: Springer, 2016); Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (Oxford, UK: Oxford University Press, 2015); and Tine Molendijk, "The Role of Political Practices in Moral Injury: A Study of Afghanistan Veterans," *Political Psychology* 40, no. 2 (2019).

the experience of warfare. In so doing, they highlight the complex worldviews in which war-related moral tensions are situated and help provide a nuanced understanding of the complexity of defining moral injury as a concrete clinical construct.

At least two questions concerning the current trajectory of multidisciplinary discourse emerge when considering the conceptual and clinical ambiguity of moral injury across disciplines: First, is moral injury a construct of enduring value as an official clinical diagnosis? Second, what is to be learned from the interest in moral injury research across disciplines? The goal of such an inquiry is to establish that there is an important human phenomenon being described by the moral injury construct and investigated through multidisciplinary research.

Yet an evaluation of the negative implications of this research challenges the enduring value of moral injury as an official clinical construct. This article thus argues the current multidisciplinary research trajectory should turn toward interdisciplinary research focused on the development of communal healing rituals. These rituals, including personal narratives, would engage the broader political community in helping service members and veterans process and integrate moral concerns emerging from lived experiences of war while simultaneously providing a source of political wisdom.

These communal healing rituals could begin to address the broad ways in which trauma manifests in the aftermath of military service without placing the majority of suffering for defending national security objectives on service members and veterans. Communal healing, instead of privatized and medicalized moral pathology formulated in medical-social narratives, acknowledges that civilian society shares in the political culpability associated with war and warfare, and that the political community should own a share of the suffering involved in healing those wounds.

Key Terms and Assumptions

Multidisciplinary research is focused on a complex, real-world problem in which each discipline makes a separate contribution. Interdisciplinary research is research that involves a collaborative team that integrates information, data, techniques, tools, perspectives, concepts, and theories from multiple disciplines to advance knowledge of complex, real-world problems.³

This article uses the following definition of psychological trauma: suffering that remains in the form of invisible wounds causing a veteran, or any human being, to experience a persistent sense of severed belonging—personal, interpersonal, and/or communal—in the world.⁴ Relying on a broad definition of trauma is important because it provides a foundation from which fruitful interdisciplinary work can occur without eliminating

3. National Academy of Sciences, National Academy of Engineering, and Institute of Medicine, *Facilitating Interdisciplinary Research* (Washington, DC: National Academies Press, 2004), <https://doi.org/>.

4. Tara Brach, *Radical Acceptance: Embracing Your Life with the Heart of a Buddha* (New York: Bantam, 2004); Victoria M. Follette et al., *Mindfulness-Oriented Interventions for Trauma: Integrating Contemplative Practices* (New York: Guilford Press, 2015); and Arel and Rambo, *Post-traumatic Public Theology*, 6.

insights from specialized understandings of human suffering that exist beyond the boundaries of psychological diagnosis.

Political pain refers to moral tensions and complexities of war and warfare that individuals—service members, veterans, and civilians—experience because of a broader political agenda. As with trauma, political pain broadly captures human suffering linked to war and warfare-related tensions that cause individuals and communities to experience distress. While political pain need not be limited to war and warfare, this article will be focused on these societal elements as political realities that cause service members, veterans, and the civilian community distress. As such, political pain does not look to the individual service member or veteran who is experiencing moral confusion, tension, or suffering, but to the broader political system that they serve for the good of the civilian political community.

To be precise, this article uses the term war to describe a complex set of political conditions and decisions made between political actors, including civilians, who are involved in the political community. In contrast, warfare describes the complex set of activities executed within a military organization at the strategic, operational, and tactical levels. This important distinction helps to highlight how the entire society takes part in the morality of war and warfare, whether or not that reality is explicitly acknowledged. Use of the term combat will be avoided—though combat may be a part of any given service member's or veteran's experience. War and warfare are morally complex phenomena that cause distress to service members and veterans regardless of whether someone was directly engaged in combat activities.

The following analysis is built on three assumptions: 1) current multidisciplinary interest in moral injury is driven by a heartfelt desire to support service members and veterans who are struggling to make meaning from their experiences of war and warfare; 2) moral injury has descriptive force in service members' and veterans' lived experience because multidisciplinary research has seriously considered their narratives of suffering; and 3) despite conceptual and methodological differences, interdisciplinary collaborations are beneficial and necessary when attempting to investigate the complex human experience of war.

As one expert on trauma healing and PTSD aptly notes about the collective positive impulse that drives this discourse, "Our concern is the invisible wounding from war. . . . Our challenge is this: how do we turn war's inevitable wounding and suffering into wisdom and growth that truly brings warriors home and in a way that benefits us all?"⁵

Problematizing the Language of Moral Injury

As mentioned, moral injury first entered the veteran and clinical consciousness through Shay's book. Relying on clinical narratives of veterans being treated for PTSD, Shay noted the *Diagnostic and Statistics Manual of Mental Disorders* (third edition)

5. Edward Tick, *War and the Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder*, 1st ed. (Wheaton, IL: Quest Books, 2005), xi.

diagnostic criteria was too narrowly constructed to include the moral quality of suffering expressed by the veterans he was treating.⁶ In other words, if a discrete traumatic stressor was moral in nature, then veterans could not gain access to or coverage for clinical care.

Additionally, research and treatment modalities did not focus on the moral quality of their suffering. Originally, moral injury emerged in clinical research as one of the many critiques of PTSD's narrow diagnostic criteria that linked psychological trauma to a specific triggering event. Within this period clinical research became focused on concerns about trauma, and the subfield of traumatology developed.

In general, clinical research in the field of traumatology operates within the biomedical model. Definitions of psychological pathology work on the assumption that human behavior operates within a range that can be statistically captured in order to identify extreme deviations between what is deemed normal and abnormal. Healing interventions focus on clinical therapies that function through the establishment of a dyadic relationship between therapist and patient. Healing within the clinical framework centers on individuals—the person who can relieve the suffering and the person suffering—without reference to a broader context in which the suffering took or takes place. Said differently, the political nature of trauma and healing is not a central concern within the biomedical model of clinical research and therapy.

In name, moral injury explicitly claims to be a pathology relative to a service member's or veteran's morality. The subtitle of Shay's book, *Combat Trauma and the Undoing of Character*, lends credence to the idea that moral injury is something that leads to moral failing in relationship to a service member's or veteran's individual character.

More concerning is Shay's explicit purpose: "My principle concern is to put before the public an understanding of the specific nature of catastrophic experiences that not only cause lifelong disabling psychiatric symptoms but can *ruin* good character [emphasis in original]."⁷ Implicit in any psychological diagnosis is a moral statement about good and bad relative to normative human behavior.⁸ Diagnoses and their concomitant labels are not value neutral concepts; they circumscribe normality and abnormality, suggesting that something is right or wrong with a person.

While often taken as amoral, clinical terminology is rife with values that suggest what constitutes appropriate human social behavior, which is also the domain of morality. Hence clinical notions of statistical normativity are not simply empirical or descriptive terms, they also imply what should be—the basis of what constitutes ethical normativity. As such, these clinical notions cannot be divorced from social-cultural narrative forms of moral description of individuals.

6. Shay, *Achilles in Vietnam*.

7. Shay, xiii.

8. Warren Kinghorn, "Moral Engagement, Combat Trauma, and the Lure of Psychiatric Dualism: Why Psychiatry Is More Than a Technical Discipline," *Harvard Review of Psychiatry* 23, no. 1 (February 2015): 28, <https://doi.org/>.

Claims made with speech acts have both normative and descriptive elements. In specific, one medical historian's comment on the normativity of medical language highlights this point: "Medical knowledge is frequently privileged as more accurate and more important than other forms of understanding or experience."⁹ If psychological research pushes for moral injury as a separate pathology, and those who are moral experts in the humanities develop taxonomies that map to this diagnosis, then moral injury could be seen as a stain on the service member's or veteran's moral character.

The story of Colonel Theodore Scott Westhusing's death by suicide provides a haunting example of how moral-medical expertise in conjunction with the term moral injury could be incredibly problematic. Westhusing, a military ethicist concerned with the topic of honor in warfighting, worked under the command of General David Petraeus in Iraq:

While carrying out his duties, Colonel Westhusing found himself regularly in conflicts with contractors, primarily over fraudulent expenses and the participation of mercenaries in the killing of Iraqi civilians. . . . Westhusing became convinced that the values of the military that he prized, such as duty and, especially, honor were replaced in Iraq by the values of unfettered capitalism.¹⁰

Although those who knew Westhusing suggested he was a man of good character, his high standards of morality were deemed pathological by the Army psychologist who performed his death review.¹¹ She suggested Westhusing was an overachiever displaying overly rigid moral thinking demonstrated by his unwillingness to alter the belief that business profits should not motivate war and warfare. Furthermore, the psychologist's report stated Westhusing should give up his notion of what constituted "the right" way of engaging war and warfare and accept that profiteering was part of it.¹²

In contrast to the idea that a healthy moral character is indicated by having a clear, logically reasoned moral stance and abiding by one's moral convictions of what constitutes honorable warfighting, this clinical assessment fostered the notion that a healthy moral character is one that would be open to the idea of war crimes and human rights abuses. Instead of looking to the political critiques Westhusing was decrying or his academic work on honor to engage in serious reflection that might offer "illumination

9. Brandy Schillace, *Death's Summer Coat: What the History of Death and Dying Teaches Us about Life and Living* (New York: Pegasus Books, 2016), 36.

10. Ted Westhusing, "A Beguiling Military Virtue: Honor," *Journal of Military Ethics* 2, no. 3 (November 1, 2003), <https://doi.org/>; Theodore S. Westhusing, "The Competitive and Cooperative Aretai within the American Warfighting Ethos" (PhD dissertation, Emory University, 2003), <https://philpapers.org/>; and Peter A. French, *War and Moral Dissonance* (New York: Cambridge University Press, 2010), 42.

11. Peter S. Fosl, "American Despair in an Age of Hope," *Salmagundi: A Quarterly of the Humanities and Social Sciences*, no. 176 (2012); and French, *Moral Dissonance*.

12. T. Christian Miller, "A Journey That Ended in Anguish," *Los Angeles Times*, November 27, 2005, <http://articles.latimes.com/>.

on the public life and political order,” profiteering was deemed as the central virtue that should drive military decision-making in warfare.¹³

In other words, a clinical psychologist reduced the morally courageous thinking of a military philosopher highly skilled in making moral assessments concerning the ethics of warfare to the moral vice of rigid thinking. In his death, the very character and honor by which Westhusing attempted to live and even die was sullied by an “expert” clinical psychologist. Westhusing’s story highlights the possibility of good conscience and moral reservation being maligned as clinically pathological. Moral thinking can be rigid—in a positive sense—if one has reasoned that the stance is right and one cannot, in good conscience, act contrary to one’s belief.

French philosopher Paul Ricoeur suggests justice as a political and personal virtue demands a person with a morally formed conscience be able to draw a line in the sand when deliberating what course of action would uphold one’s strongly held moral convictions in the political community and reinforce one’s self-determining moral character.¹⁴ While service members and veterans can experience an extreme form of guilt or pain in relationship to their moral experiences of war and warfare, it does not necessarily indicate a moral failing or even a psychological symptom indicating a possible pathology. In fact, it might just indicate a proclivity to mourn justice—an ability to grieve and deliberate the complexities of war and warfare.

Unfortunately, relying on a term like moral injury explicitly connects service members’ and veterans’ political pain to an inferior moral category, namely that of “injured.” Furthermore, service members and veterans may describe and thematize their pain as moral in nature; if these stories were to be further connected to clinical assessment and interpretation, it is the psychologist who labels the service member or veteran morally injured. The power dynamics of being able to label a service member or veteran morally injured shifts the focal point away from the service member’s or veteran’s narrative and toward the official clinical diagnosis as a pathology—in other words, a moral pathology.

The term berserk further illustrates how language can have destructive power if misused or misappropriated—in this case, in casual conversation. The idiomatic definition given for going berserk is to “erupt in furious rage and become crazily violent.”¹⁵ As such the colloquial understanding of berserk connects it to a psychological pathology. Yet “berserk fury” was a Viking martial virtue. It filled the warrior with a

13. Robert D. Gibson, “Virtue under Fire: Leadership Attributes Required in 21st Century Combat” (PhD dissertation, Penn State University, 2008); Westhusing, “Cooperative Aretai”; and Peter S. Fosl, “A Reply to Stewart Justman,” *Salmagundi* 176 (2012).

14. Richard Kearney, “Paul Ricoeur and the Hermeneutics of Translation,” *Research in Phenomenology* 37, no. 2 (2007): 147.

15. *American Heritage Dictionary of Idioms*, s.v. “go berserk,” accessed June 26, 2023, <https://www.dictionary.com/>.

sacred force that transported the warrior to a state that existed beyond ego and pride.¹⁶

Shay connects the berserk state of being to the ruination of service members' and veterans' characters, saying that "once a person has entered the berserk state, he or she is changed forever."¹⁷ Language connecting martial virtue to psychopathology plays a strong role in the collective consciousness of a society creating a medical-social narrative surrounding the reintegration of service members and veterans into civilian society.

Problematizing the Medical Moral Injury Narrative

Constructing a medical-social narrative that clinically associates the moral injury construct to the military and veteran communities is also problematic. Moral injury was originally narrated in research, civilian journalism, and academic scholarship as a phenomenon directly linked to warfare.¹⁸ In some instances, such as Shay's works, it is directly linked to participation in combat. Yet, moral injury is broadly defined as experiencing a betrayal of what one believes is right or betraying one's deeply held beliefs through action or omission. Such a definition is not limited to combat or warfare.

Although the use of the moral injury construct has somewhat expanded in the aftermath of the COVID-19 pandemic, the vestiges of this connection of moral injury to warfare cannot be easily uncoupled in the medical-social narrative even though the concept has expanded to other populations beyond the military and veteran health community.¹⁹ One study, for example, explains how moral injury came from the military and veteran research community and has only during COVID-19 expanded to the healthcare community. Yet in describing its genesis, it continues to link the moral injury construct with service members and veterans, reinforcing a medical-social narrative that attributes this phenomenon as one socially and historically bound to military personnel.²⁰

A similar construct, moral distress, emerged in the field of nursing and has promulgated a large body of research, especially within end-of-life care. The term mental distress was first coined in 1993 to describe pain resulting from a situation where a person is faced with a decision in which they have a moral judgment about the right action, are constrained from taking that action, and participate in what is perceived to

16. Rick Fields, *The Code of the Warrior: In History, Myth, and Everyday Life* (New York: Harper Perennial, 1991).

17. Shay, *Achilles in Vietnam*, 99.

18. Sheila Frankfurt and Patricia Frazier, "A Review of Research on Moral Injury in Combat Veterans," *Military Psychology* 28, no. 5 (2016); Warren Kinghorn, "Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury," *Journal of the Society of Christian Ethics* 32, no. 2 (2012); Brett Litz, "Moral Injury in Veterans of War," *Research Quarterly* 23, no. 1 (2012); and David Wood, *What Have We Done: The Moral Injury of Our Longest Wars* (New York: Little, Brown and Company, 2016).

19. Shay, *Achilles in Vietnam*; Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribner, 2002); and Shay, "Moral Injury," *Psychoanalytic Psychology* 31, no. 2 (2014): 182.

20. Stacey Litam, Stacey Diane Arañez, and Richard S. Balkin, "Moral Injury in Health-Care Workers during COVID-19 Pandemic," *Traumatology* 27, no. 1 (2021): 14.

be immoral action.²¹ Moral distress, like moral injury, is related to the betrayal of a person's deeply held beliefs either in action or omission. In fact, moral injury has often been conflated with moral distress in much of the common clinical discourse.²²

A 2016 book on moral injury implies a similar understanding of mental distress (moral distress) in the title of its first chapter, "It's Wrong, but You Have No Choice."²³ As such, moral injury and mental distress are phenomena related to living with the consequences of making a moral decision and taking moral action in a less than perfect situation. In other words, moral injury and mental distress are the result of acting amid a moral dilemma that, in turn, leads to distress. Yet mental distress was originally a construct that was defined as phenomenon related to the field of nursing. Thus it seems moral injury and mental distress have something important to establish about human suffering in connection with the experience of moral deliberations or living a moral life.

Moreover, neither of these constructs are limited to war, warfare, and/or end-of-life medical decision-making. Both constructs highlight that decision-making in a hierarchical system of governance, military or medical, may bring about consequences that are undesirable to individuals. Living with those consequences is not a moral failing unless one is a consequentialist who believes the outcomes determine the moral merit of the action taken.

Although researchers may, in principle, agree that moral injury is not a construct fundamentally limited to service members and veterans, the medical research community has, until COVID-19, narrated a story about moral injury that links it to service members' and veterans' experiences of war and warfare. Furthermore, this narrative influences the political community into which service members and veterans return.

Framing moral injury as a signature wound of war plays into a subtle and yet divisive understanding of the experience of war and warfare.²⁴ It does not unite service members and veterans to the civilian society they serve nor does it seek to find common understanding of morally challenging situations while still honoring the particularities of these experiences. This medical-social narrative suggests the complications of war and warfare are more damaging than any other form of morally complicated reality in which civilians might find themselves. Ironically, the expansion of moral injury in applicability as well as the conflation of moral injury with mental distress indicates the need to take a closer look at how moral experiences across many professional domains share similar qualitative attributes.

Validating moral injury as an official clinical diagnosis could foster implicit power dynamics that hold sway over veterans' reintegration into civilian society. It could also

21. A. Jameton, "Dilemmas of Moral Distress: Moral Responsibility and Nursing Practice," *AWHONN's Clinical Issues in Perinatal and Women's Health Nursing* 4, no. 4 (1993).

22. See, for example, R. D. Williams, J. A. Brundage, and E. B. Williams, "Moral Injury in Times of COVID-19," *Journal of Health Service Psychology* 46 (2020), <https://doi.org/>.

23. Wood, *Moral Injury*.

24. Wood.

potentially foster an us (civilians) versus them (service members and veterans) understanding of who is responsible for the human costs of war and warfare such that service members and veterans are the only people viewed as being morally responsible for their consequences. Setting up rigid boundaries between who is at risk for moral injury and who is immune further establishes an implicit in-group and out-group.

This division could have severe consequences for the civilian-military relationship, especially considering how prejudice slowly develops through the use of subtle linguistic maneuvering known as antilocution.²⁵ This type of speech act is subtle because it casts the powerful in-group as the helper while allowing that same in-group to inflect negative and hostile images onto the out-group, which is cast as vulnerable and needy. Seemingly innocuous commentary on the needs and capabilities of an out-group are normalized as concern but set the stage for more harmful and severe forms of prejudicial speech acts.²⁶

Shay's 2002 follow-up book on veterans transitioning to civilian life, *Odysseus in America*, illustrates this use of antilocution by supporting the importance of understanding moral injury while blatantly saying that the very things that make service members admirable during times of war also make them unfit to be "good" citizens when they become veterans.²⁷ The tendency to move toward more hostile forms of prejudice can also be seen in research suggesting moral injury might be linked to sociopathy and in popular press stories about veterans being "natural killers" due to their inherent sociopathic qualities that make them adept at the military mission.²⁸ This medical-social narrative of moral injury paints a picture of psychologically traumatized service members and veterans who lack a moral compass and cannot be contributing members of a civilian society.

This medical-social narrative also obfuscates a deeper understanding of the complex experience of participating in warfare. Vietnam veteran Karl Marlantes explains this challenge in his memoir *What It Is Like to Go to War*:

Warriors . . . perform their heroic acts with full consciousness of the often painful consequences for everyone, including themselves. Many heroic acts of this kind will go unnoticed by society—if not actively denigrated. There will be no medals. This makes such acts far more difficult to do, and therefore even more heroic.²⁹

25. Gordon Allport, *The Nature of Prejudice* (Reading, MA: Addison-Wesley, 1954).

26. Allport.

27. Shay, *Odysseus in America*.

28. Kent D. Drescher et al., "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans," *Traumatology* 17, no. 1 (2011), <https://doi.org/>; William P. Nash and Brett T. Litz, "Moral Injury: A Mechanism for War-Related Psychological Trauma in Military Family Members," *Clinical Child and Family Psychology Review* 16, no. 4 (2013); Sulome Anderson, "Do Sociopaths Make Better Soldiers?," *Vice*, July 21, 2015, <https://www.vice.com/>; and David Pierson, "Reddit/Military," *Natural Killers Turning the Tide of Battle* (blog), December 22, 2014, <https://www.tacticalshit.com/>.

29. Karl Marlantes, *What It Is Like to Go to War* (New York: Atlantic Monthly Press, 2011), 153.

Claiming warfare is unlike any other experience also fails to appreciate the work-a-day reality of service members and veterans. Furthermore, moral injury glorifies them in their woundedness, as one trauma health expert contends:

Many caring professionals, citizens, and institutions strive to respond to the needs of troops and veterans. In spite of these sincere attempts . . . we hear constant disturbing reports of ongoing, increasing, and abject suffering. . . . Warriors are meant to be strong, noble, beautiful, and able to serve for protection, enlightenment, and guidance all their days. Yet, the American landscape is littered with victims suffering traumatic wounding we do not know how to deal with.”³⁰

The point is not that psychological wounds inflicted by war and warfare are not real. Yet singularly identifying service members and veterans with “wounding” may be that which thwarts the needed connection to the civilian community.

Moral injury researchers have clarified that the deepest wounds of war and warfare often relate to service members’ sense of justice and morality. War and warfare are both pregnant with morality, but so too is life. Acknowledging this point could be a movement toward bridging the gap between the military and civilian communities. There is no way to get beyond framing a story if it is to be told. All interpretations and taxonomies of another person’s lived experience—clinical, theoretical, thematic, moral—do violence in some capacity because no story can ever be fully articulated in language. The question becomes “Does the name of moral injury and medical-social narrative in which this construct is embedded do more violence than is necessary in trying to capture the quality of the human lived-experience of war and warfare?”

Despite the best intentions of researchers, it does. Moral injury cuts service members and veterans off from their deeper identity as “citizen-warriors” and sets up a medical-social narrative wherein the wounds of war and warfare are potentially irreconcilable with reintegration into civilian community. As such, it is not a construct with enduring value as an official clinical diagnosis for the military and veteran health communities.

Ritual Healing: Embodied Communal Practices

What is the good impulse in moral injury research? How might clinical and ethical applied researchers use what has been learned from this research to encourage healing political pain born from war and warfare and promote service members’ and veterans’ reintegration into civil society?

Returning to the definition of trauma as severed belonging to self, others, and/or community, moral injury research hints at the need for forms of healing that address all aspects of severed belonging, not just private-individualized aspects addressed through a dyadic clinical encounter in the medical model. Interestingly, the proliferation of moral injury and moral distress into domains beyond their origin story suggests

30. Edward Tick, *Warrior’s Return: Restoring the Soul after War* (Boulder, CO: Sounds True, 2014), xi.

there are common moral experiences that can unite civilians who have not experienced war and warfare to service members and veterans who have lived experience with the same. In other words, there may be a broader source of common need for grieving embodied healing.

Current medicalized healing modalities focus on the strength of therapeutic alliance, but this leaves out broader community participation in healing, and it ignores the needs of a civilian community that has participated in the prosecution of war and warfare through the political community. As such, social healing modalities could envelope individual therapeutic modalities and open a broader medical-social discourse directly informed by service members' and veterans' lived experiences of war and warfare.

Interestingly, *Achilles in Vietnam* also points out ways to address healing the broader wounds of war and warfare that predate modern clinical medicine.³¹ Looking to premodern modalities of healing and reintegrating warriors can be insightful when helping researchers explore options for research on the moral impact of war and warfare on individual service members and veterans as well as the collective civilian society.

In discussing the classical warrior, Shay writes about the unfortunate loss of ritual in modern medical and social contexts.³² Although not specifically addressing war and warfare, another scholar also suggests when ritual public lamentation is replaced with individualized modes of positive thinking, the political order becomes focused on reinforcing and consolidating the political status quo. Without communal rituals to lament political pain there can be no genuine interaction between a powerful political authority and its subordinates. Communities obsessed with ignoring grief and the public process of mourning "may also unwittingly endorse unjust systems about which no questions can properly be raised."³³

Similarly, one investigative study on moral injury describes a military chaplain who used a baptismal font to cleanse himself and his warriors because he knew "the symbolic cleansing of warriors after battle was an ancient ritual familiar to the Greeks, the Crusaders, Native Americans, and many others."³⁴ Following the logic of Shay and others points to a need for embodied mourning activities that communalize healing through rituals that can transfer understanding of the service members' and veterans' lived experience of war and warfare.

Embodied communal rituals that engage sounds, smell, touch, and movement have been used throughout history to help warriors with the gradual process of social reintegration. They have also called on the entire community to participate in the warrior's painful process of reintegration through the process of group mourning and healing.³⁵

31. Shay, *Achilles in Vietnam*.

32. Shay.

33. Walter Brueggemann, "The Costly Loss of Lament," *Journal for the Study of the Old Testament* 11, no. 36 (1986): 67.

34. Wood, *Moral Injury*, 3.

35. B. J. Verkamp, "Moral Treatment of Returning Warriors in the Early Middle Ages," *Journal of Religious Ethics* 16, no. 2 (1988).

Many of these communal healing rituals involved elements of warrior and community expiation for the morally saturated experiences of war and warfare.

Writing in the late fourth and early fifth centuries, St. Augustine did not believe a warrior was necessarily morally injured as an individual-privatized citizen upon returning home. Yet he did believe all warriors needed to experience embodied mourning to heal the embodied aspects of their human experience, due to the toxicity of war and warfare. These rituals allowed the community and returning warriors to build a shared understanding of the experiences of war and warfare, while collectively mourning to process moral tensions that impacted both warrior and society.³⁶

In previous historical periods, “warriors were reintegrated into civilian life with elaborate rituals that involved the whole community and imparted transformative spiritual wisdom.” Although “modern society has made such ancient beliefs and practices anachronist,” such rituals are indispensable because they help warriors and societies move through the political pain resulting from war and warfare.³⁷ Through embodied mourning made possible in communal rituals, the service member’s and veteran’s lived experience of war and warfare can be integrated in the collective consciousness of a political society.

If, as Marlantes suggests, warfare is a spiritual experience that takes place in the mystical “temple of Mars”—a “wartime sacred space” where, as he writes, “not only were humans sacrificed, including me, but I was also the priest”—then spiritual practices such as rituals are essential to healing political pain and to the reintegration of service members and veterans, augmenting purely narrative and rational forms of individual therapeutic intervention.³⁸

While Marlantes notes many people do not want to think of war as spiritual, his argument is apt in that military training, like almost all spiritual traditions, teaches service members to maintain a “constant awareness of one’s own inevitable death, total focus on the present moment, the valuing of other people’s lives above one’s own, and being part of a larger religious community such as *Sangha*, *ummah*, or church.”³⁹ Spiritual traditions engage the mind, body, and spirit in a way that addresses aspects of trauma that are frozen in the body and occlude service members’ and veterans’ ability to move through their lives in community.⁴⁰

Reinitiating service members and veterans into civilian society requires engaging in meaningful actions that address the mystical-spiritual nature of war and warfare, which is beyond the scope of clinical diagnosis and response to the individual as privatized citizen. Appreciating and understanding the spirituality fostered in the temple of Mars requires an approach that includes key elements.

36. Mark A. Wilson, “Moral Grief and Reflective Virtue,” in *Virtue and the Moral Life*; and Richard B. Miller, “Augustine, Moral Luck, and the Ethics of Regret and Shame,” *Journal of Religion* 100, no. 3 (2020).

37. Tick, *Warrior’s Return*, 3.

38. Marlantes, *War*, 3, 5, 7.

39. Marlantes, 7.

40. Peter A. Levine, *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory* (Berkeley, CA: North Atlantic Books, 2015).

Such actions—rituals—must appreciate how military training (1) forms a warrior identity focused on enduring, managing, and inflicting violence on oneself, others, and objects in support of national security; (2) develops meaningful, intuitive ways of behaving that primarily focus on achieving the aforementioned military mission; (3) engenders moral conflict, tension, and confusion; and (4) in some instances, results in psychological and physical destruction of service members and veterans.⁴¹

Communal rituals must address severed belonging as a human phenomenon that manifests as more than negative cognitions, disruptive mental imaginations, or rigid high-order thinking. In fact, trauma as severed belonging can exist as deeply held and intractable somatic blockages that reinforce a service member's or veteran's separation from self, family, and community.⁴² As such, moral injury beckons beyond the structural constraints of modern medical research to ritual "embodied in specific communal practices."⁴³

A study on reintegrating warriors found the development of three communal rituals—initiation, restoration, and reintegration—help service members and veterans move through their lived experiences of war and warfare. These three rituals trace the spiritual life of the warrior from their introduction to the temple of Mars to their return home. In the initiation ritual, a person's civilian identity transforms and a warrior identity evolves in its stead. The military performs this ritual through various phases of basic, advanced, and ongoing military training.

The restoration ritual brings back "the energies, beliefs, motivations, commitments, and loves of those who have been to war and may be depleted or disillusioned to the point of despair and brokenness."⁴⁴ This ritual—limited to the clinical space—is currently performed within the clinical encounter and includes an official clinical assessment and interpretation of pathology. The reintegration ritual brings service members back into the civilian community honoring and respecting their military experiences and identities as warriors. Rightly practiced, such rituals will "fill our communities with honorable noble, wise elders who in turn serve and mature the society."⁴⁵ The second two rituals should be more broadly explored through communal mourning and healing rituals.

41. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Open Road Media, 2014); Ann E. Jeschke, "Postdeployment Reintegration: The Ethics of Embodied Personal Presence and the Formation of Military Meaning," *Annual Review of Nursing Research* 34, no. 1 (2016); Erin P. Finley, "Fields of Combat: Understanding Post-Traumatic Stress Disorder among Veterans of Iraq and Afghanistan" (PhD dissertation, Emory University, 2009); and Zoë H. Wool, *After War: The Weight of Life at Walter Reed* (Durham, NC: Duke University Press, 2015).

42. Peter A. Levine, *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences* (Berkeley, CA: North Atlantic Books, 1997).

43. Kinghorn, "Combat Trauma," 57.

44. Tick, *Warrior's Return*, x.

45. Tick, x.

Opportunities for Ongoing Interdisciplinary Research

The recent expansion of moral injury and moral distress beyond their communities of origin suggests that trauma rooted in moral dilemmas and leading to a sense of severed belonging is a salient human phenomenon that needs to be addressed. Moreover, it also suggests broad healing across the military, veteran, and civilian political communities is needed. Multidisciplinary research has performed an incredible task in unearthing this reality, addressing it from inside and outside the medical model.

How, then, might applied researchers across multiple disciplines work together to more deeply explore moral challenges of war and warfare? To begin, those involved in moral injury research could set aside the current linguistic convention of moral injury and move beyond biomedical/biobehavioral research to interdisciplinary research that expands the horizons of how trauma is generally understood within the medical model.

Since ritual studies is a new and interdisciplinary academic research area, it could provide a space in which clinicians working within the medical model can research in consortium with other disciplines that understand morality and trauma in new and interesting ways. This emerging field of research seeks to conceptualize, describe, interpret, explain, and develop rites, ceremonies, and ritual processes.

Ritual studies research relies on a traditional behavioral science model of investigation of indigenous and constructed rites. In other words, programs of research exploring the development, meaning, interpretation, and importance of ritual engage in the process of observation, induction, deduction, testing, and analysis.

Ritual studies also integrates humanities inquiries working with theology, philosophy, social science, and performance theory—the latter an interdisciplinary area of research that seeks to explain what motivates human beings to act and engage with the world.⁴⁶ Although the applied world of traumatology research within the biomedical model does not have a long-standing relationship with this new field of inquiry, ritual studies would be a perfect match to exploring communal healing in the context of trauma as severed belonging because it allows for the inclusion of disciplines invested in moral injury and mental distress research. As such it is a way to integrate wisdom gained across the development of these clinical constructs.

Furthermore, ritual studies often works in consortium with dance and movement theory in the form of movement therapy, since ritual often includes systematic movements to address felt-sense experiences that are prelinguistic and expressed through physical communication.⁴⁷

This article is not against research activities that explore and explain the moral quality, complexity, or description of war and warfare, but the ways in which language

46. Hans Schilderman, *Discourse in Ritual Studies*, vol. 14 (New York: Brill, 2007).

47. Laurice D. Nemetz, “Moving with Meaning: The Historical Progression of Dance/Movement Therapy,” in *Creative Arts Therapies Manual: A Guide to the History, Theoretical Approaches, Assessment, and Work with Special Populations of Art, Play, Dance, Music, Drama, and Poetry Therapies*, ed. Stephanie L. Brooke (Springfield, IL: Charles C. Thomas Publishers, 2006); and Jessica Young and Laura L. Wood, “Laban: A Guide Figure between Dance/Movement Therapy and Drama Therapy,” *Arts in Psychotherapy* 57 (2018).

can become “entrenched in the public’s vocabulary and in clinical communications.”⁴⁸ Expanding avenues of research to include communal ritual healing should include engaging ethnolinguists who could develop a natural military—warrior ethos and identity—language used to describe psychological trauma.

Historians could excavate various warrior codes and reintegration rituals performed throughout history to gain a more complex understanding of how virtue, warrior identity, and communal healing work together to address trauma in a common ecosystem of healing. Sociology, anthropology, and performance theory experts also could explore ways in which military rites, ceremonies, and rituals have developed an implicit understanding of the service member’s and veteran’s moral identity in relationship to communal symbols, action, and narrative.

Finally, service members and veterans must be involved because many military rituals were themselves traumatizing.⁴⁹ In trying to create communal healing, it would be antithetical to the goal if the rituals created were simple reenactments of military ceremony, rites of passage, and ritual in a civilian setting.

Conclusion

In evaluating the negative implications of the current trajectory of multidisciplinary research, it is clear moral injury lacks sufficient value as an official clinical diagnosis. The positive desire to research the moral complexities of warfare requires interdisciplinary research that could develop communal healing rituals for political pain that emerges as severed belonging. If we as a political society are to care about the collective human cost of war, such a cost cannot and should not be limited to service members and veterans but must be shared across the entire political community. We have collective responsibility for the political systems that support our social good, including that of the military in support of national defense.

Instead of individual pain being privatized and medicalized, we need to resurrect the value of public lamentation related to political consequences of war and warfare. Without communalizing grief associated with the collective political pain of war and warfare, service members and veterans cannot confront the powerful political systems that created medical-social narratives of their lived experiences. Furthermore, wisdom gained by war and warfare cannot be applied to evaluating the just and ethical use of the military. We also forfeit our ability to engage in a meaningful moral-political confrontation with the human costs of war. Instead, we will continue to medicalize and moralize the private pain of individual service members and veterans while forfeiting any political wisdom for future generations. *Æ*

48. Morton M. Silverman et al., “Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors. Part 1: Background, Rationale, and Methodology,” *Suicide and Life-Threatening Behavior* 37, no. 3 (2007): 150.

49. Jennings, “War Bodies.”

CONCEPTUALIZATIONS OF WAR AND MORAL INJURY

IMPLICATIONS FOR COMMANDERS AND THERAPISTS

DANIEL CONNELLY

This article traces competing conceptualizations of war, in particular the views of war found in amoral realism and pacifism, to demonstrate that the way any individual views war matters, both to the consciences of our military members and to the intellectual and moral basis from which society approaches today's moral injury crisis. When as a culture we perceive or characterize war as entirely evil or as outside morality, we deny its place as a legitimate and enduring tool of good statecraft. This denial in turn creates distinct challenges for psychological and spiritual care providers and commanders.

Is war inherently evil? There are two ways in which someone might accept the idea that war is never morally valid. First, one could believe war never has a valid reason, and all efforts related to its preparation and practice are condemnable—this is essentially a pure pacifist's position. The second, and likely much more common view, is that while war is immoral it is sometimes necessary, say, to fight off invasion. While both positions can be intelligently pursued and examined, both perspectives can also inflict immense psychological damage upon the people who actually have to don the uniforms our armed forces wear. Ironically, condemning war itself instead of focusing on the roles and responsibilities of the military and its individual members may lead to the worst forms of warfighter condemnation.

The Morality of War

The profession of arms, for the sake of its members and the community it serves, continually must reevaluate its understanding of war and the moral hazard it can bring. Identifying moral injury—the possibility of damage to the psyche from participation in events one believes to be immoral—in war as an issue is not new. In Shakespeare's 1599 play *Henry V*, the king, disguised on the eve of battle as a common soldier, debates these matters with two other soldiers.¹ All three characters show concern over

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1. See Paula Shanks Kaurin, *On Obedience: Contrasting Philosophies for the Military, Citizenry and Community* (Annapolis, MD: Naval Institute Press, 2020), 66.

the interior, or psychological, life of the warfighter. All of them want to know how much guilt a soldier should bear for any deeds he commits in the context of war. Each believes the relationship between war and morality is a crucial part of the answer.

For the resigned yet loyal soldier Bates, war and morality have parted company. Only the king as decisionmaker bears moral responsibility for starting the war and for anything that happens in war. The common soldier, cut off from analyzing the justice of the war's cause, has one moral obligation—do not desert. Bates insists, "If his cause be wrong, our obedience to the King wipes the crime of it out of us."² For Bates, soldiers are absolved of anything else they experience. From this we can conclude Bates accepts war as an amoral project, which identifies with a *realpolitik*, or amoral realist, perspective. *Realpolitik* rejects a role for moral norms in foreign policy decisions; amoral realists often adopt a *realpolitik* approach, arguing the world as it is does not require nor can it allow the luxury of moral norms in such decisions. Under this view the warfighter is no longer a moral decisionmaker.

In contrast, the witty and cynical Williams is a more complex character. Like Bates, Williams holds the king solely accountable for the decision to make war and for the war's conduct in a general sense: "But if the cause be not good, the King himself hath a heavy reckoning to make."³ Where does Williams begin to part company from Bates? Williams appears to contend that a soldier's private misdeeds in war fall not on the king but on the soldier. "Tis certain, every man that dies ill, the ill upon his own head, the King is not to answer it."⁴ At first glance, by admitting the soldier still bears responsibility for some of his actions, Williams appears to be validating the soldier as a moral agent.

But closer scrutiny reveals the above words mask his true objective. By the end of the discussion, it becomes apparent that Shakespeare was using this character to represent negative theories of authority and politics. Those who hold such theories see these concepts as unnatural or unnecessary for human fulfillment, rejecting the view that politics and authority represent good and are instrumental to achieve justice, and recasting authority and politics as the tools of control that the powerful create to legitimize their oppression. Liberation or human fulfillment in this view requires dismantling of authority and politics. Until the time of liberation occurs, adherents see authority and politics as regrettable, if useful, evils.

While Williams may respect power, he hates both authority and politics. In an ironic twist, Williams intends to show that while it is the king who thrusts his soldiers into the war, the soldier's untimely and disgraceful demise is his own to suffer. This is the true meaning of his line "the ill upon his own head." Williams believes the king—as the state personified—is motivated only by his own self-glorification, without any regard for his soldiers' sufferings. His soldiers are mere means to achieve his interests.

2. Henry V, ed. Barbara A. Mowat and Paul Werstine (New York: Washington Square Press, 1995), 4.1.136–7.

3. Henry V, 4.1.138–9.

4. Henry V, 4.1.193–94.

Williams is not interested in a moral defense of war, nor does he believe that individual warfighters have any control over their lives, judgment, or moral fate.

For Williams authority and politics are evils. There is no legitimate authority in society but only the power some hold over others. Politics is masked greed and war a mere contest over power. Living or dead, the soldier is a tool of the uncaring state, bereft of a remedy for the damage that war brings. Here war is an unjust and immoral contest of elites over power that reduces the soldier to a tool of the state. This view links Williams to much of the premise behind modern pacifism.

Henry disagrees with both. For the king, war, morality, and the possibility of goodness are inextricably linked, and the soldier retains his moral judgment appropriate to his authority and role. Incidentally, his view may be the nearest representation of Shakespeare's actual beliefs on this issue.⁵ The demands of justice at times require war as a moral good, even when evils are produced that are not specifically sought. In Henry's formulation war is neither good nor evil but depends for its moral stature on how it starts, how the warring parties conduct it, and to what ends they are pursuing it. He states, "Methinks I could not die anywhere so contented as in the King's company; his cause being just and his quarrel honorable."⁶

Like Bates and Williams, the king does not impute to common soldiers the liberty to pick the wars in which they will participate. This requirement would unfairly punish soldiers for decisions over which they have no control—"Every subject's duty is the king's."⁷ Yet war is never outside the bounds of morality; similarly, the Uniform Code of Military Justice applies in both war and peace.

Thus, morality is inescapable: "Now, if these men have defeated the law and outrun native punishment, though they can outstrip men, they have no wings to fly from God."⁸ Day-to-day morality is no mere convenience to be cast aside in grave circumstances, nor is such morality only for the king or only for the rank-and-file. Accordingly, the same line dividing good and evil guides us, in peacetime and in war, and governs the king and everyone else. For Henry, the warfighter at any level retains his judgment and his role as moral decisionmaker over his actions and intentions. This has implications for statecraft as well as for the individual warfighter.

Under Henry's view, the state and the warfighter must uphold justice at all times. The state must take care to conform its warring to the requirements of justice and never to mere interests. Or, put another way, conforming to justice is an enduring state interest that regards its obligations to the common good of its people and its military members. Warfighters in turn never abandon their judgment or their conscience. As Henry proclaims, "Every subject's soul is his own."⁹

5. Joseph Pearce, *The Quest for Shakespeare* (San Francisco: Ignatius Press, 2008), 184, 197–99.

6. *Henry V*, 4.1.130–32.

7. *Henry V*, 4.1.182–83.

8. *Henry V*, 4.1.172–74.

9. *Henry V*, 4.1.183.

A review of the three characters' perspectives demonstrates their range of views on morality in war. Bates: "The morality of war is not my decision—not my problem." Williams: "The morality of war is corrupted by politics and the selfish interests of rulers, thus all war is morally bankrupt—not my problem." Only Henry's view professes an indelible link across war, morality, and the warfighter: "War is a tool of statecraft that must always uphold justice and the common good; the warfighter must practice obedience and must always serve this exact conception of war. War's moral dimension is everyone's problem, according to the dictates of their role and authority." The next question is: How do we judge the merits of each to guide us to a clearer picture of the basis of moral injury and to better therapeutic paths? Of the three, at first glance it appears the perspectives of Bates and Williams are more expedient at addressing moral injury. What if, instead, the opposite were true?

Amoral Realism, Pacifism, and War

What if adopting Bates' view increases the likelihood of moral injury, and the king's would reduce moral injury? What if Williams' perspective is the most pernicious, damaging the warfighter's psyche prior to moral hazard through the insistence that all war is entirely immoral? Bates and Williams seem to absolve individual warfighters from moral blame by their claims that war is either not their decision or already a corrupt project. Instead, both claims widen the path to moral injury by instilling the questionable beliefs that a) the individual warfighter is no longer a fit judge of his actions, having given over the task of judgment to higher authority; or b) the warfighter no longer has the option to seek and to practice justice, because war is inherently immoral.

The concern here is that the realpolitik and pacifism arising from such conceptualizations of war may be poisonous to our military members' psyches. This article argues that the invalidation of war as a legitimate, enduring tool of good statecraft undermines the mindset and therapeutic tasks that best respond to the challenge of moral injury.

Tracing this delegitimization of war from root structure to its fruit is vital to this analysis and to a remedy. In the root structure there is a flaw in this thinking—an epistemological flaw—that presumes all war as pathology, which leads to a presumption against war. War thus conceived translates this epistemological crisis into a metaphysical (knowledge of good and evil) error, which can be thought of as the stem—the verdict of war as "evil" occurs before the decision to go to war in the first place.

And what of the fruit? These combined errors in this line of thinking reduce life and war to a contest of material forces, unconnected to moral ends. This reduction to material forces, which Clausewitz constantly rejected, is a consistent thread in US strategic thinking, and is easy to recognize in this literature.¹⁰ From Jomini to Mahan, these authors usually express their reductive worldview in terms of various forms of

10. See J. Boone Bartholomees, "The Issue of Attrition," *Parameters* 40, no. 3 (2010): 5.

competition.¹¹ Note the problem here: when war is thus reduced to a contest of material forces, everything in war shares in the reduction—even people. The fruit of the invalidation of war, then, is that the individual warfighter is reduced to a state functionary—an unwelcome and unhelpful characterization. One who is taught not to value their interior life may not attend to its health and may not respond to treatment. How does one reach the humanity of people who see themselves as less than human?

Pathology and the Presumption against War

Perhaps an underlying cultural belief in all war as evil, as examined above, paired with a belief the world is wicked in its design, partly accounts for the current moral injury crisis. A recent article by US military officers argues for a type of strategic cunning as the best response to a “dangerous and disorderly” world: “The world is defined by both conflict and complexity. It is wicked, therefore, in two senses of the word. It is both dangerous and disorderly.” The authors offer *Métis* as their guide, the Greek mythological goddess of wise counsel. According to the article, the most common definition of *métis* is “cunning intelligence.”¹² The basis of their formula for strategic success following *Métis*’ example is simple: reject simple formulas. The problem with such writings, which presuppose firm knowledge of the world as wicked, is not their advocacy of adaptive thinking, but the epistemological crisis that shapes the ideas these writings contain.

An enduring idea in philosophy has insisted—without merit—that reality as we know it, the world, is flawed in its core structure. There is an inherent brokenness *ab initio*, or from the beginning.¹³ This same idea informs the “*Métis*” article.

There is a twofold problem flowing from this wicked world idea that constitutes an epistemological crisis. As the study of how we know anything, epistemology can help us identify inaccurate or unsupported thinking. First, the tradition of believing the world to be inherently wicked offers no proof of the inherent brokenness—at least, no more proof than what was offered by Machiavelli or Hobbes, both of whom tried anecdotally to prove an inherent design flaw in humanity. Second, the tradition’s emphasis on this idea of corruption in the design fosters a belief that, since the world is wicked at its source, war itself is immoral before it is even practiced and regardless of its cause. How, exactly, is this an epistemological crisis?

11. Antulio Echevarria, *War’s Logic: Strategic Thought and the American Way of War* (Cambridge, UK: Cambridge University Press, 2021), 3–4.

12. Mindi Furnier, Jason Grant, and Jason Trew, “*Métis*: Strategic Sense for a Wicked World,” OTH Over the Horizon, July 13, 2020, <https://overthehorizonmdos.wpcomstaging.com/>.

13. See, for example, G. R. S. Meade, *Valentinus the Gnostic* (Whitefish, MT: Kessinger Publishing, 2010); Niccolo Machiavelli, *The Prince*, trans. Luigi Ricci (public domain, 1921); Friedrich Nietzsche, *Thus Spake Zarathustra*, trans. Thomas Commons (Mineola, NY: Dover Publications, 1999); and Pierre-Joseph Proudhon, *System of Economic Contradictions, or the Philosophy of Misery*, trans. Benjamin Ricketson Tucker (Whithorn, UK: Anodos Books, 2019).

The above philosophical position on war has planted the beliefs that all war is inherently immoral, war's necessity is not an excuse, and everyone in war is tainted by its immorality. Yet, this conceptualization of war is neither demonstrably accurate nor grounded in a truth deeper than itself. This is unfortunately where articles like "Métis" take us. Everyone involved in the war effort, no matter how necessary or (post hoc) justifiable the use of military force, is guilty in their existence—before they act.

James Turner Johnson, the most prominent scholar to trace this philosophical position, has labeled this view the "presumption against war." Briefly stated, this view holds war in all its forms to be "inherently suspect," an instrument of achieving interests but incapable of achieving justice, and accordingly should be exceedingly rare and requiring mammoth effort in defense of its necessity—hence the "presumption against."¹⁴ In this description the related conceptualization of war is neither a path to good nor even neutral: rather, war is a pathology, immoral even when necessary. In his writing Johnson frequently points to certain contemporary scholars as contributors to the presumption against war.

A "Presumption against War"

Among the philosophers who have accelerated the presumption against war, Johnson selected two, Paul Ramsey and Michael Walzer, partly due to precisely their reputation as part of the twentieth-century recovery of the classical just war tradition.¹⁵ It is ironic that two of the biggest names in this recovery may have also helped narrow the idea of a just war to an immoral act.

In the 1960s under the shadow of the Cold War nuclear weapons standoff, Ramsey called for a return to just war arguments as a middle ground between pacifism and amoral realism, re-energizing debate on the possibility of justice in war and justice achieved through war.¹⁶ While this has been overall a positive influence on war scholarship, Ramsey's contribution to the presumption against war—more to the point of this article—lay in his attempt to "brush up" just war ideas to accommodate the use of nuclear weapons.

This valuable and necessary effort to update just war thinking also opened a door. Specifically, Ramsey sought to reduce the complexity of the just war position to a few abstract rules broad enough to cover any type of war including conflicts involving nuclear weapons.¹⁷ For example, he proposed applying the principles of discrimination, what distinguishes classes of persons as legal or illegal targets, and proportionality,

14. Christian Nikolaus Braun, "James Turner Johnson and the Roman Catholic Just War Tradition," in *Responsibility and Restraint: James Turner Johnson and the Just War Tradition*, ed. Eric Patterson and Marc LiVecche (Middletown, RI: Stone Tower Press, 2020), 132.

15. See Gregory Reichberg et al., eds., *The Ethics of War* (Malden, MA: Blackwell, 2006).

16. Braun, "James Turner Johnson," 128.

17. J. T. Johnson, "The Just War Idea: The State of the Question," *Social Philosophy and Policy* 23, no. 1 (2006): 174.

what military planners, commanders, and operators determine is the amount of force necessary to achieve military objectives, in a very generalized sense.

The problem resides less in Ramsey's own thoughts and more in others' work that followed his logic. In fact, Johnson credits him with being concerned about a "scholars' war against just war" based on the idea that methods of modern war are too brutal to be just uses of force.¹⁸ Nevertheless, Ramsey de-emphasizes the nuances found in earlier just war thinkers. According to Johnson, this has allowed other scholars to claim that in modern contexts the lines are so blurred between combatants and other classes, and urban or cyber environments so congested and fluid, that no use of military force today can survive these restrictions, thus opening the door to moral injury.

In other words, the state can make a case for the moral use of military force in the abstract sense, but the ways in which states fight modern wars—and where they fight them—make it virtually impossible today for a state to use military force as a moral good in a practical sense. Thus, on the basis of "modern warfare" as fought today, pacifists can reassert claims that all war is immoral, and amoral realists can claim that moral restrictions are irrelevant because no one can apply them to the conditions of modern warfare.

As it does with Ramsey, the literature credits Walzer for restoring just war thinking to the discussion of the morality of war, but rarely identifies how his work, starting with his 1977 book *Just and Unjust Wars*—widely read in professional military education contexts—breaks from the classical just war tradition in certain respects that may exacerbate moral injury.¹⁹

Walzer, significantly, never defends that the state can judge for itself whether it has a morally valid reason to go to war, whereas this position is the starting point for all classical just war thinking. Instead, Walzer proposes his theory as the soundest alignment of war and morality due to its use of unnuanced abstract reason and historical case studies to derive an apparent set of unwavering principles to rule over all uses of force as just or unjust. In short, for a state deciding whether to go to war, Walzer's theory proposes that reason by its own lights can produce the set of rules to fit any circumstances, such that the state no longer needs to apply its own judgment as to the moral fitness of the war.

Analyzing this theory reveals that by removing from the state the opportunity to judge from circumstances, Walzer's point of departure for judging the morality of any war is the presumption that only a war to oppose an unambiguously recognizable evil could possibly gain admittance as a moral good in itself.²⁰ Thus, while allowing that states will pursue necessary interests, Walzer denies the state full autonomy in determining its best moral path to a just peace.

Studying Walzer further, the starting point of his thought produces four jarring core beliefs: (1) war is always barbaric and immoral; (2) states do what is necessary

18. Johnson, "Just War Idea," 175.

19. See Johnson, 175.

20. Johnson, 175.

even when it is evil; (3) morality for states operates on a “sliding scale” such that the more grave the situation, the more evil is permissible; and (4) such actions retain the quality of being morally evil regardless of circumstances. While the book has earned a reputation as an able contemporary defense of the just use of military force, in the light of these core beliefs the actual contents of the book reflect a strong argument against war in all its forms.

Walzer’s bias against war is more understandable when considering that the book arose not strictly from his reflections as a philosopher but from his political activism against the Vietnam War.²¹ Walzer’s characterization of war as evil even when necessary becomes more clear in his bizarre treatment of British Royal Air Force General Arthur “Bomber” Harris—he calls this section of the book “The Nature of Necessity.”

Walzer recognizes Harris’ “necessary” role in planning and directing the bombing of German civilians as targets, and contrastingly argues that a national conscience cannot endure such acts. Walzer’s formula for recovering the state after war is to avoid honoring its people involved in the unavoidable, intentional evil that is part of war, and as a state to “go back” to being morally good.²² For Walzer, war is a temporary problem that education and international institutions will eventually solve.²³ War is regrettable and temporarily necessary when it is the only means for the state to continue its physical existence, until “the last war,” followed by the eradication of war itself.

“War as Pathology”

What follows when war is no longer seen as a legitimate statecraft tool, even when necessary, but comes to resemble a pathology—a disease? Characterizing war as a disease instead of an available tool of statecraft leads to a presumption against war so restrictive that even while theorists such as Ramsey and Walzer admit a “good war” is theoretically possible, it is hard for others following their work to show that in the modern era a truly good war is realistic. For example, one scholar maintains the possibility of a good war is indispensable to the exercise of restraint in war and in decisions to initiate war. Conversely, pacifism and other views that reject all good wars lose the capacity to practice restraint in decisions about war.²⁴

This level of demand renders war tainted, tied up in evil *ab initio*. If this is the case, what are military members supposed to think about themselves as willing participants in the “machine of war” if war is so tainted? In fact, these conceptualizations can be traced to a source preceding Ramsey and Walzer.

An earlier view developed by Jean-Jacques Rousseau, Abbé de Saint-Pierre, and later, Immanuel Kant, and grounded in a theory of politics, holds that war is not just violent but inhuman. Kant’s view not only has impacted the growth of pacifism in

21. Michael Walzer, *Just and Unjust Wars* (New York: Basic Books, 1977), xix.

22. Walzer, 323–25.

23. Johnson, “Just War Idea,” 175.

24. See G. E. M. Anscombe, “War and Murder,” in *Nuclear Weapons: A Catholic Response*, ed. Walter Stein (London: Sheed and Ward, 1961).

Western thought but also challenges any who justify military service as an enduring moral good. Testimonies of combat veterans, for example, imply warfighters both want to perceive war as a moral good under certain conditions and, contrastingly, believe that war as a moral good is nevertheless impossible in a practical sense.²⁵

Many scholars have located Kant's work, especially his book, *Perpetual Peace*, as a guiding force in the development of pacifistic thought, beginning with the idea that war is a foreign body to human activity and can be eliminated. One scholar, for example, finds Kant had a significant role in the characterization of war as not only barbaric but also illegitimate. This view reconceives war and all combatants as irrevocably evil, and recasts states as incapable of being good judges of when to turn to war; here there are no more "good wars."²⁶

How does a view of war as inhuman derive from a theory of politics? One analysis has proposed Kantian thought on war is steeped in the political ideas of two other scholars, Rousseau and Saint-Pierre.²⁷ Considered together, these men provide a basis for politics in human life that one can only describe as a negative (as opposed to a positive) theory of politics. For Aristotle and many others, politics is itself both a good and a means to securing the common good for the political community—the state. Politics is thus good, natural, and necessary to man, which is why famously Aristotle has referred to humans as inherently *zoon politicos*—or "political animals."²⁸

Within a negative theory of politics, nurtured by the eighteenth- and nineteenth-century Enlightenment movements across Europe, authority is itself unnatural—no persons by nature are supposed to endure the rule of any other body over them.²⁹ One can now clearly see the likely connection between Rousseau and Saint-Pierre and Kant's theory of individual self-sovereignty, which is the idea that could every person become the consummate student of reason, they would have no need for any rule above them. Given such a radical interpretation of freedom, as freedom from any structure whatsoever, even the state is suspect.

The bona fide break with previous thought identified here, specifically the plan for some future desirable life without the state, brings into sharp relief the question as to whether the state is justified to exist at all. Whereas thinkers like Thomas Aquinas wrote of the state as the "perfect community" because it could best by itself see to the

25. See, for example, Dan Schilling, interview, "Gathering of Eagles" Annual Symposium, Air Command and Staff College, Maxwell AFB, AL, 2022.

26. James Q. Whitman, *The Verdict of Battle: The Law of Victory and the Making of Modern War* (Cambridge, MA: Harvard University Press, 2012), 250.

27. Reichberg et al., *Ethics of War*, 519.

28. *Politics*, trans. E. Barker (Oxford, UK: Oxford University Press, 1946).

29. See Thomas Sowell, *A Conflict of Visions: Ideological Origins of Political Struggles* (New York: Basic Books, 2007).

achievement of its people's common good, for Rousseau in *State of War* and Saint-Pierre in *Project for Perpetual Peace*, the state was an artificial structure.³⁰

The state enforces unnatural bondage over persons, and they imagined a future condition where states and monarchs and the enforcement of law would be unnecessary and irrelevant. They reconceived war as a product of this artificial structure and an expression of the greed and malevolence of political rulers—thus war is not and never could be human, nor would it be acceptable as a political solution in the idealized future to come.³¹

Here both men struggled: What ideal future condition would allow humankind to fulfill its meaning? As Kant would later agree, the answer was to be found neither in politics nor in the state. While Saint-Pierre and Rousseau indicated a preference for some sort of supranational solution—a proto-United Nations but with binding power—over squabbling, violent, and petty kingdoms, neither thinker could find an easily achievable alternative to the state. Instead, they seemed to operate on simply a kind of faith, a faith that an enlightened humanity, or an enlightened portion of humanity, would manufacture its own better future: its own salvation, and a salvation even from politics itself.³²

A concept of war as a legitimate tool of statecraft under certain conditions cannot survive extended contact with such a view of politics and the state. Both the state and the state's wars become categorically immoral, with significant implications for the warfighter and for moral injury, and for the metaphysics that guide what we think about both. Kant's role in this development is manifest in his works such as *Perpetual Peace*, and in his sustained, even "decisive" influence today on modern philosophy and international relations theory.³³

War and "Evil": A Metaphysical Error

The epistemological crisis has metastasized in the West, criminalizing the state and the state's wars in the eyes of many. This perhaps brings to mind Augustine of Hippo's (354–430 A.D.) famous dictum: "Without justice, what is the state but a gang of robbers?"³⁴ The state is not immoral in itself; rather, the justification of the state is connected to its objects—order, justice, and peace. If the state is a temporary and unnatural structure, setting its authority against individual rights, then any action the state pursues including war is similarly tainted. The state is corrupt and corrupting.

30. Thomas Aquinas, *Summa Theologica: The Complete Edition*, trans. Fathers of the English Dominican Province (New York: Catholic Way Publishing, 2014); Jean-Jacques Rousseau, *The State of War*, in *Basic Political Writings*, trans. and ed. Donald A. Cress (Indianapolis, IN: Hackett Publishing, Inc., 2011); and Charles Irénée Castel de Saint-Pierre, *A Project for Perpetual Peace*, trans. Edith M. Nuttall (London: R. Cobden-Sanderson, 1927).

31. Reichberg et al., *Ethics of War*, 481–82.

32. Reichberg et al., 496–502.

33. Reichberg et al., 518.

34. Augustine of Hippo, *City of God*, trans. Henry Bettenson (New York: Penguin Books, 2003), IV.4.

The works of some modern scholars indicate the lack of clarification of terms, and their misuse, can produce a metaphysical error. As the study of the ultimate essences of things and questions of existence, metaphysics can guide us to properly determine a thing, event, or action as good or evil, in this way illuminating our moral judging faculty. Josef Pieper's classic essay *Abuse of Language, Abuse of Power* reveals that since words are what we use to express reality to ourselves and to one another, when we are indifferent to the truth of how we use those words, the corruption in our language can corrupt our perceptions and actions.³⁵

A stark example is Nazi Germany's use of terms like therapeutic to describe forced immoral sterilizations and eventually the murder of German citizens labeled as mentally or socially unfit.³⁶ In short, a lack of distinction in our use of terms can confuse our capacity as moral judge and damage our ability to tell good from evil.

This also means our military members may believe and tell themselves they are "evil" or have done evil with the intent to commit evil—when they have not. The problem can be expressed this way: confusion over terms and understandings can lead to metaphysical confusion, specifically improper moral judgments such as calling something that is a moral good a moral evil, and ultimately manifest in avoidable harms even at the individual level. It is important, then, to trace how the root conceptualization of war as evil leads into a trap.

The root conceptualization of war as evil is critical in shaping the two intellectual responses of amoral realism and pacifism, which together threaten to reduce the military member to a condemned lackey of the state—one of the "material forces of war," and that this is "the crisis behind the crisis" of moral injury. What happens when military members are not supposed to have consciences anymore, but they still do? An invaluable guide here is philosopher and just war scholar Marc LiVecche, especially in his treatment of the widely influential twentieth-century theologian Reinhold Niebuhr.³⁷

The Reduction of the Warfighter

I, too, am beginning to look like a wolf.

—Jean Larteguy, on the French Army's adoption of torture during the Algerian War (1954–1962)³⁸

Trying to reconcile Christian teaching with the traumas of twentieth-century warfare, Niebuhr developed a dire, conflicted formula that condemns the warfighter to a less than human status, possibly due to the theologian's tortured interior conflict. He vacillated between espousing extreme pacifism and demanding a total war against

35. Josef Pieper, *Abuse of Language, Abuse of Power*, 1st American ed., trans. Lothar Krauth (San Francisco, CA: Ignatius Press, 1992).

36. See Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986).

37. Marc LiVecche, *The Good Kill: Just War and Moral Injury* (New York: Oxford University Press, 2021).

38. Jean Larteguy, *The Centurions* (New York: Penguin Books, 1961), 345.

Germany prior to both world wars.³⁹ Based on his narrow interpretation of the Christian Gospel, Niebuhr concluded all war is unremittably evil. He became stuck on the idea that while the Gospel commands all people always to love, “love is impossible in this world.”⁴⁰ How could God command us to do something that is impossible?

His answer to this terrible dilemma was that military members, while still made for love and to love, must prepare to make war and turn to “hate,” thus becoming evil on the inside due to the violation of the commandment to love. Niebuhr’s solution led him into four questionable judgments.

1. The purpose of the war—its cause and objective—is irrelevant to war’s status as evil.
2. Obligations to protect third-party innocent human life are irrelevant to war’s evil status as an immoral and exclusive “two-party” assault of brother against brother.
3. One can assess the evil moral status of war itself, of war as a whole, as a concept in the abstract, ignoring the events and judgments of history—there are no specific conditions or circumstances that could render a war decision or effort morally valid.
4. War is always a mere contest for power, foreclosing the possibility of a good war.⁴¹

These judgments seem to leave no space for honorable military service.

Of course, Niebuhr alone is not responsible for the conceptualization of war as always evil. Nor is Niebuhr to blame for two of the conceptual outcomes of the “war is evil” formula. Realpolitik-style amoral realism and Western pacifism both predated Niebuhr. Yet this analysis of Niebuhr’s thought process clarifies the connection between a culture’s thoughts about war and about military service, and how this connection might affect the interior life of those serving.

What is most concerning about Niebuhrian-type thinking is that given the above examples of some of his judgments, it all leads to one conclusion—military service is necessary but evil. Under the “war is evil” verdict, all resources in the war effort, including human, only have value in their contribution to victory and have lost any other status they have enjoyed in the community. The military member is expelled from society; Niebuhr treats soldiers as “anomalies” who no longer fit into the culture from which they came.⁴²

Does the military uniform make one a monster? Niebuhr appears to assent to this, the “dirty hands” thesis, in his simple act of setting love and justice against one another—for him they are incompatible.⁴³ Rejecting the Christian notion that Christ embodies

39. LiVecche, *Good Kill*, 46–51.

40. LiVecche, 45; and see also Reinhold Niebuhr, *The Nature and Destiny of Man* (Westminster, UK: John Knox Press, 1996).

41. LiVecche, 45.

42. LiVecche, 49–51.

43. LiVecche, 42.

and represents perfect love and perfect justice, Niebuhr simply insists one cannot love and actively pursue justice at the same time. Moreover, one certainly cannot simultaneously love and fight for justice, because one will have no choice but to act with force against wrongdoers—and per Niebuhr, love cannot permit any use of force no matter the circumstances.⁴⁴ Niebuhr's thought thus embodies some of the same beliefs about war as pacifism and amoral realism, demonstrating how harmful these beliefs may be.

The key here is understanding how pacifism and amoral realism share conceptual space. Both ways of thinking find no value in a moral justification of the use of force for political ends. Pacifists refuse this attempt at justification because they see all use of force as immoral, and amoral realists refuse because they think the means and ends of statecraft do not require it. For both camps there is no such thing as a good war. Even wars of self-defense are not considered morally good by either camp: in a wicked world pacifists like Niebuhr render wars of self-defense as part of the wicked, and amoral realists have already excluded moral judgments from their thinking.⁴⁵

Also, significantly, both camps devalue or discount the human capacity for moral judgments. Pacifists such as Niebuhr do this because of their insistence that war requires only one universal and irrefutable moral judgment, abstracted above the historical record, that all war is always evil, thus removing the possibility of judging from circumstances. At the same time, amoral realists have divorced moral judgments from the act of war. If due to the ideas in realpolitik and pacifism many today believe all uses of military force are immoral, what conceptual space is left for warfighters to believe that what they are doing is morally justified? Put another way, for those tasked to keep the “wolves” at bay, how do “men and women of good will” perform this difficult task without thinking they have become wolves themselves?⁴⁶

By severing the use of military force from justice and denying constructs such as the US Air Force's “Four Pillars” of resilience—mental, physical, social, and spiritual—realpolitik-style amoral realism and pacifism point to only one sentence for our military members: they are tools of the state, or worse, they are wolves.⁴⁷ Amoral realists, by treating matters of state interests as outside moral restraint, have no remorse over the sentence, as if those serving have already committed themselves to inevitable evil-doing—dirty hands is the cost of doing the business of the military. For pacifists, dirty hands come with the military uniform itself.

Occasional claims by some pacifists of the necessity of using injustice to ensure state survival are irrelevant to the military members stuck in the role of wolves during the action—by definition the participants always are acting immorally. This situation begs the questions: Is someone with the proclivity to consent to perpetual immoral behavior in any way considered healthy? And how could we ask someone to do that?

44. LiVecche, 46–48.

45. LiVecche, 44.

46. LiVecche, 64.

47. “Resilience,” Department of the Air Force, Resilience, accessed August 10, 2023, <https://www.resilience.af.mil/>.

Conclusion

Through its Four Pillars the US Air Force acknowledges each person's spiritual dimension, and not just as this relates to someone's interaction with a chaplain. One's spiritual life relates to how they understand their relationship with the world, including their moral relationship with the world. Thus, the deeper harm of amoral realism's realpolitik and pacifist ideas may be their easy rejection of this pillar entirely, as if by wearing the uniform, our military members have given up their right to a healthy spiritual life aimed at practicing moral goodness.

Put another way, the spiritual pillar of our Airmen is harmed, and likely this harm will spill over to the other three pillars—mental, emotional, and physical—when certain views of war conclude the state does not or cannot pursue justice with force. “Wolfdom” is a guarantee. And similarly, what does functionary of the state truly mean when applied to our warfighters, except a reduction to something less than human? How can therapy easily put back into one's psyche something that was taken away? Finally, to tell someone they are incapable of judgment does not remove psychological harm. It only hurts their recovery.

Here is a final ironic twist. By denying war—justly fought and aimed at justice—as a legitimate, morally sound, and enduring tool of the state, as amoral realism and pacifism do, we risk exacerbating moral injury by the implicit suggestion that our warfighters are mere state functionaries, incapable of judgment and of moral agency. They are not, and their care includes their moral welfare, even their “vindication” from any presumption that their service itself is immoral.⁴⁸

Medical and spiritual care providers and commanders did not create this predicament, but they surely face it nevertheless, and will benefit from taking it into account in their treatment and supervision. Many sources are helpful, even Clausewitz, who resisted all blanket characterizations of war as inhuman or immoral.⁴⁹ For Clausewitz, war was a distinctly human endeavor, its morality determined by how and why it is fought, and soldiers were never mere tools.

The soldier Bates in *Henry V* is a sympathetic and tragic figure. He is loyal and uncomplaining. Yet his view, or Williams' view for that matter, of war as a decision “over my head” does not eliminate moral injury but magnifies it, by pretending away war's moral dimension either through seeing all war as condemnable or as outside morality and the call of moral restraint. Warfighters deserve to retain their moral judgment appropriate to their authority and role.

The remedy starts with a clear concept of the good war, the vindication of military members as moral agents and never mere functionaries of the state, and a renewed focus on ideals such as the Air Force's Four Pillars approach. These steps, by

48. LiVecche, *Good Kill*, 5.

49. Carl von Clausewitz, *On War*, ed. and trans. Michael Howard and Peter Paret (Princeton, NJ: Princeton University Press, 1984); and see also Bart Schuurman, “Clausewitz and the ‘New Wars’ Scholars,” *Parameters* 40, no. 1 (2010).

reinvigorating our thinking on war's moral dimension, will reduce the constant pressure to reduce reality to material forces, and shield the status of our military members from the same reductive thinking. We are not and have never been simply war materiel. **Æ**

MORAL INJURY AND SUICIDE RISK

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Suicide negatively impacts all aspects of military service from recruitment to retention as well as the physical and spiritual well-being of units, military members, family, and friends. Moreover, it denies the military the current and future benefits derived from the service of an individual in whom the military has invested significant resources. To improve suicide prevention outcomes in the military and veteran communities, the impact of moral injury—separate from posttraumatic stress disorder—on suicidal ideation must be more clearly understood. The interpersonal theory of suicide can assist the military as it develops mechanisms to address the effect of moral injury on suicidal ideation among the active-duty and veteran populations.

The construct of moral injury has been used to conceptualize the behavior of military service members and veterans who struggle to reconcile their military or combat-related experiences. The distress resulting from exposure to morally and ethically questionable actions in war and warfare has been touted as justified for the cause. Yet since the Nuremberg trials, when military members were first held accountable for not challenging orders that should have been considered morally questionable, the argument that being ordered to do something by a higher authority provides the moral justification for an action has been formally challenged.¹ For service members, the inability to change past distressing behavior sometimes leads to feelings of guilt, shame, regret, and suicidal ideation.

In some cultures, suicide historically fit into the military mindset as a means of last resort to deny an enemy intelligence or as a way to avoid the dishonor of capture or defeat. But in the European tradition since at least the Renaissance, suicide has been rejected as a useful strategy to achieve any military end.

In the last century, suicide incidence rates in the military have tended to rise and fall in step with major operational activities, from a high of 118 per 100,000 per year just prior to the Spanish-American War to a low of 5 per 100,000 per year at the close

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1. Anthony J. Ghiotto, "The Presidential Coup," *Buffalo Law Review* 70, no. 1 (2022): 369.

of World War II.² When adjusting for age and gender, suicide rates amongst active-duty US Army personnel over the last century tend to parallel the general population, but in a more dramatic fashion. Suicide rates increasing in US civilian males also means that US Army males have a sharper increase in suicide rates.³

In the modern era, military leaders recognize that suicide, at the very least and apart from the personal and familial costs, denies the organization the present and future services of someone in whom a generally significant investment has been made.⁴ The rise in overall US suicide rates since the late 1990s also meant the military suicide rate increased. Coincidentally, and possibly as a response to this increase, moral injury has been a research topic of increasing interest to those assessing the veteran and military communities.⁵

Yet there is still no consensus on an operational definition for moral injury. Moral injury has been defined in various ways, but for the purposes of this article, it is defined as the distress resulting from an event that violates or distorts one's morals or ethics or challenges fundamentally held beliefs on how the world works or how certain groups or individuals should be treated.⁶ It is worth noting that such experiences do not necessarily need to involve death or threat of death to cause moral injury.

As moral injury is a relatively new concept as a stand-alone research topic, some effort to distinguish the rate of moral injuries, as opposed to other forms of distress that could contribute to suicides, needs to be made so that data on the relative occurrences can be determined. While moral injury is briefly explained here, this article does not delve deeply into the concept's history and evolution into today's many potential applications. This article will address suicide risk and moral injury, including suicide risk factors among personnel exposed to moral injury and posttraumatic stress disorder (PTSD) events. The article will also consider current treatments, limitations, and future military population-focused research recommendations.

Moral Injury and PTSD

Similarities and Differences

To study moral injury and its importance to the military community, similarities as well as differences between moral injury and PTSD must be distinguished. While

2. Steven Davis, "The History of Suicide in the Military" (panel presentation, Society of Military History Conference, San Diego, CA, March 25, 2023).

3. Jeffrey Allen Smith et al., "A Historical Comparison of US Army & US Civilian Suicide Rates, 1900–2020," *Psychiatry Research* 323 (2023).

4. Davis, "History of Suicide."

5. Craig J. Bryan et al., "Measuring Moral Injury: Psychometric Properties of the Moral Injury Events Scale in Two Military Samples," *Assessment* 23, no. 5 (2016).

6. Brett T. Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29, no. 8 (2009).

moral injury and PTSD can have similar and even overlapping symptoms, each has unique features, especially in relationship to suicide risk factors.

According to one study, “A traumatic event in which an individual commits, fails to prevent, or witnesses an act that violates his or her ethical and moral beliefs can be considered a potentially morally injurious event (PMIE).”⁷ Although moral injury was first attributed to war-related trauma, it is no longer limited to the military, as research has applied the same moral injury constructs to other populations experiencing traumatic events.⁸ Experiencing such an event can increase the likelihood of developing symptoms associated with moral injury, but it does not mean one will. Similarly, experiencing a traumatic stressor event may increase the likelihood of developing PTSD-associated symptoms, but this does not necessarily mean it will definitely occur, given differences and protective factors.⁹

Posttraumatic stress disorder can present through different clusters of symptoms as a response to a traumatic event causing significant clinical distress to the individual. Such symptoms are the result of a traumatic event, either directly experienced or witnessed, in which the individual is threatened by actual or threat of death, serious injury, or violation of physical integrity or safety.¹⁰

The symptoms of PTSD generally include flashbacks, avoidance, and negative cognitions and mood, which can present as sleep disturbances and hypervigilance. As such, PTSD is more greatly characterized by a “startle” response.¹¹ The most recent update to diagnostic criteria used by mental health providers includes additions to PTSD symptoms such as persistent negative emotional states including guilt and shame.¹² Even so, fear and anxiety responses are typically attributed to PTSD, while moral injury is typically characterized by feelings of guilt and shame.¹³ These guilt and shame responses include social alienation, anhedonia, lasting anger, an inability to trust others, and feeling unworthy, sorrowful, bitter, unforgiveable, or permanently damaged.¹⁴

Both PTSD and moral injury can be instigated by traumatic stressor events and appear with similar clinical presentations. Because PTSD and moral injury share a number of symptoms, it can be difficult to distinguish between the two when a client

7. Litz et al., “Moral Injury,” 697.

8. Brandon J. Griffin et al., “Moral Injury: An Integrative Review,” *Journal of Traumatic Stress* 32, no. 3 (2019): 356.

9. Yossi Levi-Belz, Sharon Shemesh, and Gadi Zerach, “Moral Injury and Suicide Ideation among Combat Veterans: The Moderating Role of Self-Disclosure,” *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 44, no. 3 (2023): 203–4.

10. American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-5) (Washington, DC: APA Publishing, 2013).

11. Craig J. Bryan et al., “Moral Injury, Posttraumatic Stress Disorder, and Suicidal Behavior among National Guard Personnel,” *Psychological Trauma: Theory, Research, Practice, and Policy* 10, no. 1 (2018): 37.

12. APA, DSM-5.

13. Nicole A. Hall et al., “Moral Injury, Mental Health and Behavioral Health Outcomes: A Systematic Review of the Literature,” *Clinical Psychology & Psychotherapy* 29, no. 1 (2022).

14. Bryan et al., “National Guard,” 41–42.

presents with these shared symptoms, which include anger, depression, anxiety, substance abuse, insomnia, and nightmares.

Yet, clients with PTSD often present with a startle reflex, memory loss, and flashbacks, which make it possible to diagnose them with PTSD as opposed to moral injury on this basis, even if they display one or more of the shared symptoms. Clients may be diagnosed with moral injury if, instead of the PTSD-specific symptoms, they display other moral injury symptoms, such as anhedonia, grief, guilt, shame, social alienation, lack of trust, and difficulty with forgiveness.¹⁵

Subscales

The most accepted working definition of moral injury breaks down morally injurious events by the types of injury and the perpetrator of the action. The Moral Injury Events Scale measures two subscales of moral injury: Transgressions by Self and Others and Betrayal.¹⁶ This two-factor scale scores the extent to which potentially traumatic events violate the ethical and moral beliefs of the individual.

Additional research has found that the Transgressions scale, further divided, has unique relationships to suicide risk and clinical interventions; therefore the measurement subscales are now accepted as: Transgressions by Self (Transgressions-Self), Transgressions by Others (Transgressions-Others), and Betrayal.¹⁷ The addition of the third subscale has evolved the understanding of the effects of transgressions by self and transgressions by others independent of each other. Therefore, moral injury in terms of those three subscales and their relationships to suicide risk will be addressed.

All three subscales of moral injury have been associated with particular psychological distresses similar to those displayed by people demonstrating PTSD-associated symptoms. The Transgressions-Others subscale refers to experiences that are witnessed or learned about by the individual but perpetrated by some other person. The Transgressions-Self subscale measures distress resulting from one's own direct actions, or lack thereof, related to a morally injurious event. Events considered on the Betrayal subscale of moral injury can include perceived betrayal or deception, especially by fellow service members or by military leadership.¹⁸

Assessing each of the moral injury subscales individually is important to further inform treatment and understanding, as studies have indicated differing relationships between the subscales and PTSD-associated symptoms. For example, the subscales of Transgression-Others and Betrayal were associated with the PTSD symptoms of reexperiencing events, or the intrusion of traumatic or unpleasant memories into the present; the subscale of Transgressions-Self was associated with emotional numbing across

15. Bryan et al., 37, fig. 1.

16. William P. Nash et al., "Psychometric Evaluation of the Moral Injury Events Scale," *Military Medicine* 178, no. 6 (2013).

17. Bryan et al., "Measuring Moral Injury."

18. Bryan et al., 567.

samples from Army National Guard and Air Force psychiatric outpatients.¹⁹ The importance of the agent of action—self or other—was highlighted as a pivotal factor in the expression of symptoms.²⁰

Although characteristics of moral injury may overlap with PTSD characteristics, recent brain activity studies have been expanded by identifying unique activity patterns in moral injury subscales that were independent of known PTSD activity.²¹ The study found differences in brain activity levels in those with identified moral injury subscales. These results indicate those who identified with the Transgressions-Self subscale correlated a higher level of brain activity in the left inferior parietal lobule with a higher subscale score. Those who identified with Transgressions-Others and Betrayal subscales had less brain activity in that area with a higher subscale score.²²

It is noted that activity in one select neural structure should not be the only value used, as many studies look at certain networks of brain structures and their interconnectedness.²³ Nonetheless, the neurological findings on brain activity highlighted moral injury subscales as well as their similarities and differences with the brain activity expressions of PTSD symptoms. This reinforces earlier research that understanding the relationship between moral injury subscales and expressions of PTSD symptoms, even on a biological level, may have specific and unique clinical application to addressing the potential for moral injury to increase the risk of suicide.²⁴

Suicide: Risk Factors and Ideation

Despite increased attention to suicide incidence rates in the military population and implementation of various suicide prevention services and programs since 1995, suicide rates have still been increasing. The most recent data continues to indicate an increase in active-duty military suicide rates since 2015.²⁵ While the extent to which rates have increased may have been slowed by existing services and programs, taking into account potentially morally injurious events as possible factors may need to be included in additional resources to reduce these rates.

A risk factor as defined by public health is a variable (age, sex, etc.) associated with increased risk of disease, in this case suicide. Risk factors for suicide include age, gender, mental and physical illness, relationship instability, family history, previous exposure

19. Bryan et al., 567.

20. Nash et al., “Psychometric Evaluation.”

21. Delin Sun et al., “Resting-State Brain Fluctuation and Functional Connectivity Dissociate Moral Injury from Posttraumatic Stress Disorder,” *Depression & Anxiety* 36, no. 5 (January 2019): 448.

22. Sun et al., 448–49.

23. Coralie Bastin et al., “Feelings of Shame, Embarrassment and Guilt and Their Neural Correlates: A Systematic Review,” *Neuroscience & Biobehavioral Reviews* 71 (2016): 467–68.

24. Seth G. Disner et al., “Spontaneous Neural Activity Differences in Posttraumatic Stress Disorder: A Quantitative Resting-State Meta-Analysis and Fmri Validation,” *Human Brain Mapping* 39, no. 2 (2018).

25. Department of Defense (DoD), Under Secretary of Defense for Personnel and Readiness, Defense Suicide Prevention Office (DSPO), *Annual Suicide Report: Calendar Year 2020* (Washington, DC: DoD, 2021).

to suicide, a person's perceptions about suicide, previous suicide attempts, history of substance abuse, experiences of loss, childhood trauma, and access to weapons.²⁶ In contrast, protective factors are constructs that mitigate a person's desire to die and include family cohesion (including bonds with pets), extended support, access to care, restricted access to means, spirituality, good problem-solving and conflict-resolution skills, resilience, and a connection to community.²⁷

Suicidal ideation—thoughts or feelings about suicide—is one major antecedent of suicide. For that reason, identifying risk and protective factors associated with suicidal ideation among a military population remains critical.²⁸ It is important to note that just because a person presents with risk factors does not mean suicidal ideation will occur. If ideation does occur, then it is still not necessarily true that the individual will plan, prepare for, or attempt suicide. Alternatively, a person does not have to have many risk factors to be at risk for suicide; a person may have a single one, such as the loss of a loved one, but the intensity of that loss can put that person at a higher risk.

Several conditions have been recognized as significant risk factors for suicidal ideation and suicidal behavior, especially among veterans. These factors include the presence of mental disorders, particularly depression and PTSD, a history of suicide attempts, personal traits such as impulsivity, and environmental variables. Military service experience, especially stressful events such as exposure to combat, has also been found to play a significant role in suicidal ideation among military members. Far less research has addressed combat-related, potentially morally injurious events as a possible risk factor for suicidal ideation and suicidal behavior.²⁹

The theory most applicable to understanding the link between moral injury and suicide risk is the interpersonal theory of suicide introduced by Thomas Joiner in 2005, which posits there are three components of active and increased suicide risk: thwarted belongingness, perceived burdensomeness, and an acquired capability for suicide. Thwarted belongingness is a disconnection from one's community or one's core components of their identity such as family, faith, and work. This disconnection may take many forms, such as the break-up of a relationship, termination from a work position, and excommunication from one's faith. These disconnections create loneliness and a lack of meaningful relationships.³⁰

26. "Risk Factors, Protective Factors, and Warning Signs," American Foundation for Suicide Prevention (AFSP), accessed August 8, 2023, <https://afsp.org/>.

27. Christopher W. Drapeau and John L. McIntosh, "U.S.A. Suicide: 2019 Official Final Data," American Association of Suicidology, December 23, 2020, <https://suicidology.org/>; and "Suicide Data and Statistics," National Center for Injury Prevention and Control, Centers for Disease Control (CDC), last reviewed May 8, 2023, <https://www.cdc.gov/>.

28. J. John Mann, Christina A. Michel, and Randy P. Auerbach, "Improving Suicide Prevention through Evidence-Based Strategies: A Systematic Review," *American Journal of Psychiatry* 178, no. 7, (2021), <https://doi.org/>.

29. DSPO, *Annual Suicide Report*.

30. Thomas Joiner, *Why People Die by Suicide* (Cambridge, MA: Harvard University Press, 2005).

Perceived burdensomeness is judging oneself to be a liability to others, extending to the thought that others would be better off if one were dead. An acquired capability for suicide is a combination of factors, including a reduced fear of death, an increased tolerance for pain, and a repeated, numbing exposure to painful and damaging events.³¹ An individual repeatedly experiencing or exposed to painfully injurious events becomes habituated to this pain.³²

The presence of thwarted belongingness and perceived burdensomeness explains how suicidal thoughts merge into what can be conceptualized as the “suicidal zone.” An acquired capability for suicide is a necessary addition to the other components for lethal suicide attempt behavior.³³ Thwarted belongingness and perceived burdensomeness can be representative of the reason someone wants to die by suicide, or suicidal intent, while acquired capability explains who can attempt suicide or who exhibits suicidal behavior.³⁴ This conceptualization helps explain the dramatic difference in the numbers of people who report having had serious suicidal thoughts (12.3 million American adults in 2021) and those who make an attempt to end their lives (1.7 million).³⁵

Studies consistently agree that military personnel exhibiting high thwarted belongingness were at greater risk for suicidal ideation when perceived burdensomeness was also high, as well as at greater risk for suicidal behavior when an acquired capability for suicide was also additionally present.³⁶ With military populations showing higher acquired capability than civilian populations, there is a reasonable concern that the development of thwarted belongingness or perceived burdensomeness, or both, puts military personnel at greater risk for suicide.³⁷

Most studies did not differentiate between military personnel with combat experience and those without; therefore, it is informative that an acquired capability for suicide was found to be only slightly higher in combat-experienced military personnel than in noncombat-experienced military personnel.³⁸ Given a dearth of research on this topic, the relationship can only be speculated, and it is worth investigating further how the characteristics of military personnel suggest their increase of acquired capability for suicide.

31. Carol Chu et al., “Non-Suicidal Self-Injury and Suicidal Thoughts and Behaviors: A Study of the Explanatory Roles of the Interpersonal Theory Variables among Military Service Members and Veterans,” *Journal of Consulting & Clinical Psychology* 86, no. 1 (January 2018): 64.

32. Craig J. Bryan et al., “Combat Experience and the Acquired Capability for Suicide,” *Journal of Clinical Psychology* 66, no. 10 (2010): 1045.

33. Joiner, *Die by Suicide*.

34. Kimberly A. Van Orden et al., “The Interpersonal Theory of Suicide,” *Psychological Review* 117, no. 2 (2010): 575.

35. “Provisional Suicide Deaths in the United States, 2022,” press release, CDC, August 10, 2023, <https://www.cdc.gov/>.

36. Caroline Silva et al., “Evidence for the Propositions of the Interpersonal Theory of Suicide among a Military Sample,” *Journal of Clinical Psychology* 73, no. 6 (2017): 676.

37. Bryan et al., “National Guard Personnel,” 36.

38. Bryan et al., “Combat Experience,” 1053–54.

Moral Injury and Joiner's Theory

Results of mounting research support the interpersonal theory of suicide with military populations. The question then becomes how thwarted belongingness, perceived burdensomeness, and an acquired capability for suicide relates to moral injury and potentially morally injurious events. Of particular concern in a military setting is the increase in thwarted belongingness when Betrayal PMIEs are experienced, essentially undercutting carefully contrived military bonds, particularly in a deployed population.³⁹

For example, military personnel perceiving betrayal by superiors may feel a lack of inclusion in regularly experienced military bonds (thwarted belongingness) and may then may feel significant guilt and shame (perceived burdensomeness) for the PMIE experienced, resulting in suicidal ideation.⁴⁰ This suggests the pathway to suicidal risk may be higher for military betrayal experiences.⁴¹

Military personnel experiencing PMIEs specifically through transgressions-by-self experience prolonged feelings of guilt, which can result in withdrawal from social networks in an attempt to protect or shield themselves so as to not to taint valued others with their moral transgressions.⁴² In turn, not allowing oneself to be known by others or actively distancing oneself from others is related to significantly higher levels of suicidal ideation, as this parallels the constructs of thwarted belongingness and perceived burdensomeness. Studies have consistently found more severe suicidal ideation in individuals experiencing transgressions-by-self.⁴³

Clearly, there is a demonstrable connection between moral injury and suicidal behavior and risk. The goal in linking moral injury scales, PTSD symptoms, and constructs of Joiner's theory about these ideas is to highlight their relationship to each other and their independent relationship to suicidal behavior. Although research has correlated moral injury, PTSD, and suicide risk, a direct causation between moral injury and suicide risk is more difficult to establish, as it is with many factors that accompany suicidology research. Joiner's theory has provided a strong connection, which has been validated over several studies, and thus warrants further examination in the effort to reduce suicidality among military members.

39. Rachel L. Martin et al., "The Impact of Aggression on the Relationship between Betrayal and Belongingness among US Military Personnel," *Military Psychology* 29, no. 4 (2017): 279–80.

40. Mary Oglesby Shapiro et al., "Moral Injury and Suicidal Ideation among Female National Guard Members: Indirect Effects of Perceived Burdensomeness and Thwarted Belongingness," *Traumatology* (2022): 4–5.

41. Martin et al., "Impact of Aggression," 278–80.

42. Litz et al., "Moral Injury."

43. Levi-Belz et al., "Suicide Ideation," 203; and Christopher D. Corona et al., "Meaning in Life Moderates the Association between Morally Injurious Experiences and Suicide Ideation among US Combat Veterans: Results from the National Health and Resilience in Veterans Study," *Psychological Trauma* 11, no. 6 (2019): 618.

Moral Injury and Suicidality

The general belief is that military populations should expect and anticipate the terrors of combat, especially during wartime deployments, which may include situations such as witnessing killing or killing people themselves. Yet some military personnel will face psychosocial distress after witnessing those experiences while others will not.⁴⁴ Moral injury may also be difficult for the individual to understand as military personnel are aware that in times of war some moral violations will occur and are justified for the greater good, even though such violations may not align with personal moral guidelines.⁴⁵

The ability not only to recognize moral injury in a clinical setting but also to effectively consider its impact and resulting impairment specific to the individual's experiences is essential.⁴⁶ Due to the nature of suicide risk related to moral injury, mental health professionals working with the military population must be aware of moral injury as a unique conflict which may require additional or varied treatment.⁴⁷ Clinicians must also consider that despite the efforts across the military to encourage help-seeking, many members continue to struggle in silence. Some service members, particularly those with special security clearances, may remain afraid of the negative impact that seeking support may have on their careers, making it even more challenging to identify those experiencing suicidal risk due to moral injury.⁴⁸

Clinically, crossover presentations of PTSD and moral injury can also further reveal suicide risk. As previously indicated, a PTSD diagnosis is not required to treat military personnel with moral injury, but comorbidity is common, and clinical providers can assist with better targeted treatment plans. When addressing moral injury subscales, presentation patterns have been found to correspond to PTSD-associated symptoms. Transgressions-by-self are more associated with feelings of hopelessness, pessimism, and emotional numbing, while betrayal is associated with more intense anger.⁴⁹ Increased severity in PTSD symptoms also increased the risk of suicide attempts, but only when moral injury severity increased as well.⁵⁰ All these factors affect the assessment of suicide risk and the selection of a treatment option that is both appropriate to the situation and likely to be effective.

44. Corona et al., "Meaning in Life," 614.

45. Griffin et al., "Integrative Review," 354–56.

46. Hall, "Mental Health," 102.

47. Griffin et al., "Integrative Review," 356–57.

48. Viktoria Kantor, Matthias Knefel, and Brigitte Lueger-Schuster, "Perceived Barriers and Facilitators of Mental Health Service Utilization in Adult Trauma Survivors: A Systematic Review," *Clinical Psychology Review* 52 (2017).

49. Bryan et al., "Measuring Moral Injury," 568.

50. Bryan et al., "National Guard Personnel," 41; and Kimber J. Parry et al., "Impact of Moral Injury and Posttraumatic Stress Disorder on Health Care Utilization and Suicidality in Rural and Urban Veterans," *Journal of Traumatic Stress* 36, no. 1 (2023): 123–25, <https://doi.org/>.

Treatments

A comprehensive review of treatments used for moral injury is not within the purview of this article. Since there is significant overlap in the symptomatic expression of PTSD and moral injury, the following three clinically significant treatments for PTSD among military and veteran populations are more widely used in response to both: cognitive processing therapy (CPT), prolonged exposure, and collaborative assessment and management of suicidality (CAMS).⁵¹ While these identified treatments are aimed at PTSD symptom reduction, clinicians may also recommend a preparatory session to encourage buy-in from skeptical military personnel undergoing treatment prior to more intensive, trauma-focused, evidence-based therapies.⁵²

Due to the unique nature of moral injury, some have argued new and novel treatments need to be developed specifically for moral injury, as opposed to using existing PTSD treatments. Yet empirically supported PTSD treatments such as cognitive-processing therapy with an emphasis on the integration of moral injury constructs have been effective in addressing the needs of those who may have also experienced a moral injury in addition to PTSD-inducing events.⁵³ Notably, a statistically significant reduction in guilt and shame has been shown in numerous therapeutic interventions. A focus on those treatments or interventions that have been able to establish a clinical significance through research trials is detailed below.⁵⁴

Cognitive-Processing Therapy

Cognitive-processing therapy, a specific type of cognitive behavioral therapy, has been one of the most-used therapeutic treatments in research comparisons and is also one of the most recommended for use in patients with both PTSD- and moral injury-associated symptoms. This therapy, which grants patients the tools to recognize and challenge counterproductive thoughts related to trauma before modifying their response, can be provided on an individual basis or in a group therapy setting and typically consists of 12 weekly 60-minute sessions.⁵⁵ Studies have repeatedly demonstrated improvements in PTSD symptoms relating to emotional regulation difficulties when using CPT as treatment.⁵⁶

51. C. S. Rosen et al., "A Review of Studies on the System-Wide Implementation of Evidence-Based Psychotherapies for Posttraumatic Stress Disorder in the Veterans Health Administration," *Administration and Policy in Mental Health and Mental Health Services Research* 43 (2016).

52. Eric A. Dedert et al., "Clinical Effectiveness Study of a Treatment to Prepare for Trauma-Focused Evidence-Based Psychotherapies at a Veterans Affairs Specialty Posttraumatic Stress Disorder Clinic," *Psychological Services* 18, no. 4 (2021): 651.

53. Marek S. Kopacz et al., "How Meaningful is Meaning-making?," *New Ideas in Psychology* 54 (2019).

54. Griffin et al., "Integrative Review," 354–58.

55. Dedert et al., "Clinical Effectiveness Study," 651.

56. Philippe Schnaider et al., "The Relationship between Emotion Regulation Difficulties and PTSD Outcomes during Group Cognitive Processing Therapy for PTSD," *Psychological Services* 19, no. 4 (2022): 751.

Prolonged Exposure

Another evidence-based treatment used for PTSD is prolonged exposure, which exposes the individual to reminders or memories of their traumatic experiences with support from a clinician to increase the person's tolerance for the experience.⁵⁷ Overall, patients report clinically significant reduction in severity of symptoms as well as increased global satisfaction. Similar to CPT, prolonged exposure is typically provided through outpatient, weekly, 60- to 90-minute sessions, although a more intensive format shortens the time between sessions.⁵⁸

Collaborative Assessment and Management of Suicidality (CAMS)

This suicide-specific treatment approach is well established, with over 30 years of rigorous study. A client and a clinician work together to keep the patient stable, ideally in outpatient therapy. The approach identifies the drivers that compel the client to want to take their life. The empirical support for CAMS in the treatment of suicide has been steadily growing over the past three decades. It is considered to be well supported as a clinical intervention for suicidal ideation and is proven to reduce suicidal ideation in as few as six sessions with a trained therapist.⁵⁹ At this time, one CAMS study currently in progress specifically includes an examination of the potential impact and responsiveness of moral injury as one of the drivers of suicide within a veteran population.⁶⁰

Limitations

Future recommendations for the advancement of moral injury research are echoed in many existing studies, which seek a better understanding of the topic. Yet one main limitation of studying, assessing, and treating moral injury is the lack of overall agreement on how the term moral injury is considered and defined. Although definitions in the literature are interrelated, this lack of consistency of operational definitions presents an issue when comparing prevalence and effectiveness of treatment, as it is unclear if the same constructs are being assessed.⁶¹

57. Andrew M. Sherrill et al., "Perceived Benefits and Drawbacks of Massed Prolonged Exposure: A Qualitative Thematic Analysis of Reactions from Treatment Completers," *Psychological Trauma* 14, no. 5 (2022): 862.

58. Sherrill et al., 862.

59. Joshua K. Swift, Wilson T. Trusty, and Elizabeth A. Penix, "The Effectiveness of the Collaborative Assessment and Management of Suicidality (CAMS) Compared to Alternative Treatment Conditions: A Meta-Analysis," *Suicide and Life-Threatening Behavior* 51, no. 5 (2021).

60. David Jobes (professor, associate director of clinical training, Catholic University of America), in discussion with the authors, April 12, 2020.

61. Sonya B. Norman et al., "Moral Injury among US Combat Veterans with and without PTSD and Depression," *Journal of Psychiatric Research* 154 (2022).

Recommendations

Since moral injury is not currently a separate diagnosis or diagnostic element of PTSD, its clinical significance comes from the health outcomes it is associated with, including mental, spiritual, and physical difficulties. Suicide is among those outcomes which have been closely tied to each of the three moral injury subscales. This, first and foremost, identifies the need to provide a unified and operational definition of moral injury on which to further base research.

Likewise, the components of the interpersonal theory of suicide—thwarted belongingness, perceived burdensomeness, and acquired capability for suicide—have been associated with moral injury subscale constructs, that is Transgressions-Self, Transgressions-Others, and Betrayal. More research is needed to understand these dynamic relationships, especially given how these relationships interact with suicidal intent and risk.⁶²

As moral injury has been shown to be closely associated with PTSD in terms of clinical presentation, the recommended treatments have been similar as well. Unfortunately, there is a lack of literature on the efficacy of treatment of moral injury independent of PTSD indicators.⁶³ It is important to consider that evidence-based treatments, especially those highlighted in this article, were designed for PTSD treatment but have been shown effective for those with PTSD and high scores on moral injury subscales.⁶⁴ As previously discussed, there are nuances to moral injury that have not yet been taken into account when researching treatments specific to the overall moral injury and potentially morally injurious events, as well as further research on special moral injury subscales.

Furthermore, adequately responding to the need for resources and support for moral injury by itself is insufficient to implement a moral injury response. The increased prevalence of moral injury in military personnel parallels the push for effective suicide prevention training at a time when suicide rates are climbing, specifically for military members. Unfortunately, the military's heavy reliance on pro forma training may meet some listed requirements, but this training is not effective nor does it provide actual solutions. Thus, training that includes updated course content tailored to particular military audiences may be needed.⁶⁵ Until the Department of Defense recognizes moral injury as a possible contributing risk factor for suicide, training and resources will continue to lag.

Although this article does not specify the role of religious or spiritual constructs in moral injury, there is a separate area of research that specifically focuses on the violation of moral identity through a religious lens. It is important to note that although

62. Martin et al., "Impact of Aggression," 280.

63. Norman et al., "Moral Injury."

64. Griffin et al., "Integrative Review," 356.

65. DoD, Suicide Prevention and Response Independent Review Committee, *Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention and Response Independent Review Committee* (Washington, DC: DoD, 2022), recommendation 4.1.

religious or spiritual constructs may influence an individual service member's moral identity, it has not been found to be a significant protective factor in terms of moral injury among veteran populations.⁶⁶

Another limitation to identifying moral injury is the population which is arguably most affected by it. Studies focusing on one branch of the military versus another may yield different results. For example, Army National Guard members must coexist in civilian and military life simultaneously. This can inhibit fully embracing a reliance on military bonds formed among deployed or full-time personnel, which can then result in increased thwarted belongingness.⁶⁷ Additionally, the presentation of moral injury as shame, guilt, and betrayal from superiors can discourage military personnel from seeking available services, especially if the moral injury is associated with a leadership failure.⁶⁸

The scale of betrayal in moral injury specifically calls into question the essence of the military system, which relies on life-or-death camaraderie. Toxic leadership has recently been identified as a problem within the ranks, and several recent recommendations have been issued to research and explore avenues of identifying good leadership as well as predicting abusive leadership behavior.⁶⁹ Although neither moral injury nor feelings of betrayal are listed specifically as reasons for these recommendations, the literature highlights that military personnel who report higher rates of feelings of betrayal also report higher levels of suicidal intent and depression.⁷⁰

Conclusion

Moral injury is not exclusively a military construct; however, it is predominant in military populations where an individual experiences a violation of moral or ethical values or both that is difficult to comprehend. Although the presentation and treatment options may overlap with PTSD-associated symptoms, research has indicated moral injury overall, as well as its three subscales, have a unique place for consideration when it comes to suicide risk.

The interpersonal theory of suicide best explains what components are necessary for suicidal behavior. The expression of these components directly through moral injury subscales links potentially morally injurious events to suicide risk independent of PTSD. Although the need to recognize and treat moral injury in military populations has been gaining more attention since the late 1990s, the concept of moral injury has not made its way into any official prevention guide.

Moral injury is a risk factor for suicide, which is only recently coming to light. The Department of Defense needs to work with other federal and civilian health organizations

66. Corona et al., "Meaning in Life," 617.

67. Martin et al., "Impact of Aggression," 278.

68. Marie-Louise Sharp et al., "Stigma as a Barrier to Seeking Health Care among Military Personnel with Mental Health Problems," *Epidemiologic Reviews* 37, no. 1 (2015).

69. DoD, *Preventing Suicide*, recommendation 7.1

70. Levi-Belz et al., "Suicide Ideation," 199–200.

to promulgate research focused on the nuances between moral injury and PTSD in order to design and provide more adequate screening procedures for the military population. Furthermore, the Department should implement training and support mechanisms designed to address moral injury at multiple levels of command, not just in the mental health sector, in an effort to reduce suicidal ideation and the increasing rates of suicide in the military. **Æ**

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