

Sickness of the Heart: Moral Injury in Veterans of the Iraq War

By Morgan Sullivan

April 15, 2013

Class Adviser: Victoria Hunter – International Affairs

Primary Adviser: Lorraine Bayard de Volo – Women and Gender Studies

Secondary Adviser: Gregory Young – Political Science

**Abstract:** Invisible war wounds have garnered more attention since the Vietnam War. One recent development in this area of study is the concept of moral injury, which was introduced in 2009. Moral injury is as a shame-based reaction in response to a moral transgression, which was perpetrated or witnessed by an individual who had personal agency (or at least the perception of agency) in the outcome of the event. The development of moral injury is influenced by the independent variables: false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol. These independent variables influence and are influenced by two mediated variables: moral disengagement and disparity. There is also a brief discussion on moral injury's relationship to the recent increasing rate of soldier suicide, a trend which some have deemed an epidemic. My study is situated within the context of the Iraq War, though it also pulls some information from the Vietnam War. In order to examine moral injury, I review the working definition and use academic literature, news articles, and veteran accounts to engage in a critical analysis. Through this critical analysis I was able to highlight moral injury's theoretical strong points, as well as suggest areas for possible improvement.

## Tables of Contents

I. Introduction	3
II. Literature Review	11
a. PTSD and Moral Injury	12
b. The Relationship between PTSD, Killing, and Depression	15
c. The Relationship between Combat Exposure, Killing, and Suicide	16
d. Reluctance to Kill	19
e. Shame and Guilt	22
f. Limitations	23
III. Theory	24
a. Hypotheses	25
b. Variables	
i. Moral Disengagement and its Mechanisms	26
ii. Disparity	30
c. Independent Variables	31
i. False Impetus/Perception of Cause	31
ii. The Nature of Counterinsurgency Warfare	33
iii. Military Training Protocol	34
IV. Methodology	35
V. Findings	37
a. Why Mechanisms of Moral Disengagement Breakdown	
i. False Impetus/Perception of Cause	
ii. The Nature of Counterinsurgency Warfare	40
b. The Burden of Killing	42
c. The Dual Role of Training	44
d. The Role of Disparity	47
e. Suicide	54
VI. Conclusions	59

## **I. Introduction**

War exerts a profound and extensive influence on the historical and contemporary landscape of human interaction: infrastructure and homes are destroyed, families are torn apart, huge sums of money are spent, and hundreds, if not thousands, are killed. These visible effects are significant; however, they are not the only consequences of war. Some wounds sustained in war are in the minds and hearts soldiers: men and women for whom war is a tangible reality, not a heroic story, or a means to achieve political ends. Many soldiers return from war with wounds invisible to the naked eye: wounds of the mind and of the heart – some might say of the soul. Injuries such as these are insidious, difficult to explicate, and challenging to treat because the damage is visually imperceptible, and oftentimes not immediately apparent. Even if these wounds could be seen, what cure is there for a “sickness of the heart” (Levinson 2012)?

In the past, invisible war wounds were often referred to as “shell shock” or “combat neuroses” (Goldstein 2001, 259). After the Vietnam War, scientific interest in these wounds increased, and the concept of post-traumatic stress disorder (PTSD) was developed. Evidence of PTSD and other mental trauma in soldiers has been “remarkably constant” over time and can be found in veteran accounts dating back to the Civil War (Goldstein 2001, 259). This being said, the idea has not been systematically examined until recent decades. PTSD has become a “catch-all” diagnosis that is used to describe the negative psychological effects of soldiers’ experiences in war (Levinson 2012). PTSD results from experiencing a traumatic event, meaning that there are numerous possible causes; most commonly, combat exposure, physical or sexual abuse, serious accidents, and natural disasters (“What is PTSD?” 2012). Symptoms of PTSD include numbness, hyperarousal, re-experiencing, and avoidance of stimuli that might trigger memories

of the traumatic event. In the past, psychological trauma was not something to be acknowledged or discussed; however, it has increasingly gained acknowledgement and acceptance since it's addition to the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 (M. Friedman 2011). Unquestionably, this is a step in the right direction; however, there is urgent need for a more nuanced approach to the invisible wounds of war. PTSD reflects only part of the full spectrum, yet it is almost universally applied to any soldier who exhibits symptoms of psychological distress. This is highly problematic because the first step in solving a problem is to correctly identify what is broken: if this does not occur then chances of reparation decrease significantly. Just like any physical malady, misdiagnosis of invisible wounds results in mistreatment, which can be detrimental to recovery, and potentially even lethal. There is a new concept, moral injury, which has the potential to expand our understanding of invisible war wounds (Litz et al. 2009; Maguen and Litz 2012). Though it has theoretical intersections with PTSD, the two should not be conflated: moral injury is a significantly different concept, and it concerns a significantly different issue.

In 2009, Brett Litz et al. identified moral injury as distinct from PTSD, defining a morally injurious experience as, "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al. 2009, 700). Like PTSD, moral injury can have long-lasting, far-reaching effects on the mental health of servicemen who suffer from it. Though the ultimate effects of PTSD and moral injury can be somewhat similar, the most noteworthy discrepancy between the two is how they are caused. Litz et al. argue that, "moral injury requires an act of transgression that severely and abruptly contradicts an individual's personal or shared expectation about the rules or the code of conduct," (2009, 700). Put more simply, moral injury is caused by an event that violates an

individual's moral code. This is a departure from prevailing theories of PTSD, in that most researchers agree that it is a fear-based learning reaction, which occurs in response to a traumatic event (Litz et al. 2009). Moral injury is a new concept with a limited academic foundation; however, researchers conclude that moral injury evolves, not from experiencing a life-threatening or otherwise traumatic event, but rather from perpetrating or observing actions that transgress deeply held moral beliefs.

The first challenge is to engage critically with the working definition of moral injury. Though the academic conversation is limited, it is sufficient for conducting a critical analysis. This section will consider the current status of the concept, places where it might be inadequate, as well as possible directions for future research. Litz's working definition of moral injury is a good start, but there is room for fine-tuning and improvement. Litz argues that the nature of counterinsurgency warfare significantly influences the occurrence of moral injury, and this is a valid argument; however, it is not comprehensive. There are several other factors that influence the occurrence of moral injury.

The second puzzle asks the question, why has moral injury just now become a subject of interest? Is the rate of moral injury increasing, or is it simply the next conceptual step in the exploration of war related mental injuries? Put more simply, there is question as to whether moral injury is increasing in recognition, or occurrence. Addressing this puzzle requires two steps: the first is to critically engage with the working definition of moral injury. The second is to expand the Litz definition by exploring and analyzing other possible factors: this component will also examine how the independent variables interact with certain mediated variables.

My hypothesis is threefold; first, moral injury is a shame-based reaction to an event in which a morally transgressive act was witnessed or perpetrated, and in which the individual had personal agency, or at least the perception of it. Moral transgressions are a subjective concept because there is no universal moral code; therefore, an act that is considered morally transgressive by one person, could be seen as benign or neutral by a different person. However, there are certain actions that most people and societies tend to view as wrong: killing other human beings, inflicting undue harm, causing unnecessary suffering, and needlessly destroying another's property. Litz et al. propose a list of potential acts of transgression in a conflict situation: accidentally killing a civilian, purposefully killing an enemy combatant, committing atrocities such as torture or unnecessary violence, or failing to prevent an act that you know to be wrong (2009, 696). Second, moral injury is increasing in soldiers who served in the Iraq War as a result of my independent variables: false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol. Third, the independent variables influence and are influenced by two mediated variables: moral disengagement and disparity. Moral disengagement is a process through which individuals can selectively disengage self-censure over immoral action by employing certain mechanisms that cognitively restructure the behavior itself, or the one who the behavior affects. Disparity is, in this context, the significant and noticeable difference between an individual's perceptions or expectations for how a situation or person should be, and how the situation or person is in reality.

The first section of my hypothesis relies on academic research, veteran accounts, and media articles to argue that acts of transgression lead to moral injury. Though academic articles that explicitly employ the term moral injury are limited, there is a wealth of research on PTSD that implicitly supports moral injury's existence. The second hypothesis is supported by

academic literature, but will also incorporate components of my original research, which is based on veteran accounts and media articles. I argue that moral injury is increasing on account of disparity and a breakdown in the mechanisms of moral disengagement, both of which are defined above. The argument about disparity relies on veteran accounts, as it is a part my own theory and is not supported by an academic foundation. The discussion on moral disengagement is based on Albert Bandura's theory of moral decision making, and I employ information from veteran accounts and media articles in order to incorporate his ideas into my own theory of moral injury.

My third hypothesis argues that the independent variables: false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol, are all mediated by disparity and moral disengagement breakdown. I argue that my independent variables create increased opportunity for transgressive acts, which (think back to my first hypothesis) creates greater vulnerability to moral injury. There is ample evidence concerning changes in military training protocol, and there is also a wealth of information on the difference between conventional and counterinsurgency warfare. Explaining and defining the relationship between moral injury and false impetus/perception of cause will possibly be the most difficult to prove because there is very little, if any, academic research on the topic. Though I am unable to conduct a quantitative study, I explore and defend this variable as significant, through an analysis of qualitative evidence from veteran accounts and other secondary sources. Though proof of causation is beyond me, illustrating a strong correlation is not.

The last section of my argument examines the recent, alarmingly rapid increase in military suicides, a trend which some have deemed an epidemic (Pilkington 2013). I argue that this trend is the real-world consequence of increasing moral injury amongst soldiers. Litz's

definition of moral injury, the academic literature, and own theoretical additions to the concept mesh extremely well with academic theories on why people commit suicide. More than that, the literature runs parallel to personal accounts from soldiers returning from Iraq: this includes those engaging in suicidal ideation, as well as those whose attempts were successful.

Examining moral injury is important because, though it intersects with PTSD, there are significant differences between the two: they have different causes, different manifestations, and as such they should be treated differently by those administering post-conflict veteran care. If moral injury is understood as a psychological condition that is separate from PTSD, then treatments can be designed that better address its unique components. Beginning with Operation Enduring Freedom (OEF) in Afghanistan, and continuing with the start of the Iraq War, there has been a significant spike in the number of troops returning home with PTSD, as well as in the rate of soldier suicides (Tanielian 2008; Gradus 2011; Thompson 2012). These trends are possible indicators of an increase in the occurrence of psychological wounds afflicting soldiers post-conflict: wounds that are not encompassed in the catchall concept of PTSD. The increasing suicide rate is especially troubling because it is the most tangible indicator that there is something negative going on in the minds of our soldiers: something so detrimental to their quality of life, that for many it becomes unbearable. Those suffering from the effects of a morally injurious experience deserve to have their war wounds taken seriously: visible or not. If moral injury is examined as a concept that is independent of PTSD, then our understanding of invisible war wounds will increase, which could potentially lead to the development of more effective treatment solutions. Effective problem solving is difficult when the issue is not fully understood, and moral injury is an issue that is worth understanding because it is becoming clear



that when left untreated, these invisible war wounds can be damaging, and sometimes even lethal.

From a wider perspective, it is important to consider moral injury because understanding the unseen effects of war could potentially influence societies' willingness to engage in it. Recognizably, that is an idealistic thought: war has been an integral part of most societies for thousands of years. Forgoing a complete overhaul in societies' willingness to go to war, a better understanding of moral injury could influence the way societies engage with the full spectrum of the consequences of war. It is widely acknowledged that wars come at a steep price in terms of money, destroyed infrastructure, and lost lives; however, much less attention is paid to the psychological costs. In many cultures, the United States included, war is seen as a heroic and glamorous adventure that turns boys into men, and proves the worth and might of a country (Goldstein 2001).

Conceiving of war in this way is a problematic because it highly unrealistic; more often than not, war is not heroic, or glamorous, and most veterans can attest to this stark reality. War involves anger, loss, fear, blood, and destruction: fantasies of heroism are crushed quickly (Boudreau 2008; Crawford 2005; Bouvard 2012; Sherman 2010). War destroys. That is an integral part of its purpose. The motivation here is to extend our understanding of that destruction because it is not just homes, money, and lives that are lost. William Sherman said, "It is only those who have neither fired a shot nor heard the shrieks and groans of the wounded who cry aloud for blood, for vengeance, for desolation. War is hell" (qtd. in Grossman 2009, 73). Understanding moral injury could be a step in the right direction towards breaking down

community myths about what war is, what purpose it serves, and its consequences for societies and individuals.

Before continuing, it is important to note the context in which this examination of moral injury is situated. This study is predominantly limited to veterans of the Iraq War. Though I suggest that veterans of OEF in Afghanistan are also suffering from moral injuries, there was very limited anecdotal evidence to support this; hence, data from OEF is employed sparingly, and usually only to develop a temporal context. Another note, some of the research focuses on Vietnam War veterans, and will be used to illustrate patterns over time, as well as to support various theories. Finally, I argue that moral injury is increasing in occurrence, not just recognition. Having said this, I acknowledge the difficulty in establishing a rigid timeline: it is possible that moral injury has been increasing since Vietnam (or before), but the data is insufficient to prove it one way or another. Theoretically, these limitations could be overcome in future research, but I acknowledge their existence and structure my argument accordingly.

In what follows, I review the literature. I first examine the original working definition of moral injury, and then move onto the ways in which moral injury differs from PTSD. This section will examine existing theories of PTSD, and will investigate how these theories intersect with moral injury; however, the main focus will be on points of divergence. Next, I review articles that examine the connection between depression, combat exposure, killing, PTSD, and suicide. Many of these articles never explicitly employ the term moral injury; however, aspects of their findings mesh well with the working definition. The last section examines humans' inherent reluctance to kill, as well as the difference between feelings of guilt and feelings of shame. Concluding my literature review is an assessment of potential gaps in the knowledge base, which will act as a bridge to my own research and analysis.

One limitation of this research is the newness of PTSD and moral injury as academic concepts. The informational history of these subjects is not long, so historical comparisons are virtually impossible. Furthermore, any large-N quantitative analysis is out of the question, as the necessary data sets either do not exist or are not publicly available. Accordingly, my research on moral injury focuses on developing and closely examining several possible correlates, rather than attempting to establish hard causation.

## **II. Literature Review**

The first article that explicitly explored the concept of moral injury was published in 2009, and was written by Brett Litz, et al. This article discusses how little attention the veteran affairs community has paid to ethical conflicts and moral violations. There is a wealth of research on PTSD, and though there are often tangential references to moral and ethical considerations, the predominant focus is on the psychological effects of experiencing “life-threat trauma” (Litz et al. 2009, 696). The authors then introduce the concept of moral injury, which they define as, “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz et al. 2009, 697). Litz et al. discuss moral injury in the context of its relationship to the wars in Iraq and Afghanistan. They argue that counterinsurgency warfare and the use of guerilla tactics, both of which were prevalent in these wars, created more opportunity for exposure to morally ambiguous situations. These situations increase the risk for a morally injurious experience due to the presence of unmarked enemies, civilian threats, and improvised explosive devices: threats that amplified when the battlefield is an urban area (Litz et al. 2009, 696). This work was the first to introduce the concept of moral injury: the term was

coined in this very article. With Litz's working definition as a foundation, it becomes possible to examine the similarities and differences between moral injury and PTSD.

### *PTSD and Moral Injury*

The 2009 article, published by Litz, examines the intersections and divergences between dominant theories of PTSD and the nascent concept of moral injury. The social cognitive theory of PTSD argues that "traumatic events clash with existing schemas that people hold about themselves and the world" (Litz et al. 2009, 698). Examples of existing schemas include feelings of self-worth, and the belief that the world is not only a benevolent place, but that people and events have deeper spiritual meaning. This theory of PTSD intersects with the concept of moral injury because it is based on the idea that events can occur which "violate assumptions and beliefs about right and wrong and personal goodness," (Litz 2009, 698). However, the two concepts diverge in that the social-cognitive theory focuses on life-threat trauma as the irreconcilable event; whereas, moral injury focuses on the experience and perpetration of a moral transgression. Also, Litz argues that when moral injury occurs the disruption to existing schema is, "likely to be deeper and more global," and can cause an individual, "to view him or herself as immoral, irredeemable, and un-repairable or believe that he or she lives in an immoral world" (2009, 698). To summarize, social-cognitive theory argues that PTSD is the result of a life-threat event that clashes, and resists reconciliation with existing schemas. Litz proposes, in regards to moral injury, that an act of moral transgression can result in a permanent alternation or even destruction of existing schemas, potentially leading to moral injury.

Litz also finds intersection between moral injury and the two-factor theory of PTSD. This theory argues that PTSD occurs from a two-step progression; first, fear acquisition occurs as a

result of classical learning processes, and second, this process is maintained through a series of avoidance behaviors (Litz 2009, 698). Moral injury fits loosely into this model because the first step in sustaining a moral injury is experiencing an event that results in severe emotional distress, which is then maintained by avoiding cues that trigger those feelings in the future. Despite these loose similarities, moral injury deviates from the two-factor theory of PTSD, in that this theory argues that PTSD develops from, “an unconditioned fear stimulus and symptoms as conditioned responses to fear” (Litz 2009, 698). In this model the key component is fear; whereas, with moral injury the, “events associated with [it] are not chiefly based on fear, but other affects and cognitions, such as shame,” (Litz 2009, 698).

The next theory Litz reviews is the emotional processing theory, which intersects with moral injury in terms of the “enduring negative emotional distress” (Litz 2009, 698). This theory argues that PTSD results from being unable to fully process the emotional trauma due to interference from, “pre-trauma schemas, the memory of the event, and the memory of experiences prior to the event” (Litz 2009, 698). When this theory is applied to PTSD, re-experiencing of negative emotions does not decrease in frequency or intensity because the victim cannot confront the events; therefore, the naturally occurring process of extinction does not occur. When this theory is applied to moral injury, Litz believes that the enduring negative emotional distress is maintained in part by a tendency towards non-confrontation; however, he doubts that the extinction mechanism plays a pertinent role.

Litz briefly touches on the cognitive theory of PTSD, and argues that it may intersect with moral injury in that constant negative appraisals of a moral transgression could help to maintain and perpetuate the psychological consequences, such as shame, guilt and dysphoria. He

also discusses, “specific vulnerabilities,” which can increase the likelihood of developing PTSD: these vulnerabilities include negative attributional style, rumination, anxiety sensitivity, and looming maladaptive style (Litz 2009). Though preexisting vulnerabilities more than likely do influence the development of moral injury, that kind of analysis is beyond the purview of this research.

To summarize, the concept of moral injury intersects with dominant theories of PTSD in several places; most significantly, there is a predicating event that clashes with or seriously alters pre-existing ideas about the world and the self, both phenomenon can be maintained through acts of non-confrontation and avoidance, and both result in enduring negative emotional distress. However, there are also many divergences, which is where my research and analysis is focused. The most significant divergence between prevailing theories of PTSD and the nascent concept of moral injury concerns the predicating event. Theories of PTSD focus on how individuals are effected by events in which they were harmed or threatened; whereas, the concept of moral injury illustrates “the potential harm produced by perpetration (and moral transgressions) in traumatic contexts” (Litz 2009, 699). It is widely agreed that PTSD is predicated by events that happen to people: events that are “unpredictable, uncontrollable, and threatening” (Litz 2009, 699). Moral injury is different because it requires an act of transgression, and it focuses not on what happens to people, but on the things that people do.

Another significant difference between moral injury and PTSD is the principle emotion involved in their formation. For PTSD, this emotion is fear, which most commonly stems from a situation where one’s life or safety is seriously threatened. This differs from moral injury because according to Maguen and Litz, shame and guilt are the foundational emotions (2012). This difference is important because fear causes specific chemical reactions in the brain, which

are significantly different from the “self-handicapping behaviors” induced by shame and guilt (Grossman 2009; Maguen and Litz 2012, 1).

In an article published in 2012, Maguen and Litz discuss the idea that while PTSD is a considered to be a mental disorder, “moral injury is a dimensional problem. There is no threshold for establishing the presence of moral injury; rather, at a given point in time, a Veteran may have none, or have mild to extreme manifestations” (2012, 1). Another article that is somewhat significant, examines the usefulness of the concept of moral injury, and it suggests that though moral injury is valuable, it is not yet comprehensive (Drescher 2011). In what follows is an examination of research on PTSD that, though it does not explicitly tackle the concept of moral injury itself, speaks implicitly to its existence. Several articles examine the relationship between PTSD, killing, and depression: all have findings that are somewhat startling.

### *The Relationship between PTSD, Killing, and Depression*

Shira Maguen et al. authored an article focused on the psychological effects of killing in war, which states that, “after accounting for demographics and general combat exposure, killing was associated with PTSD symptoms, dissociation experiences, functional impairment, and violent behaviors” (Maguen et al. 2009, 440). An important note is that this study was focused on Vietnam War veterans, not Iraq War veterans; however, Maguen et al. published a study on Iraq War veterans only one year later that illustrates extremely similar findings (2010). In the article on Vietnam War veterans, Maguen argues that a wide range of killing activities, such as self-defense, counterinsurgency, and responsibility for friendly fire accidents can haunt and mentally damage soldiers long after the war is over (2009). This damage stems in part from the soldiers inability to integrate his pre-war self with actions and experiences that occurred in war.

The second article, the one focused specifically on Iraq War veterans, displays findings that are consistent with this idea. According to Maguen, “taking another life in war is a significant, independent predictor of multiple mental health symptoms, even after controlling for potent combat experiences” (2010, 89). Maguen mentions several limitations to her findings; one being the question, if someone is violence prone prior to military service, are they more likely to report killing behaviors during war? Additionally, feelings of personal responsibility for the death of another may be a subjective indicator: guilt over an event that was not your fault is not uncommon, a good example being survivor’s guilt. This research supports the idea that killing can result in negative mental health symptoms, which are unrelated to PTSD.

#### *The Relationship between Combat Exposure, Killing, and Suicide*

Another consistent theme throughout the research is the relationship between combat exposure, killing in war, and suicide. One article looks at how killing in combat effects mental health and suicidal ideation in Iraq war veterans. The authors found that killing in combat was significantly associated with suicidal ideation, and that PTSD and depression exerted a mediated effect on this process, “killing in combat [was...] significantly associated with suicidal ideation” (Maguen et al. 2011, 566). Suicidal ideation occurs when one is considering or planning a suicide attempt, and a mediated effect seeks to identify and explain a process or mechanism that underlies a relationship: it clarifies the relationship between an independent variable and a dependent variable. In this case, the authors argue that there is a relationship between killing in combat and suicidal ideation, which is mediated by depression and PTSD. Additionally, the authors found that, “depression symptoms were most predictive of suicidal thinking and that PTSD symptoms were most predicative of the desire for self-harm” (Maguen et al. 2011, 566).



Another article on this subject was written almost twenty years earlier, and it focuses on Vietnam War veterans. This article presents similar findings, and it helps to establish a loose academic trend over time. The authors found that suicide attempts, as well as a preoccupation with suicide were strongly correlated with combat guilt. While killing in combat exhibited a significant correlation with suicide attempts, this was not the strongest relationship revealed by the study. The authors note that guilt arose, not necessarily from the actions committed during combat, but rather from the state in which they were committed. Soldiers described feeling, “out of control as a result of excessive fear or rage,” when they killed civilians and the authors found that it was this affective state that stood as the biggest difference between those combat veterans who attempted suicide and those who did not (Hendin and Hass 1991, 580). Another interesting finding is that PTSD symptoms were generally consistent between suicidal and non-suicidal veterans; however, there was significant discrepancy in suicide attempts between those who endorsed feelings of guilt and those who did not. Hendin and Hass claim that, “the presence of persistent guilt related to wartime experiences provided the sharpest contrast between the suicide attempters and the nonsuicidal veterans” (1991, 588).

Another article, also focused on Vietnam War veterans, has findings that support many of the articles already discussed. In a study of 1,709 Vietnam War veterans, authors Fontana, Rosenheck, and Brett, found that those who had been a target of an attempt to injure or kill had higher rates of PTSD, “it is being terrified of being killed that appears to be the subjective experience of war that is associated most uniquely and strongly with PTSD” (1992, 753). Interestingly, those veterans who had killed/been an agent of injury, or who had failed to prevent a killing/injury had much higher rates of suicidal ideation, suicide attempts, and general psychological distress (Fontana, Rosenheck, Brett 1992, 754). Unlike other studies on this

subject, the authors attempted to consider personal responsibility when assessing the list of potentially distressing war zone experiences. Personal responsibility, or agency, plays a significant role in the concept of moral injury because it is caused by perpetration, rather than passive experience.

The academic discussion on suicide is incredibly pertinent, in light of the recent surge in suicide rates among enlisted men. Army officials have stated that the suicide rate, which saw its most significant increase in 2005, has doubled overall since 2001 (Thompson 2012). Several possibilities have been discussed in order to explain this sudden increase: longer and more frequent deployments, difficulty reintegrating into civilian life, and increased use of stimulants in combat situations (Thompson 2012; Gibbs 2012; R. Friedman 2012). Despite these theories, experts are still frustrated because none offer a comprehensive explanation. One popular theory, longer and more frequent deployments, is contradicted by the fact that, “a third of the suicides from 2005 to 2010 were among troops who had never deployed; 43% had deployed only once” (Gibbs 2012). Another common theory, difficulty reintegrating into civilian life, is compelling because after multiple deployments soldiers often find it difficult to reconcile their habits from military life with the unrestricted nature of civilian life; however, this theory does not explain suicides committed by those who were currently deployment (Gibbs 2012). One thing military experts can agree on is that, ultimately, they are frustrated and confused: no one theory fully explains why soldiers are choosing to take their own lives in such alarming numbers.

All of the articles examined above are important because they illustrate holes in the concept of PTSD: holes that can potentially be filled by the concept of moral injury. While the authors approach their subjects from different perspectives, their findings often run parallel to one and other. Most significantly, all of the authors found that killing in combat was related to

higher rates of suicidal ideation, which could possibly explain the increased rate of soldier suicide. Also, the authors consistently describe a relationship between killing in combat and suicide, which is primarily mediated by feelings of guilt, shame, and depression, and only secondarily mediated by symptoms of PTSD. Again, these ideas mesh with the working definition of moral injury because one of the central components of a morally injurious experience is guilt and shame. While PTSD is present in all of the findings discussed above, there are certainly areas in which theories of PTSD do not offer a comprehensive explanation: areas that the concept of moral injury will potentially fill in. In what follows is a discussion of two other concepts that, while they do not explicitly discuss moral injury, are nonetheless important: these concepts are humans reluctance to kill members of their own species, and the difference between guilt and shame.

### *Reluctance to Kill*

The social norms of most societies dictate that killing another human being is a grievous transgression: it is widely accepted as grounds for punishment and censure. The topic discussed below approaches this subject from a more personal level: it is a consideration of humans' deeply rooted reluctance to kill other humans. This research is important because it suggests that the prohibition against killing is not only a social norm, but that it is also an essential part of what it means to be human. The second subject under consideration is the difference between guilt and shame, which is important because both have different consequences. First, I examine the research of retired Lieutenant Colonel Dave Grossman, who has done extensive research on killing in combat: he examines soldier's reluctance to kill, the military training that conditions

soldiers to overcome this reluctance, and the influence that killing exerts on a soldier's mental and psychological state.

Grossman argues that, though many species do engage in intraspecies violence, they almost never do so in a lethal way. More often than not, fighting between members of the same species involves aggressive posturing, followed by mock battle, and eventual submission from one party. Grossman cites the work of Konrad Lorenz, who observed that though piranhas and rattlesnakes are very aggressive and will bite almost any creature not of their own species, when fighting their own they use non-lethal forms of attack: piranhas use their tails and rattlesnakes wrestle (2009, 6). He then applies this same reluctance to humans, arguing that there is a long historical trend of soldiers exhibiting extreme reluctance to kill enemy combatants: he dubs this reluctant majority "nonfirers" (Grossman 2009, 18). Grossman chiefly examines World War I and II, as well as the American Civil War. In World War II, researchers found that there was only a 15-20% firing rate amongst soldiers (Grossman 2009, 3). In the American Civil War, nearly 90% of the muskets found on the Gettysburg battlefield were loaded, twelve thousand of these muskets were loaded more than once, and one was even found with 23 unfired rounds in the barrel (Grossman 2009, 23). Grossman argues that the best explanation for soldiers repeatedly loading, but not firing is that they were trying to save face and hide their reluctance to fire on their enemies (2009). War historian, S.L.A. Marshall studied nonfirers during World War II and he states, "It is [...] reasonable to believe that the average and healthy individual... still has such an inner and usually unrealized resistance towards killing a fellow man that he will not of his own volition take life if it is possible to turn away..." (qtd. in Grossman 2009, 1).

After establishing the idea of reluctance to kill, Grossman examines the classical and operant conditioning techniques used in military training, which allows soldiers to overcome this

aversion. After the study done by S.L.A. Marshall, the military switched from using round bulls-eye shaped targets, to human shaped targets that fall after being struck (Grossman 2009, 19). This is form of classical condition, in that when a soldier sees a human shaped object that is marked as an enemy, he fires: this is repeated over and over again, until the action is an automatic response. With the progression of time, military training procedures have become increasingly high tech, but they still employ the same classical conditioning methods. Most recently, the military has turned to video simulation training, which provides soldiers the opportunity to hone their firing skills in a more visually and audibly realistic setting, “The man on the screen would fall and bleed on the ground. It looked and sounded real – for a video game” (Boudreau 2008, 81). Operant conditioning occurs when, after having successfully completed a firearms drill, a soldiers is given positive reinforcement in the form of congratulations, metals, and esteem (Grossman 2009, Boudreau 2008).

Grossman also explores what he dubs, “the burden of killing,” which is his exploration of the psychological consequences of killing in war (2009, ?). He bases his findings on interviews with veterans, and though they are compelling, I will only touch briefly on them here, as they will be examined later in greater depth. Essentially, Grossman found that soldiers, who spoke candidly about all of their other war experiences, became deeply upset when asked about kills they had admittedly committed: some refused to speak on it at all. Many of the veterans referred either explicitly or implicitly to feelings of intense guilt or shame when discussing instances in which they were sure they had been the agent of another’s death. Grossman’s research is largely qualitative; however, it illustrates a compelling trend concerning the ways in which killing affects an individual’s psyche. Next, I turn to the distinction between shame and guilt.

## *Shame and Guilt*

The distinction between shame and guilt is important for several reasons; most significantly, it can be integrated into the framework for moral injury as defined by Litz et al. (though it is important to note that they use the terms largely interchangeably), it is the partial basis for my own additions to the theory of moral injury, and it supports the literature on precursors to suicide. The most important distinction between guilt and shame is that shame, “involves a negative evaluation of the global self;” while, “guilt involves a negative evaluation of a specific behavior” (Tangney 2007, 349). Ultimately, the core distinction between shame and guilt is that between simple self-censure, and total self-condemnation.

Generally, negative evaluations about a specific *event* can be mitigated, and eventually reconciled into preexisting concepts of self; however, negative evaluations of the *global self* can be crippling, and extremely difficult to overcome. According to Tangney, “shame is considered the more painful emotion because one's core self – not simply one's behavior – is at stake” (2007, 349). Additionally, Tangney argues that guilt tends to induce constructive reactions; whereas, shame tends to induce destructive reactions. This means that those who are experiencing shame, or are shame-prone, tend to react with more anger, displaced aggression, and decreased empathetic process (Tangney, 2007). Overall, the research that compares shame and guilt concludes that shame is, by and large, the more destructive emotion because the psychological consequences of experiencing shame tend to be significantly more severe, “Research [...] consistently indicates that proneness to shame is related to a wide variety of psychological symptoms. These run the gamut from low self-esteem, depression, and anxiety to eating disorder symptoms, posttraumatic stress disorder (PTSD), and suicidal ideation” (Tangney 2007, 352). I argue that moral injury is, in part, a consequence of shame gone awry because moral injury

involves many shame-based components: condemnation of the global self, enduring psychological distress, and increased suicide risk.

### *Limitations*

The available academic data presents several limitations. First and foremost, the Iraq War occurred relatively recently so the literature base is narrow. This being said, there is abundant supplemental literature, which examines Vietnam War veterans, theories on moral decision making, humans reactions to the act of killing, and the relationship between shame, guilt, PTSD, psychological distress, and suicide. Moral injury is an interdisciplinary subject, and as such the existing literature is sufficient for analysis.

One consistently voiced shortcoming is that the majority of studies conducted are done so retrospectively; as such, the views endorsed by subjects may be tinted by a retrospective lens (Maguen et al. 2009; Maguen et al. 2010; Litz et al. 2009; Hendin and Hass 1991). Also, the subjects in most studies came from a specific branch of the military e.g. the Marines, the Army, or the Air Force, meaning that the findings of each study might only apply to that specific branch (Maguen et al. 2010; Litz et al. 2009). Another possible limitation is the question of, why do some soldiers walk away from war with PTSD or moral injury, while others do not? Some individuals simply don't believe in the idea that one can sustain a moral injury, they view the immorality of war as a given and not as something that might be potentially injurious (Kudo 2013). These considerations are important; however, I argue that the answer lies in the distinction between shame and guilt, as well as in differences in the preexisting moral selves of each individual soldier (Tangney 2007; Aquino et al. 2007). The final limitation is that the

majority of data in these studies come from self-report measures and not from diagnostic testing, such as post-conflict surveys, which could potentially produce a lack of impartiality.

As a whole, the literature suggests that the concept of PTSD does not comprehensively address the full range of mental injuries a soldier can sustain in war. Even studies that did not explicitly address moral injury had findings that illustrated gaps in the concept of PTSD, so even though moral injury was not explicitly discussed, important information can be gleaned from these inconsistencies. Another common finding is that, even when controlling for other variables, the act of killing tends to result in higher rates of chronic PTSD, depression, and suicidal behavior: all of which could potentially indicate the presence of moral injury. Another recurring theme throughout the articles was the effect of shame and guilt on the mental state of soldiers. Several authors found that guilt over actions committed in combat, such as killing or perpetrating atrocities, as well as the state in which these actions were performed, significantly affected soldiers' emotional and spiritual well-being, even when controlled for other variables. Again, this is reflective of the idea that the catchall concept of PTSD is not enough because it only acknowledges the effects of passive experience, not agentic perpetration.

### **III. Theory**

In examining this subject, I have employed a qualitative research approach, which relies on scholarly articles, subject-relevant books, and veteran accounts from soldiers who served in the Iraq War. Ideally, I would have conducted face-to-face interviews; however, this was not possible considering the limitations of this thesis. There are several core assumptions that should be acknowledged before proceeding; most significantly, studies that rely on self-reporting measures are sufficiently accurate, retrospective personal accounts are a legitimate medium from



which to derive analytical insights, and the scholarly articles on which I base my theory are accurate and legitimate. Additionally, I am arguing that there is a significant and relevant distinction between PTSD and moral injury. With these assumptions in mind, I will proceed to outline my hypotheses.

## **Hypotheses**

H1: Moral injury is as a shame-based reaction in response to a moral transgression, which was perpetrated or witnessed by an individual who had personal agency (or at least the perception of agency) in the outcome of the event

H2: Moral injury is increasing amongst soldiers who served in the Iraq War as a result of false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol

H3: The independent variables in H2 influence and are influenced by two mediated variables: disparity and breakdown in mechanism of moral disengagement

## **Variables**

The dependent variable is the occurrence of moral injury in veterans of the Iraq War. Differentiating between recognition and occurrence of moral injury has been a constant difficulty throughout my research. Like PTSD, it is likely that moral injury has been occurring for a long time; however, it has only come under academic scrutiny in the last decade. This is problematic because it is nearly impossible to prove that moral injury has actually been increasing. Nonetheless, the accessible qualitative evidence does support my hypotheses. One of the most

significant issues was fine-tuning my variables; the mediated variables, moral disengagement and disparity, were most difficult to define and analyze, so I begin with them.

### *Moral Disengagement and its Mechanisms*

I am integrating my theory of moral injury with the research and findings of Albert Bandura, who examines morality in the context of perpetrating inhumanities; more specifically, he examines how individuals can engage in inhumanities while still viewing themselves as moral beings. The cornerstone of Bandura's argument is the concept of moral agency, or the “power to refrain from behaving inhumanely and the proactive power to behave humanely” (1999, 193). This concept places responsibility for moral or immoral action directly in the hands of he who is committing the action. Bandura argues that behaving humanely does occur on its own; rather, it is the product of “self-organizing, proactive, self-reflective, and self-regulatory mechanisms rooted in personal standards linked to self-sanctions” (1999, 193). Put more simply, humane or inhumane behavior is part of a sociocognitive process through which people judge their own actions, by comparing them with their personal standards for moral conduct, as well as their perception of the circumstances under which the actions occurred. Their behavior is then regulated through self-sanctions and self-applied consequences (Bandura 1999, 193).

Perpetrating inhumanities and moral transgressions becomes possible through this moral reasoning process. Bandura postulates that self-regulatory mechanisms can be bypassed, using a series of, “psychosocial maneuvers by which moral self-sanctions are selectively disengaged from inhumane conduct” (1999, 193). This means that in order to engage in morally reprehensible acts, an individual must go through a process in which their self-regulatory mechanisms and moral self-sanctions are nullified by the mechanisms of moral disengagement:

moral justification, advantageous comparison, euphemistic labeling, minimizing negative consequences, dehumanization of the victim, and displacement or diffusion of responsibility (Bandura 1999). In order generate a precise and well-developed analysis, I only engage with some of these mechanisms because some are more context relevant; additionally, there is more evidence to support the ones I chose. Comprehensive analysis is possible without examining all the mechanisms because effective moral disengagement does not require that all of the mechanisms be engaged: it only requires that those which are engaged be effective. The mechanisms most pertinent to my argument are moral justification, displacement of responsibility, advantageous comparison, and dehumanization.

Moral justification is part of a process through which conduct or an event is rationalized so as not to appear immoral or wrong, it is a “cognitive restructuring of the behavior itself” (Bandura 1999, 194). Through this practice, behavior can be made to appear as though it serves a socially or morally acceptable purpose; in doing so, it can be made personally acceptable. If moral justification is successful, the individual engaging in immoral conduct is able to see themselves as acting in a way that upholds a moral imperative, or at the very least, does not transgress one (Bandura 1999). Bandura explicitly mentions the importance of moral justification in military and conflict settings, “Through moral justification of violent means, people see themselves as fighting ruthless oppressors, protecting their cherished values, preserving world peace, saving humanity from subjugation, or honoring their country's commitments” (1999, 195). Bandura does not extensively expand on this, so it will not be the only basis of my argument; however, I do propose that its significance cannot be overlooked. To be clear, I do not argue that moral justification alone allows people to commit moral transgressions without censure; rather, I

argue that moral justification is a *necessary component* in that process. Like moral justification, the next mechanism of moral disengagement is also a form of cognitive restructuring.

Advantageous comparison is a process that reconstructs harmful behavior to look positive, and even beneficial. Bandura states that an individual's view of a behavior "is colored by what it is compared against" (1999, 196). Rather than restructuring conduct itself, advantageous comparison relies on comparing the act in question to behavior that is clearly more reprehensible, which can make "one's own destructive conduct [...] appear benevolent" (Bandura 1999, 196). This type of disengagement is widespread in conflict situations: both sides compare their own destructive actions to destructive actions perpetrated by the enemy, which allows them reconstruct their own conduct as, not only justified and acceptable, but even worthy of commendation. Moral justification and advantageous comparison are powerful mechanisms of moral disengagement because they not only disengage self-sanction and consequent self-condemnation, "but [they engage] self-approval in the service of destructive exploits" (196). The next mechanism that potentially influences moral injury is displacement of responsibility.

According to Bandura, moral control is at its strongest when individuals acknowledge the harmful potential of their own actions. Displacement of responsibility occurs when one's "agentive role" in causing harm is lessened, which leads to considerably weakened moral control, "people will behave in ways they typically repudiate if a legitimate authority accepts responsibility for the effects of their conduct" (Bandura 1999, 196). Displacement of responsibility plays a substantial role in military structure and conduct: there is an astounding amount of anecdotal evidence concerning soldiers and military personnel who justify their actions in wartime with the qualifier that they were only following orders. For example, Nazi prison commanders, soldiers who committed atrocities in the My Lai massacre and participants

in the Stanley Milgram aggression experiments all attempted to displace responsibility when explaining their actions (Bandura 1999, 196). If an individual is able to hold another responsible for his or her actions then moral self-censure will not engage and the action can still be viewed as morally acceptable. Dehumanization is the final mechanism of moral disengagement that is pertinent to moral injury.

Dehumanization is a disengagement mechanism that relies on cognitively restructuring the recipient of a morally unsound act, meaning that potential self-censure is regulated by the perpetrators' perception of his victim. If, in the mind of the perpetrator, the victim can be reconstructed as less human, then a destructive act can be viewed as less morally reprehensible. Dehumanization occurs when one strips another of their human qualities; this means disregarding their hopes, dreams, fears, and other human concerns (Bandura 1999). It is relatively commonplace for soldiers and military commanders to cast their enemies as animalistic or demonic: employing phrases such as savage, gook, degenerate, or demonic fiend (Bandura 1999, 200). Bandura states, "The joys and suffering of those with whom one identifies are more vicariously arousing than are those of strangers or individuals who have been divested of human qualities. It is, therefore, difficult to mistreat humanized persons without suffering personal distress and self-condemnation" (1999, 200). After all, killing animals is a very common human practice, so it makes sense that if an individual can cognitively reconstruct their enemies as more animal and less human, then self-censure and self-condemnation will not engage.

I argue that in order to become effective soldiers, civilians must first undergo a process of moral disengagement. Additionally, I argue that mechanisms of moral disengagement were more

successfully maintained throughout wars prior to Iraq and Vietnam; at the very least, they were not subjected to the same kinds of strain. The crux of my argument is that mechanisms of moral disengagement failed as a result of false impetus/perception of cause and the nature of counterinsurgency warfare. Additionally, I argue that these mechanisms were both degraded and reinforced by military training protocol. The second mediated variable is disparity, which functions in a wholly different way than moral disengagement.

### *Disparity*

Disparity plays an interesting role in my concept of moral injury because it influences all of the independent variables, which are false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol. These variables are all external factors, exposure to which increases vulnerability to moral injury because they often precipitate the commission of a moral transgression, and they help to generate situations in which moral transgressions are more likely to occur. Disparity is an interesting variable because it affects the external factors (the independent variables), but it also directly affects internal conceptions of self: its influence is both external and internal. First, I reiterate my definition of disparity.

Disparity is, most simply, an incongruity or dissimilarity; however, in this context I conceive of disparity as a significant and noticeable difference between perceptions of how a situation or person should be, and how that situation or person actually is. As descriptors, the words incongruous or discordant are possibly more accurate; however, I employ the word disparity because it was used in several veterans' accounts, and there is value in using a veteran's own terminology. As stated earlier, disparity affects both external and internal factors; externally it increases situational ambiguity, and internally it influences personal conceptions of self. Next,

I consider my independent variables, which are false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol.

## **Independent Variables**

### *False Impetus/Perception of Cause*

It is now a widely accepted truth that the United States entered into war with Iraq on pretenses that were largely, if not completely, false. In the time prior to and immediately after military intervention in Iraq, top executives in the United States government consistently maintained that our military had entered Iraq in order to find and destroy weapons of mass destruction. On October 7, 2002, almost six months before the start of the war, President George Bush gave a speech in which he claimed, “It [the Iraqi regime] possesses and produces chemical and biological weapons. It is seeking nuclear weapons,” he then continues on to say, “We know that the regime has produced thousands of tons of chemical agents, including mustard gas, sarin nerve gas, VX nerve gas (Bush 2002). On March 19, 2003, the Iraq War officially began and on March 30, 2003, Secretary of Defense Donald Rumsfeld claimed, “We know where they [weapons of mass destruction] are. They're in the area around Tikrit and Baghdad....” during an interview on popular news station ABC (Rumsfeld). The Bush administration maintained this perspective all the way to May 1, 2003 when “victory” was claimed and President Bush announced that, “Major combat operations in Iraq have ended” (Bush 2003).

After this point, there was a swift shift in focus from weapons of mass destruction to a mission of liberation. On May 9, 2003, Paul Wolfowitz, Deputy Secretary of Defense was quoted in an interview by Vanity Fair saying, “The truth is that for reasons that have a lot to do with the U.S. government bureaucracy we settled on the one issue that everyone could agree on which

was weapons of mass destruction as the core reason” (Wolfowitz). This statement seems to infer that weapons of mass destruction were the convenient rationale for entering the conflict, and it is a far cry from the tone of necessity and surety that pervaded earlier statements of impetus. The story only gets worse from there: late in May 2003, President Bush claimed that weapons of mass destruction had been found, but then immediately revises his statement with the qualifier that “biological laboratories” and “banned weapons” had been found (“Anti-war Ad”). Then, in September 2004 he flip-flops completely when he states, “I recognize we didn't find the stockpiles [of weapons] we all thought were there” (Bush 2004). Later in 2004, a CIA report surfaced, which concluded that there had not in fact been weapons of mass destruction in Iraq when the United States invaded (Drash 2004). In January 2005, the search for nuclear weapons was officially ended, having produced no tangible, publically accessible evidence that there were, or ever had been, weapons of mass destruction in Iraq (Starr 2005)

Regardless of whether or not the Bush administration knew itself to be propagating falsehoods, the point is that, purposeful or not, the administration did disseminate a false impetus for the conflict, which lead to false perception of cause amongst civilians, and more importantly amongst soldiers. The effects of this variable are difficult to pin down; however, based upon my analysis of first-hand accounts and other materials, I maintain that it is highly significant. Time and time again in their memoirs, soldiers mention the importance of the mission, and the almost exalted place that a just cause holds in their lives. Whether or not it was a purposeful deception moot because false impetus/perception of cause is problematic nonetheless; if the administration did purposeful mislead United States citizens that would be a heinous crime, and if it was an accident, enacted with the best intentions, it is still an actus reus – even if only of ignorance.



## *Nature of Counterinsurgency Warfare*

This nature of counterinsurgency warfare is one of the most commonly cited in academic literature on moral injury, as well as in the media articles about military suicides.

Counterinsurgency warfare is significant in this context because it differs substantially from conventional warfare, which was the dominant form during most historically pertinent wars: World War I and II, as well as the Korean War (Katel 2005). Large-scale counterinsurgency warfare first emerged during the Vietnam War, and was also present in the Iraq War. In conventional warfare, there are generally two, heavily armed militaries that battles one and other for territory. Counterinsurgency warfare, on the other hand, involves much greater ambiguity: combatants are not clearly marked, battlefields are ill-defined, and civilian threats, as well as the use of improvised explosive devices (IED's) are rampant (Braden 2008; Litz et al. 2009, 696). This kind of situation leads greater uncertainty in terms of physical and moral action. According to Litz, a field survey was conducted, which revealed that during deployment, 27% of soldiers in Iraq and Afghanistan faced ethical situations to which they did not know how to properly respond (Litz et al. 2009, 696). Making the situation in Iraq especially difficult is the fact that, initially, the military approached the conflict in predominantly conventional terms: the shift to counterinsurgency tactics did not occur until the period of 2006-2008 (Katel 2005). In the conventional stage of the Iraq War, missions were conducted with little involvement from Iraqi citizens, but with the switch to counterinsurgency tactics, emphasis was placed on becoming familiar with Iraqi society, and efforts were made to work cooperatively with the citizenry (Katel 2005; Braden 2008). A good example of this is the formation of Combined Operations Bases (COBs), which employed both U.S. troops, as well as Iraqi army and police. These units operated with a high degree of cohesion in that members often bunked, ate, and patrolled

together (Braden 2008). I argue that counterinsurgency warfare exerts a greater influence than conventional warfare on the development of moral injury because there is a more situational ambiguity, which leads to increased physical and moral confusion.

### *Military Training Protocol*

Military training protocol influences moral injury and moral disengagement in various ways. Overall, I argue that military training protocol helps to reinforce mechanisms of moral disengagement, in that it is designed to help soldiers become tougher, more aggressive and less reluctant to kill (Grossman 2009; Boudreau 2008; Shay 2002). Though in-depth examination of this topic can be found in the literature review, I will attempt to summarize. Post World War II, a study done by S.L.A. Marshall that examined a problem, which had been vexing military trainers for years: soldiers apparent unwillingness or inability to shoot at enemies with the intent to kill (Grossman 2009). This aversion can be seen across a myriad of conflicts over time; soldiers often fired over the heads of their enemies rather than aiming directly at them, and many times they did not directly engage the enemy at all: thousands of loaded rifles were found on battlefields having been loaded multiple times but never fired (Grossman 2009). Following S.L.A. Marshall's study, military training protocol was changed to address this problem: round targets were replaced with human shaped targets that fall after being hit, and firing drills were revised to rely heavily on classical and operant conditioning. Essentially, troops are now trained in a manner that makes using lethal force an automatic response, something that occurs with little prompting or conscious thought (Grossman 2009; Boudreau 2008).

Military training provides more than knowledge about how to kill an enemy, or how to survive in an adverse situation. It also exerts a two pronged influence on the development of

moral injury. On one hand, it reinforces most all of the mechanisms of moral disengagement; more specifically, moral justification, displacement of responsibility, and dehumanization. On the other hand, it makes troops more vulnerable to moral injury simply because it achieves its goal: training creates soldiers who are more able to commit lethal violence and other potential moral transgressions. Jonathan Shay, author of *Odysseus in America*, lists the strengths and skills that soldiers acquire from military training; including, “skill in the use of a variety of lethal weapons,” and “the capacity to respond skillfully and *instantly* with violent, lethal force” (2002, 21). This affects moral injury, in that if someone is never forced to overcome their reluctance to kill, history tells us they will be much less likely to engage in an act of lethal violence (Grossman 2009). If a moral transgression is never committed in the first place, an individual will not be vulnerable to the consequent psychological effects. It is difficult to say which component training influences more: reinforcing mechanisms of moral disengagement or creating vulnerability to moral injury; however, the question is important. Military training helps our soldiers to do their jobs and to come out of war alive; yet, doing what is necessary to survive in war substantially increases the likelihood of committing a moral transgression, which can have potentially detrimental psychological consequences.

#### **IV. Methodology**

Before continuing, it is important to rehash the driving question: what factors influence the occurrence and recognition of moral injury? This question is significant because moral injury is a young concept and it has not been thoroughly explored in the academic research community. The cases employed to explore this question are the Iraq War, the Vietnam War, and the recent upsurge of military suicides, which some have even called an “epidemic” (Pilkington 2013;

Boudreau 2008). These cases are most pertinent to an exploration of moral injury because, research on moral injury and the increase in military suicides started with the Iraq War, and research on PTSD started after the Vietnam War.

I employ a qualitative research approach, so my argument is based on literature from several academic sources; research from the Department of Veteran's Affairs, and various journals that focus on psychology, psychiatry, trauma, nervous disorders, and mental health issues. The other component of my research relies on veteran accounts and articles from popular media sources. In order to analyze veteran accounts, I used a five category color coding method, in the form of multi-color sticky note flags. Each color corresponded with a certain category or variable, which were guilt/shame, impetus/cause, training, counterinsurgency, and noteworthy information. These categories were very broad, but coding the texts with a more narrow focus would have been impractical and difficult to handle. When coding for guilt, I included instances when soldiers explicitly or tangentially referred to feelings of guilt or shame, as well as descriptions of situations that could possibly result in those feeling. When coding for impetus/cause, I included explicit mentions of how soldiers perceived the impetus/cause for the war, how they felt when the stated impetus diverged from their perception, and references to the role that impetus/cause played in their personal relationship to war. Coding for training was relatively simple because I simply included all mentions of training and how it affected soldiers' experiences in war. Like training, coding for counterinsurgency was also straightforward. Most accounts had very explicit discussions on the counterinsurgency components of the soldiers' wartime experiences. When coding for counterinsurgency, I also included events that were influenced by the nature of counterinsurgency warfare, even if the event was not discussed explicitly in those terms. Noteworthy information was the broadest of all my categories because

it was for information that seemed important, but did not fit into any of the more concrete categories. This method of organization allowed me to easily reference certain passages, and it brought more clarity to my arguments. From the five color coded categories, I was able to extrapolate my three independent variables.

## **V. Findings**

### **Why Mechanisms of Moral Disengagement Breakdown**

#### *False Impetus/Perception of Cause*

False impetus/perception of cause contributes to breakdown in three of the four mechanisms of moral disengagement: moral justification, displacement of responsibility, and advantageous comparison. Several sources indicate that how a soldier perceives the impetus for a conflict significantly influences, not only his relationship to the conflict, but also his own self-image (Sherman 2010; Buzzell 2005; Boudreau 2008). If the cause is considered just, it is easier to stay the course and feel justified in committing actions in defense of the cause. I propose that if a soldier's original perception of cause is later found out to be false, then certain mechanisms of moral disengagement will fail. Moral justification collapsed because it was initially publicized and believed that the United States was intervening militarily in Iraq in order to fight terrorism and find the alleged weapons of mass destruction (Bush 2002; Rumsfeld; Boudreau 2008). These motives acted as the moral justification for entering the conflict because the bureaucratic rhetoric framed the military intervention as positive and beneficial. Tyler Boudreau, an ex-Marine who served in the early part of the Iraq War, sums up this idea when he says, "We were fighting for freedom. That's what they told us." (2008, 189). These motives were originally, not only accepted, but supported by the majority of United States citizens; however, in retrospect it is

clear that there were no weapons of mass destruction, that our presence in Iraq was unwelcome, and that overall, military intervention destroyed more than it created (Bush 2004; Buzzell 2005; Boudreau 2008; Chandrasekaran 2006).

The moral justification for entering the Iraq War collapsed because the the military was largely unsuccessful at stopping terrorist violence, and there were no weapons of mass destruction: both of which problematized any destructive acts committed in the name of those causes. In her book, *The Untold War*, Nancy Sherman relays her findings from various interviews with veterans, and one in particular stands out, “He [an Iraq War veteran named Derek] was talking painfully about his own feelings, the notion that his life might have been squandered on a pretext... ‘The whole thing with the weapons of mass destruction. Did we ever find any? [...] All of the chemicals and stuff that Iraq was supposed to have – and we never found any.... It’s just like: Okay, I’ve been suckered’” (Sherman 2010, 54). Derek had also served in Bosnia and he claimed that that was a conflict he felt good about, because in Bosnia he had helped to prevent genocide, a truly legitimate moral justification; whereas, in Iraq the moral justification progressively collapsed, and he was left the feeling “suckered (Sherman 2010, 54). False impetus/perception of cause also interacts with the process of displacing responsibility.

Evidence suggests that people are much more likely to engage in harmful activity if a *legitimate* authority accepts responsibility for the effects of their actions (Bandura 1999). This phenomenon can be seen in the atrocities committed by Nazi soldiers during World War II, as well as in the infamous Stanley Milgram aggression experiments; in which, participants were asked to administer painful shocks to another subject, but were told that a higher authority claimed responsibility for their actions (Bandura 1999). Most significant to my exploration of this subject is the word legitimate because when it became clear that the impetus for entering into

the Iraq War was largely a smoke-screen, this lessened the authoritative legitimacy of those who requested action in the name that cause. Legitimacy requires that one is not being spurious or false, that one is in line with established legal standards, and that one is adhering to accepted rules or principles. With this in mind, I argue that sending a military force to war under false pretenses is grounds for loss of legitimacy. Though Bandura does not state this explicitly, the implicit message is clear, if authority loses legitimacy, then it is plausible that displacement of responsibility will fail. An illegitimate authority cannot be taken seriously as a responsible entity and if responsibility for a destructive action cannot be successfully displaced, it falls back onto the shoulders of he who committed the action. Boudreau states, “I just wanted to [...] follow orders. I was content with that. But then I went to Iraq, and all those ideals that saturated my leaders’ rhetoric, and saturated my mind, went rotten. [...] With all the abuses and torture and killing that went on under my country’s name, [...] under the pretense of fighting for freedom. I knew my ideals had slipped away” (2008, 189). Advantageous comparison also begins to break down when faced with the factor of false impetus/perception of cause.

Advantageous comparison uses the contrast principle in order to make one's own actions look more benevolent. This mechanism was highly functional at the beginning of the Iraq War, but when the true reasons for entering into the conflict became public knowledge, it began to erode. The publicly stated justification for intervening in Iraq was that our military involvement would shield Iraqi citizens from further suffering at the hands of the dictator Saddam Hussein, it would decrease terrorist violence, and it would prevent unsavory parties from developing and using weapons of mass destruction (Boudreau 2008; Bush 2002). Had military intervention actually resulted in these outcomes, advantageous comparison might have been maintained; however, military intervention fell painfully short of achieving these goals.

Intervention in Iraq resulted in considerable violence, suffering, and destruction; the majority of Iraqi infrastructure was destroyed, hundreds of thousands were forced to become refugees in neighboring countries, and sectarian tensions between Sunni and Shia exploded into a brutal civil war (Chandrasekaran 2006). In his memoir, Tyler Boudreau states, “We were cutting down families at checkpoints, blowing down their cities with shock and awe, sniping midnight meanderers from afar, trashing out homes night after night, killing hundreds of thousands of people, and displacing hundreds of thousands more” (2008, 158). When one considers this statement in conjunction with the false impetus for entering the Iraq War, it becomes increasingly difficult to maintain that destructive acts committed by members of the United States military were benevolent or positive, especially when compared to the alternative of nonintervention. Like all the mechanisms previously discussed, I argue that advantageous comparison lost efficacy under the strain of false impetus/perception of cause.

### *The Nature of Counterinsurgency Warfare*

Evidence suggests that the nature of counterinsurgency warfare contributed significantly to the breakdown of certain moral disengagement mechanisms; more specifically, advantageous comparison and dehumanization. Counterinsurgency warfare caused breakdown in advantageous comparison because it increases the likelihood of injuring or killing a civilian or noncombatant. This is so because in a counterinsurgency situation there is oftentimes no visible distinction between combatants and noncombatants. Situations often arise in which a soldier is more likely to fire on someone without knowing for sure whether that person is hostile (Boudreau 2008; Bouvard 2012; Crawford 2005).



Marguerite Bouvard authored a book, based on interviews with Iraq War veterans, and she speaks on this topic in some depth: saying, “Servicemen and servicewomen were no longer able to distinguish between certainty and doubt. [...] Because they could not tell for sure who was an insurgent and who was not, they would often end up killing innocent people” (2012, 23). Additionally, as the use of improvised explosive devices (IED's) was extremely prevalent, and threats often came directly from civilians themselves, there was a distinct lack of clarity concerning who was fair game for violence and who was not: mistakes were inevitable (Boudreau 2008; Buzzell 2005). This contributes to the breakdown of advantageous comparison because this mechanism is only effective if the actions of one's enemies are worse than one's own: it is difficult to argue that killing or injuring an unarmed, non-violent civilian is the lesser of two evils. Tyler Boudreau quotes a fellow Marine who also served in Iraq:

“[W]e were in a firefight, and all of a sudden a little pickup truck came up behind us. So I swung my machine gun around and I opened fire. I figured it must have been some bad guys. I figured it must have been, because who but bad guys would drive up on us in the middle of a firefight? But when the smoke settled, I went to that truck and I found out it wasn't the bad guys. It was just a man and his little baby girl cut to pieces by my machinegun.” He said, “I just can't get the image of that baby out of my head” (2008, 105).

An experience like that could cause advantageous comparison to erode completely. What occurred was an accident, and the Marine acted as he had been trained to do; however, justified or not, his actions resulted in the death of a young girl and her father. Advantageous comparison collapses in a situation like this because it is hard to imagine a situation so terrible, as to make

this Marine's actions appear benevolent. The nature of counterinsurgency warfare also contributes to breakdown in the mechanism of dehumanization.

Dehumanization is a significant component in almost any conflict situation and it relies on cognitively divesting an individual of their human qualities: hopes, dreams, fears, concerns, and feelings (Bandura 1999). Once dehumanization is achieved it becomes possible to view the enemy as subhuman, and qualms about inflicting harm or death are significantly reduced. In a counterinsurgency situation true dehumanization of the enemy is difficult because as stated earlier, the combatants often look like noncombatants, and anyone who looks like a friendly might also be an enemy (Buzzell 2005; Bouvard 2012; Boudreau 2008). Additionally, counterinsurgency often requires that soldiers live amongst the citizens: learning about their daily lives, their children, their habits, and their hopes for the future (Braden 2008; Boudreau 2008). Soldiers are forced to find the "happy medium between the extremes of violence and kindness" (Boudreau 2008, 154). Effective dehumanization did not occur because regular interaction breeds understanding and familiarity, which makes it difficult to disregard another individual's humanity.

### **The Burden of Killing**

Killing is generally considered to be a moral transgression that will, and more importantly, should lead to feelings of guilt and shame; however, the military subculture is one exception to this rule. In the military, soldiers are expected to kill: it is what they are trained to do. This being said, official discussion of the possible cognitive ramifications of killing is absent from the literature. In a way, this marked silence speaks louder than any academic research could. Retired Lieutenant Colonel Dave Grossman was one of the first people to explore killing

as a source of depression, PTSD, and other mental health issues. Though this research was discussed in part in the literature review, it is worth rehashing.

A main tenet of Grossman's arguments is the idea that lethal intraspecies violence is rare, and even unnatural; he argues that most all species, including humans, have an innate reluctance to lethally injure members of their own species. In the chapter entitled, "The Burden of Killing," Grossman discusses the emotional toll that killing took on those whom he was interviewing. Many veterans, who had been very candid about their other experiences in war completely shut down when questioned about kills they had admittedly committed. While his perspective is based predominantly on anecdotal evidence, it is moving nonetheless. Grossman recounts an interview with a World War II veteran who claimed that while he was rarely sure whether or not a death had been his responsibility, the one time that he was sure he was completely devastated: he broke out in tears during the interview, and refused to speak on it again. Another interviewee stated, "I reproached myself as a destroyer. An indescribable uneasiness came over me, I felt almost like a criminal" (qtd. in Grossman 2009, 87). Grossman is not the only researcher to explore the connection between acts of lethal violence and feelings of guilt and shame.

In 1992, Fontana, Rosenheck, and Brett authored an article based on findings from a study that examined over 1,700 Vietnam War veterans. These veterans were chosen because they were the first to provide the Department of Veteran Affairs PTSD Clinical Teams program with complete information regarding their current symptomatology and experiences in war (Fontana, Rosenheck, Brett 1992). The authors found a significant discrepancy of experience between those who exhibited symptoms of PTSD and those who exhibited depression and suicidal tendencies. Those who had been the target of an attempt to kill or injure were much more likely

to exhibit symptoms of PTSD; whereas, those who had been an agent of killing, or who had failed to prevent an act of lethal violence tended to exhibit other symptoms of psychological distress, as well as being more likely to engage in suicidal behavior. This research gives empirical backing to Grossman's anecdotal theory; killing another human being, in defense of your country, your own life, or the life of another, does not come without a cost, “Even in self-defense, killing hurts the killer, too” (Boudreau 2008, 210).

### **The Dual Role of Training**

As discussed earlier, training exerts a dual influence in the development of moral injury. On one side it reinforces most mechanisms of moral disengagement; on the other, it creates soldiers who are more willing and able to commit lethal violence, which leaves them more vulnerable to a morally injurious experience. Though I would argue that training affects all mechanisms of moral disengagement, there are some over which it exerts a greater influence: moral justification, displacement of responsibility, and dehumanization. Training influences moral justification in various ways: Bandura states, “The conversion of socialized people into dedicated fighters is achieved not by altering their personality structures, aggressive drives, or moral standards. Rather, it is accomplished by cognitively redefining the morality of killing so that it can be done free from self-censure” (1999, 195). If soldiers cannot kill they will be unable to fulfill their duties effectively; however, in order to kill, soldiers must overcome their natural reluctance. Moral justification supports this process, because it cognitively restructures the act of killing as something that is, not only necessary, but positive.

Training reinforces moral justification in part because it is extremely clear on how to respond when threatened: better him than you, if threatened you strike back immediately

(Buzzell 2005). The moral justification here is clear, and is as simple as survival itself: kill or be killed. The following comes from a 'Rules of Engagement' memo that was passed out to a platoon of infantryman during the Iraq War: “The use of force, including deadly force, is authorized to protect the following: yourself, your unit and friendly forces” (Buzzell 2005, 63). This same memo goes on to say, “Remember: Attack enemy forces and military targets. Spare civilians and civilian property, if possible” (Buzzell 2005, 63). Memos like these, along with battalion mottos such as, “Punish the deserving,” send a clear message: kill the enemy and put your life, your country, and your compatriots before the lives of foreign combatants and civilians. This message is not necessarily out of place in a wartime setting; however, it helps to reinforce moral disengagement because it is reflective of institutionally based moral justification. It is arguable that military training protocol also influences displacement of responsibility and dehumanization.

Displacement of responsibility and dehumanization are arguably reinforced by military training protocol; however, there is little anecdotal evidence to support this directly. I suggest that training affects displacement of responsibility, because it helps soldiers to integrate into the military hierarchy, which heavily relies on immediate obedience to those who hold higher authority (Boudreau 2008; Buzzell 2005). In a system such as this, it is convenient and almost expected that soldiers will hold those who give orders responsible for the outcome of those orders. This displacement can apply whether or not the commander was involved in the execution of his order or not. Also, I suggest that dehumanization is reinforced by military training protocol due to the culture of violence that pervades the military, and the process of desensitization that occurs in basic training (Boudreau 2008). With a lack of any explicit anecdotal evidence it is difficult to develop these ideas further: consider them as suggestions

only. As mentioned earlier, training exerts a simultaneous dual influence on the development of moral injury. On one side, it helps to reinforce mechanisms of moral disengagement. On the other side, it creates soldiers who are willing and able to kill, which creates increased opportunities to engage in acts that could result in a moral injury.

Learning how to kill an enemy is one of the most significant tenets of military training protocol. During training, troops engage in shooting range drills, martial arts, and they are given in-depth instruction on the numerous possible ways to seriously injure, maim, or kill another person. Boudreau discusses his experiences with military training in a section entitled, “Manufacturing Killers” (2008, 78). He states, “They taught us how to sneak up behind the enemy and dig a combat knife under his rib cage, how to gouge out his eyeballs, how to cut off the supply of blood to his head, or air to his lungs...” (Boudreau 2008, 79). As military training has changed, it has come to focus on creating soldiers who are classically conditioned to engage in lethal action. This is accomplished through life like shooting range targets, realistic practice dummies, and visually/audibly accurate video games. Illustrating the success of these methods is the increasing firing rates of soldiers in combat: remember that in World War II this rate was thought to be as low as 15%. This rate increased to nearly 55% during the Korean War, and was thought to be between 90-95% during the Vietnam War (Grossman 2009). Clearly, the military has found training methods that effectively circumvents soldiers’ natural reluctance to kill. Grossman states that for many soldiers the act of killing is a, “completed reflexivity, without conscious thought” (2009, 235). Though this helps to build effective soldiers and successful armies, it is not without cost. This passage from, *Packing Inferno*, is particularly telling:

...[W]hen a Marine shoots better than his peers, he’s admired and he’s handed metals and badges and promotions – all to encourage him to pull the trigger with another man in his

sights and kill him. Like it or not that's desensitization. But desensitization doesn't eliminate morality from the consciousness. It merely postpones cognition. Sooner or later, when a man's had a chance to think things over, he will find himself standing in judgment before his own conscience (81).

Prior to this passage, Boudreau discusses how desensitization was one of the most significant components of his military training, one that is crucial to being an effective soldier; however, his doubt about this process is clear. Training helps to build effective killers, but it does not acknowledge the potential consequences. In terms of military strategy, modern training protocol is incredibly effective; yet, as Boudreau's statements infer, if one is attempting to maintain a clear moral ledger, military training protocol develops soldiers who are set up to fail.

### **The Role of Disparity**

Disparity plays an interesting role in the development of moral injury because it is a mediating variable for my independent variables: false impetus/perception of cause, nature of counterinsurgency warfare, and military training protocol. However, it can also directly influence a soldier's concept of self. To reiterate, disparity is defined in this context as a significant and noticeable difference between perceptions of how a situation or person should be and how that situation or person actually is. In his memoir, Boudreau states, "There was disparity between the policies and the operations. There was disparity between our objectives and our incentives. There was disparity between what was done and what was shown back home in the media. But the disparity that I am most concerned with now is the one that grew inside myself. It was a war all its own" (2008, 55). The effect of disparity on a soldier's concept of self is difficult to pin down exactly because the self is subjective and inherently personal; as such, it is difficult to explain,

and even more difficult to measure. This being said, I argue that it is important to consider when discussing moral injury. First, I examine the mediated relationship between disparity and the independent variables. To reiterate, a mediated variable serves to clarify the relationship between an independent variable and a dependent variable. Overall, disparity increases the likelihood that an act of transgression will occur because it creates uncertainty and ambiguity in situations where a solid/unified perspective is crucial.

The influence of disparity is clearest in the 'false impetus/perception of cause' variable because this variable has disparity built directly into it: soldiers were told they were entering the conflicts for a reason that was later found to be false. I argue that this facet of disparity is particularly destructive because several veterans spoke vehemently in their accounts about the importance of a legitimate mission or cause, "This mission statement is our life blood. It is the impetus for all action. It's that important" (Boudreau 2008, 31) A cause that is considered just goes a very long way in convincing soldiers to commit acts of violence, and it also contributes significantly to assuaging a wary conscience: it helps to convince soldiers that acts committed in war are not only acceptable, but also necessary (Boudreau 2008; Sherman 2010). Boudreau states, "The burden [of partaking in brutality] will remain off the backs of the individuals as long as they believe in the cause" (2008, 207) In civilian life, if one were to injure, threaten, or kill a fellow civilian that would be grounds for censure; however, in war such actions are normalized, in part, by the necessity of defending a just cause.

Disparity of cause leads to questions, confusion, and mental dissonance, because if the cause is illegitimate then any actions committed in its name automatically become problematic. Nancy Sherman speaks on this when she states, "none [soldiers] want their willingness to serve exploited for a cause that is unworthy or for a war grounded in unjustified fear or waged for a



pretext” (Sherman 2010, 41). Additionally, disparity of cause became known only after the Iraq War had been in progress for quite some time, which brings us full circle to the subject of moral disengagement. Just cause helps to develop the mechanism of moral justification, which allows soldiers to cognitively restructure their behavior as acceptable or even benevolent; however, disparity of cause makes this mechanism less effective: creating vulnerability to guilt and shame over actions that were once insulated by the moral disengagement. Disparity is also a significant factor in the nature of counterinsurgency warfare.

Much of the disparity inherent in counterinsurgency warfare has already been discussed, though not explicitly in those terms. The majority of historically pertinent wars were fought more conventionally; battlefields were clear cut, conflicts often occurred away from civilian areas, and combatants were clearly marked (Sherman 2010; Bouvard 2012; Boudreau 2008; Litz et al. 2009). Marguerite Bouvard, author of *The Invisible Wounds of War*, states, “When they arrived in Iraq, many US soldiers felt that they had been trained to fight a battle against a conventional, uniformed army... Instead they discovered that they were saddled with a multiplicity of goals: holding elections, making friends [...], providing water supplies and electricity for farms, and more” (2012, 21). I acknowledge that past had their share of confusion, ambiguity, and civilian deaths; however, beginning in Vietnam, a distinct shift can be noted in the nature of modern warfare (Katel 2005). In a counterinsurgency, all of the factors discussed above are different: the battlefield is anywhere and everywhere, violent skirmishes often occur in civilian areas, and there is no clear-cut distinction between who is a combatant and who is not. Below is a passage from Tyler Boudreau's memoir, and it is a first-hand description of the agonizing ambiguity that pervaded the everyday lives of many soldiers in the Iraq War:

A truck pulled out onto the road ahead of our vehicle and turned into traffic heading in the wrong direction. It rode on the shoulder and was moving toward us, fast. [...] We struggled to see inside it, to spot some kind of clue that might tell us with any certainty whether or not the driver was a suicide bomber.

My heart was racing. I was breathing hard as it drew closer and closer. Fire? Don't fire? It was so difficult to know what to do. Will we live? Will we die? This could be it. And the truck drew closer still. And still we couldn't seem to come up with a decision. There was no one to ask. There was no manual to reference. There was no time to think it over. There was only now, the moment, and we had to decide. In the end we resolved to hold our fires, and I was glad we did. The truck floated quietly past us without exploding into a million bits of fragmentation in our faces. We stared, agog, at the passengers, a family of four or maybe five crammed into the cab staring back at us, all agog, as well.

To shoot or not to shoot – that was the question. That was always the question in Iraq (2008, 41).

The disparity here is not due to a false statement, but rather from an ill-informed expectation. The military did not properly prepare troops for this kind of situation; in which, the battlefield is everywhere and combatants could be anyone: the child with a soccer ball, a man walking at night with a shovel, or a grandmother with a cell phone (Boudreau 2008; Bouvard 2012; Buzzell 2005). Counterinsurgency leads to physical disparity i.e. who is a combatant, where conflicts occur, etc., as well as, creating cognitive disparity in terms of how soldiers relate to civilians.

Counterinsurgency operations in Iraq often required that soldiers live amongst civilians: sharing their homes and learning about their lives (Boudreau 2008; Crawford 2005; Braden 2008). Soldiers were expected to engage in missions that were often violent and destructive, while also attempting to win over the hearts and minds of civilians (Buzzell 2005; Boudreau 2008). This means that, on one hand soldiers in Iraq were expected to befriend and live amicably with the Iraqi people; while on the other, they were expected to be alert, wary of potential threats, and always ready for danger. The disparity inherent in that situation is monumental because it is incredibly difficult, if not impossible, to reconcile that kind of disconnect. Tyler Boudreau speaks on this explicitly, "...it was a struggle because one does not generally wave and smile without some notion of humanity. On the other hand, I don't think one can point a loaded weapon at a person without attaching some feelings of hostility" (2008, 33). How can an individual view someone as both a friend and potential enemy? How does one live in an Iraqi home, but also raid and destroy other homes? How does one win over hearts and minds, while being part of an intervention that arguably made things worse for many Iraqis (Chandrasekaran 2006)? Even attempting to explain a situation like that is difficult, so the challenge of living it is unimaginable. Yet, this is the situation that thousands of United States soldiers were forced to endure whilst serving in Iraq. Disparity is also present in the variable of military training protocol.

Military training is generally focused on creating the roughest, toughest soldiers possible: it develops men and women who are able to overcome great physical hardship, and act decisively to accomplish the mission. This being said, soldiers in Iraq received very little context specific training, i.e. training that addressed the particular nuances and characteristics of the conflict Iraq. Soldiers were told to win hearts and minds, but were given little instruction on how to do so: one

of the most common tactics was to smile and wave whenever passing Iraqi citizens (Boudreau 2008; Buzzell 2005). Military training focuses on developing endurance, using weaponry, surviving in adverse conditions, and learning how to kill an enemy (Shay 2002; Boudreau 2008). Unarguably, these are important skills, but they are not sufficient, especially when troops are engaging in missions that stand in direct contrast to what they were trained for. Examples of these missions include, handing out soccer balls to children, building relationships with Iraqi civilians, and helping civilians to rebuild their homes (Boudreau 2008; Sherman 2010). Some veterans reported that the only training they received, which directly addressed the war in Iraq, was an hour long video that was predominantly footage of the many ways in which insurgents could employ IED's and roadside bombs (Boudreau 2008; Sherman 2010). Undoubtedly, a video like that is helpful, but it is simply not enough to reconcile the disparity between what troops were trained to do and what they actually ended up doing. Disparity also exerts a more direct influence on the development of moral injury, because it can directly affect a soldier's perception of self.

One common theme throughout veteran accounts is feeling unable to reconcile the soldier self with the civilian self. Many veterans explained that they felt there was a gap between actions they had committed in war and the expectations of a civilian life because many actions that are permissible, or even necessary in war, are denounced in the civilian world. Destroying, injuring, and killing are the main tenets of behavior in war: all of which are grounds for censure and punishment in most other settings. When he recounts returning home from Iraq, Tyler Boudreau states, "The civilians were the same as they had always been, but the Marines they hugged and kissed were not the men they had once known. The consciousness of every man in that unit had been reconfigured. Our identities were altered" (2008, 8). This direct disparity between concepts

of self is particularly difficult to handle, because it problematizes the very core of who someone is. Common questions asked by veterans of Iraq are, did I do the right thing, were my actions justified, or am I a murderer? (Boudreau 2008; Bouvard 2012; Sherman 2010). These kinds of questions are not new for war veterans; however, they are hugely significant to the question of moral injury and post-war mental health. Disparity that causes doubt about the goodness of one's core self has the potential to be hugely crippling: think back to the discussion on shame and then imagine the following scenario.

If, for your whole life, you had considered yourself to be a moral person: not without faults, but certainly not a bad person. Your family, your community, and your society have all taught you that harming others is wrong, that destroying property is wrong, and most importantly that killing is wrong. You believe these ideas, but then you go to war where you do all of those things and more. Though you might have some misgivings, you do it anyways because it is necessary: the cause is just, and your country and brothers in arms are relying on you. When your deployment is over you go home, but something is different: it is not your family or community, it is you. You committed actions that would otherwise be crimes: you destroyed, you injured, you killed – you are no longer the person you once were. Though you have undergone a drastic change, everything around you is largely the same. All of the people around you see you as the same: possibly more withdrawn, angry, or nervous, but essentially they still see you as someone whose life mirrors their own. No one seems to understand that the person you were is not the person you are now. Are you a hero who acted in defense of your country and your peers? Or are you a murderer that might have killed innocent man because he simply was in the wrong place at the wrong time (Boudreau 2008, 179)?

This story might not be every veteran's story; in fact, many veterans leave war largely unscathed. However, this is the story of a substantial number of Iraq War veterans and this gut-wrenching, life-altering disparity of self has tangible, sometimes detrimental consequences: it can also be the basis for a moral injury. The alarmingly rapid increase in military suicides is one possible consequence of these variables.

## **Suicide**

The issue of military suicides has been vexing top military personnel for quite some time. Suicide rates began to increase slowly starting in 2001, after the start of Operation Enduring Freedom (OEF) in Afghanistan, and though there was a slight downturn in the interim years, it began to rise substantially in 2005 ("Deaths by Suicide" 2012). There is significant variation in the number of suicides that occur in each distinct branch of the military. The Army reports the highest number by far, with 182 deaths by suicide in 2012: all other branches come in at 60 deaths or lower (Pilkington 2013). Historically, military suicides have been lower than that of the civilian population; however, in 2004 the rate of military suicides began to steadily increase, passing that of the civilian population in 2008 (Black 2011). What has been most troubling for many, besides the rapidly increasing numbers, is that no one has a good explanation for why this is happening. There are many theories: multiple deployments, lengthy deployments, trouble integrating back into civilian life, financial issues, and marital/family troubles, but none offer a comprehensive explanation (Williams 2012; Black 2011; Pilkington 2013; Gibbs 2012).

Some studies suggest that soldiers who deploy are more likely to commit suicide, but this is contradicted by the fact that between 2001-2009 over a third of those who committed suicide had never been deployed (Harrell 2011; Black 2011). Seventy-nine percent of soldiers who

committed suicide between 2004-2009 had marital/family issues; however, these statistics never address the question as to why these issues arose in the first place (Black 2011; Gibbs 2012) The theory that has the most anecdotal evidence, difficulty reintegrating into civilian life, can act as an umbrella for several of the other explanations (Boudreau 2008; Bouvard 2012; Gibbs 2012; Thompson 2012). Another important component of this problem is the severe shortage of programs, facilities, and personnel who are trained to deal with psychological issues in members of the military (Gibbs 2012; Thompson 2012; Bouvard 2012). Compounding all of the explanations listed above is the stigma that exists in the military about admitting to and seeking help regarding mental maladies and psychological distress (Bouvard 2012; Gibbs 2012; Thompson 2012): an issue that some refer to as the “stoic” culture of the military (Sherman 2010). Many soldiers regard asking for help as unacceptable, not only because they might lose face with their superiors and peers, but also because it can affect chances for future career advancement (Gibbs 2012; Fayette 2012). Empirical studies that examine the mechanisms underlying this suicide epidemic are scarce; however, there are a few.

The academic theory that has gained most traction is called the Interpersonal-Psychological Theory of Suicide (IPTS). This theory argues that there are three necessary components for a successful suicide attempt: perceived burdensomeness, thwarted belongingness, and the acquired capability to enact lethal violence on oneself (Selby 2010). Perceived burdensomeness refers to feelings that one is a burden on those around them, in terms of being unable to contribute to society in a meaningful way, as well as being a liability to loved ones. Thwarted belongingness is “an unmet need to belong that involves a lack of frequent, positive social interactions, and feelings of not being cared about” (Selby 2010, 299). The authors include the word ‘thwarted’ because though these sources of emotional support are often

available, individuals sometimes feel as though the connections they have are not genuine, or that they are simply insufficient (Selby 2010). Both perceived burdensomeness and thwarted belongingness are factors that constitute a “desire for death,” they are the foundation for *why* someone would want to commit suicide; however, they do not address the *who* (Selby 2010, 300). In terms of actual ability to commit lethal self-injury, acquired capability fills this gap.

Acquired capability concerns an individual’s ability to overcome the fear of injury and death. When engaging in a lethal or near-lethal suicide attempt, an individual is likely to experience extreme fear, intense pain, and possible death. Not everyone has the ability to face these outcomes and the authors argue that, “acquired capability is developed over time through repeated exposure to painful and provocative events” (Selby 2010, 300). This repeated and consistent exposure decreases the aversion to fear and pain, which makes it easier to engage in a course of action that promises both. Combat experience and combat training are two factors that help soldiers to develop acquired capability because they expose them to situations that involve heavy doses of fear, aggression, and pain (Selby 2010). Combat experience exposes soldiers to violent combat, killing, personal injuries, and witnessing death and severe injuries to others (Selby 2010, 305). Combat training exposes soldiers to weaponry and simulated combat, as well as facilitating feelings of, “imperviousness to fears of death and injury” (Selby 2010, 302). According to the authors, acquired capability is the most significant reason that military suicides have increased to rates above that of the civilian population (Selby 2010): an argument that has been supported in various other studies (Anestis 2012; Bryan 2010).

I do not disagree with the argument that acquired capability is in part responsible for the increase in military suicides; however, I suggest that it is not a comprehensive explanation. Acquired capability explains why the ratio of non-lethal vs. lethal suicide attempts is much



higher in the military, when compared to the general population (Anestis 2012); however it does not explain why more military personnel are choosing to attempt suicide in the first place. If the IPTS theory is correct, and if one follows it to its logical end, then that would infer that military personnel should have always had a higher rate of suicides when compared with civilians. One can assume that acquired capability is not a new factor in the military experience: combat and training have always been an integral part of military life. Therefore, even though acquired capability stands as a legitimate explanation for why more soldiers are *completing* suicides, it does not explain why more soldiers are *attempting* them. In order to explain this, one should look to the other two factors in the IPTS: perceived burdensomeness and thwarted belongingness.

The Iraq War influenced perceived burdensomeness and thwarted belongingness, more so than it did acquired capability because these factors have potentially undergone more drastic changes in the past decade of war. Both variables complement the theory that soldiers are committing suicide more frequently because of troubles with reintegration into civilian life. When soldiers are on active-duty they are part of a close-knit group that provides emotional and physical support (belongingness). Additionally, they have a routine and a mission, which should create low feelings of burdensomeness (Selby 2010). Once soldiers have left active-duty the protective barriers provided by service begin to erode: many soldiers feel that they can longer connect with family and friends, they feel they are not the person they used to be, and many have trouble providing for their families due to mental and physical maladies that negatively affect their ability to work (Boudreau 2008; Bouvard 2012; Gibbs 2012; Selby 2010; Shay 2002). In terms of integrating the IPTS with moral injury, I predominantly focus on thwarted belongingness.

Of the three factors that compose the IPTS, thwarted belongingness is the most likely to be influenced by a moral injury because one of the most important components of moral injury is shame over perpetrating or witnessing an act that violates deeply held moral beliefs. Shame, leads people to withdraw from others, and view their core self as being inherently flawed in a negative way (Tangney 2007). Most all of the veterans accounts examined, exhibit some element of shame or guilt over actions committed during war. For many veterans, these feelings have led them to believe that they no longer belong in the civilian world, that they are no longer the person they used to be, and that their experiences separate them from friends and family. One Iraq War veteran, Noah Pierce, wrote in his suicide note, “I’m freeing myself from the desert once and for all. Time’s up. I’m not a good person. I have done bad things. I have taken lives. Now it’s time to take mine” (qtd. in Bouvard 2012, 138). While in Iraq another soldier, Jeff Lucey, sent a despairing letter to his parents that stated, “I did things I didn’t want to do” (qtd. in Bouvard 2012, 140). When Jeff returned home he was nervous, withdrawn, and angry: he started having difficulties with his girlfriend, he could not hold a job, and he drank profusely. Jeff told his sister that he, “was nothing but a murderer.” months later he hung himself in the basement of his parents’ home (Bouvard 2012, 141). These are but a few of the many stories that have trickled in over the years, but they illustrate a disturbing picture of men who are haunted by actions they committed in war. Jonathan Shay states, “Horrific things done to enemy soldiers and civilians have great power to injure the mind and spirit of those who have done them” (2002, 110). Though the cause of the suicide epidemic is undoubtedly multi-faceted, I argue that increasing moral injury is in part responsible.

There is surprisingly little research that examines the connection between shame, guilt, and suicide, and what research there is simply argues that shame is more strongly correlated with

suicide than is guilt (Hastings 2002). Future research should focus on this connection because much of the anecdotal evidence suggests that feelings of shame about experiences and actions committed in war plays a significant role in a soldier's decision to commit suicide. When examining the suicide epidemic from the perspective of moral injury, I was hoping to find more academic support for an explicit connection between the two; unfortunately, most authors employed a more topical approach. Several academic articles listed factors such as marital issues, problems at work, and misuse of drugs and alcohol as reasons for soldiers committing suicide; however, not a single one asked the question of why. Why were these soldiers having marital issues after they returned home? Why was it difficult for them to maintain a job, when previously that had never been an issue? Why were they abusing drugs and alcohol when they never had before? These are the important questions, and it seems that no one in academia is asking them. Moral injury is not the panacea that will solve the suicide epidemic: the issue is far too complex to be explained by a single factor. However, I do argue that moral injury is a likely contributing factor because the anecdotal evidence strongly suggests that many veterans who commit suicide are wracked by shame and guilt to the point that they may feel their humanity has been degraded beyond repair.

## **VI. Conclusions**

This research sought to do two things: first, was to examine the working definition of moral injury, as developed by Litz et al.; second, was to critically engage with this definition in order to develop the theory further. These components were used to make the argument that occurrences of moral injury are increasing among soldiers who served in the Iraq War. To explore moral injury and develop my hypothesis, I examined three hypotheses. First, I argued

that moral injury is a shame-based reaction in response to a situation in which a transgression has occurred, or was perpetrated by an individual who had personal agency (or at least the perception of agency) in the outcome of the event. Second, I propose that moral injury is increasing amongst soldiers who served in the Iraq War as a result of false impetus/perception of cause, the nature of counterinsurgency warfare, and military training protocol. Finally, I posit that the independent variables of H2 influence and are influenced by two mediated variables: disparity and breakdown in mechanism of moral disengagement.

In order to explore my hypotheses I employed qualitative research methods, which relied on academic articles, subject relevant books, news articles, and veteran accounts. To organize findings from the veteran accounts I used a color coding system, in which every color denoted a different variable. My theory involves two mediated variables: mechanism of moral disengagement and disparity. These variables mediated the relationship between the development of moral injury and my independent variables. My findings illustrate a dominant trend, which is that several factors in the Iraq War created increased vulnerability to sustaining a moral injury.

There was substantial evidence to support the following. False impetus/perception of cause contributed to the breakdown of three out of four mechanisms of moral disengagement: moral justification, displacement of responsibility, and advantageous comparison. The nature of counterinsurgency warfare caused breakdown in advantageous comparison and dehumanization. The evidence suggests that, rather than undermining moral disengagement, military training protocol actually tends to reinforce it. Though I suggest that military training protocol reinforces all mechanisms of moral disengagement, the reinforcement of moral justification had the most evidential support. Training also influences moral injury directly, in that it creates soldiers who

are more willing and able to engage in lethal violence against fellow humans. This creates increased the opportunity for committing potentially morally injurious act. The second mediated variable, disparity, influences the relationship between moral injury and all of the independent variables.

My research suggests disparity increases vulnerability to moral injury. Disparity is inherent in false impetus/perception of cause because the publically stated impetus for military intervention in Iraq was later found to be false. Evidence suggests that legitimacy of cause is vital to maintaining soldiers' morale and positive self-image. Disparity is also apparent in the nature of counterinsurgency warfare. Soldiers were forced into a situation where they were expected to perform both as soldiers and as nation builders. There was physical disparity in terms of who was a combatant and where battles took places, but there was also cognitive disparity in terms of how soldiers related to civilians. Troops were expected to reconcile their role as soldiers with their role as builders, diplomats, and even friends. There was also inherent disparity in the variable of military training protocol. Soldiers were trained for conventional warfare, but the Iraq War was primarily a counterinsurgency conflict. Though soldiers were given some information on the particulars of fighting a counterinsurgency war, this type of training was minimal, it was often approached as if it were of secondary importance, and it was not implemented until several years after the war began. These findings have several noteworthy implications.

Most significantly, moral injury is a concept that needs be taken seriously because it can have potentially detrimental effects on soldiers' mental health and everyday lives. Moral injury should be studied and researched much more extensively because if it is better understood then medical and spiritual practitioners will be able to develop better treatment options. My research

and analysis has highlighted some of the concept's strong points, but it also outlines areas for possible improvement. The evidence suggests that the most significant component, not addressed by the working definition of moral injury, is the influence of false impetus/perception of cause. My research illustrates that, though it is not mentioned in the academic literature, this variable exerts a consistent and significant influence on the development of moral injury. This critical examination does have some limitations.

One of the most significant limitations is the deficit in contemporary data. Moral injury itself has only been explicitly studied since 2004, and its sister concept, PTSD, has only been studied since the Vietnam War. Accordingly, many of my conclusions stem from integrating interdisciplinary studies. Another limitation, which stems in part from the lack of contemporary data, is that I was unable to include a comprehensive analysis of all of the conflicts in which moral injury was potentially pertinent, i.e. Operation Enduring Freedom in Afghanistan and the Vietnam War. Though these conflicts were considered in part, their relationship to moral injury was not comprehensively examined. Finally, all of my data is largely qualitative, and though this does not invalidate my conclusions, it does make it difficult to argue hard lines of causality. These limitations create opportunities to engage in future research.

My critical examination turned up factors, such as the role of false impetus/perception of cause, which could potentially be more fully addressed in the future. Additionally, my original research, though illuminating, is far from comprehensive. My information came from only a few veteran accounts, as well as contemporary news articles, and ideally, future research would rely on in person, in-depth interviews with veterans from OEF, the Iraq War, and the Vietnam War. In terms of the larger picture, if my hypotheses were examined and expanded upon by the academic community, it could potentially affect how researchers and clinicians approach

treatment options for soldiers suffering from the psychological distress caused by moral injury. Possible policy recommendations include conducting more research on moral injury, putting more emphasis on spiritual healing, and developing more effective treatment approaches for psychological wounds.

If examination of moral injury continues, it will expand our understandings of invisible war wounds, which will improve our ability to help soldiers overcome them. This research is vital because thousands of soldiers are returning from war with invisible injuries, and for some it is too much to bear. Allowing our soldiers to suffer in this way is unacceptable: agony is no reward for sacrifice. Expanding our understanding of moral injury and developing effective treatment is the least that the civilian community can do to repay soldiers for their service.

## Works Cited

- Anestis, Michael D., and Craig J. Bryan. "Means and Capacity for Suicidal Behavior: A Comparison of the Ratio of Suicide Attempts and Deaths by Suicide in the US Military and General Population." *Journal of Affective Disorders* (2012): NCBI. U.S. National Library of Medicine. Web.
- "Anti-war Ad Says Bush, Cheney, Rumsfeld & Rice "Lied" About Iraq." *FactCheck.org*. Annenberg Public Policy Center of the University of Pennsylvania, 26 Sept. 2005. Web. 25 Mar. 2013.
- Aquino, Karl, et al. "A Grotesque and Dark Beauty: How Moral Identity and Mechanisms of Moral Disengagement Influence Cognitive and Emotional Reactions to War." *Journal of Experimental Social Psychology* 43.3 (2007): 385-92. Print.
- Bandura, Albert. "Moral Disengagement in the Perpetration of Inhumanities." *Personality and Social Psychology Review* 3.3 (1999): 193-209. Print.
- Black, Sandra A., M. Shayne Gallaway, and Michael R. Bell. "Prevalence and Risk Factors Associated With Suicides of Army Soldiers 2001-2009." *Military Psychology* 23 (2011): 433-51. Print.
- Boudreau, Tyler E. *Packing Inferno: The Unmaking of a Marine*. Port Townsend, WA: Feral House, 2008. Print.



Bouvard, Marguerite G. *The Invisible Wounds of War: Coming Home from Iraq and*

*Afghanistan*. Amherst, NY: Prometheus, 2012. Print.

Braden, Nate. "The Coin of the Realm." 2008. Unpublished manuscript.

Bryan, Craig J., et al. "A Preliminary Test of the Interpersonal-psychological Theory of Suicidal Behavior in a Military Sample." *Personality and Individual Differences* 48.3 (2010): 347-50. Print.

Bush, George W. "President Bush Announces Major Combat Operations in Iraq Have Ended."

Address. Remarks by the President from the USS Abraham Lincoln. San Diego, CA. *The White House - President George W. Bush*. 1 May 2003. Web.

Bush, George W. "President Bush Outlines Iraqi Threat." Address. Remarks by the President on

Iraq. Cincinnati Museum Center - Cincinnati Union Terminal, Cincinnati, Ohio. *The White House - President George W. Bush*. 7 Oct. 2002. Web.

Bush, George W. "Speeches from the 2004 Presidential Campaign." Speech. Campaign Remarks

in Pennsylvania. Colmar, PA. *Presidentialrhetoric.com*. Baylor University, 9 Sept. 2004. Web.

Buzzell, Colby. *My War: Killing Time in Iraq*. New York: G.P. Putnam's Sons, 2005. Print.

Chandrasekaran, Rajiv. *Imperial Life in the Emerald City: Inside Iraq's Green Zone*. New York:

Alfred A. Knopf, 2006. Print.

- Crawford, John. *The Last True Story I'll Ever Tell: An Accidental Soldier's Account of the War in Iraq*. New York: Riverhead, 2005. Print.
- "Deaths by Suicide While on Active Duty, Active and Reserve Components, U.S. Army Forces, 1998-2011." *MSMR Medical Surveillance Monthly Report* 19.6 (2012): 7-10. Print.
- Drash, Wayne. "Report: No WMD Stockpiles in Iraq." *CNN.com*. Cable News Network, 7 Oct. 2004. Web.
- Drescher, Kent, et al. "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans." *Traumatology* (2011): *SAGE Journals*. 10 Mar. 2011. Web.
- Fayette, Mike. "Army Suicides: The Most Alarming and Tragically Hidden Secret in America." *PolicyMic*. Mic Network, Inc., July 2012. Web.
- Fontana, Alan, Robert Rosenheck, and Elizabeth Brett. "War Zone Traumas and Posttraumatic Stress Disorder Symptomatology." *The Journal of Nervous and Mental Disease* 180.12 (1992): 748-55. Print.
- Friedman, Matthew. "PTSD History and Overview." *National Center for PTSD*. United States Department of Veterans Affairs, 20 Dec. 2011. Web.
- Friedman, Richard A. "Why Are We Drugging Our Soldiers?" *The New York Times*. The New York Times, 22 Apr. 2012. Web.
- Gibbs, Nancy, and Mark Thompson. "The War on Suicide?" *Time U.S.* CNN, 23 July 2012. Web.

Goldstein, Joshua S. *War and Gender: How Gender Shapes the War System and Vice Versa*.

Cambridge: Cambridge UP, 2001. Print.

Grossman, Dave. *On Killing: the Psychological Cost of Learning to Kill in War and Society*.

New York: Little, Brown and, 2009. Print.

Gradus, Jaimie L. "Epidemiology of PTSD." *National Center for PTSD*. United States

Department of Veterans Affairs, 20 Dec. 2011. Web.

Harrell, Margaret C., and Nancy Berglass. "Losing the Battle: The Challenge of Military

Suicide." *CNAS.com*. Center for a New American Security, Oct. 2011. Web. 25 Mar.

2013.

Hastings, Mark E., Lisa M. Northman, and June P. Tangney. "Shame, Guilt, and

Suicide." *Suicide Science* (2002): 67-79. Print.

Hendin, Herbert, and Ann P. Haas. "Suicide and Guilt as Manifestations of PTSD in Vietnam

Combat Veterans." *Am J Psychiatry* 148.5 (1991): 586-91. May 1991. Web.

Katel, Peter. "Rise in Counterinsurgency." *CQ Researcher* (2005). Rpt. in *Conflict, Security, and*

*Terrorism: A Reader*. Comp. Craig Snyder. Melbourne: Deakin University, 2005. 1-24.

Print.

Kudo, Timothy. "For Many Returning Vets, 'Moral Injury' Just as Difficult." Interview by Rachel

Martin. *Around the Nation*. NPR. Washington, D.C., 3 Feb. 2013. Radio. Transcript.

Levinson, Nan. "Mad, Bad, Sad: What's Really Happened to America's

Soldiers." *TomDispatch.com*. The Nation Institute, 28 June 2012. Web.

Litz, Brett, et al. "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and

Intervention Strategy." *Clinical Psychology Review* 29.8 (2009): 695-706. *Science Direct*.

Eslevier. Web. 3 Oct. 2012.

Maguen, Shira, and Brett Litz. "Moral Injury in Veterans of War." *PTSD Research*

*Quarterly* 23.1 (2012) National Center for PTSD. Web. 3 Oct. 2012.

Maguen, Shira, et al. "The Impact of Killing in War on Mental Health Symptoms and Related

Functioning." *Journal of Traumatic Stress* 22.5 (2009): 435-43. *Wiley Online Library*. 19

Oct. 2009. Web. 3 Oct. 2012.

Maguen, Shira, et al. "The Impact of Reported Direct and Indirect Killing on Mental Health

Symptoms in Iraq War Veterans." *Journal of Traumatic Stress* 23.1 (2010): 86-90. *Wiley*

*Online Library*. 26 Jan. 2010. Web. 3 Oct. 2012.

Maguen, Shira, et al. "Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq

War Veterans." *Journal of Anxiety Disorders* 25.4 (2011): 563-67. Print.

Pilkington, Ed. "US Military Struggling to Stop Suicide Epidemic among War Veterans." *The*

*Guardian*. Guardian News and Media, 02 Jan. 2013. Web.

- Rumsfeld, Donald. "Secretary Rumsfeld Remarks on ABC "This Week with George Stephanopoulos"" Interview by George Stephanopoulos. *Defense.gov News Transcripts*. U.S. Department of Defense, 30 Mar. 2003. Web.
- Selby, Edward A., et al. "Overcoming the Fear of Lethal Injury: Evaluation Suicidal Behavior in the Military through the Lens of the Interpersonal-Psychological Theory of Suicide." *Clinical Psychology Review* 30 (2010): 298-307. Print.
- Shay, Jonathan. *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Scribner, 2002. Print.
- Sherman, Nancy. *The Untold War: Inside the Hearts, Minds, and Souls of Our Soldiers*. New York: W. W. Norton, 2010. Print.
- Starr, Barbara, and Elise Labott. "Official: U.S. Calls off Search for Iraqi WMDs." *CNN*. Cable News Network, 12 Jan. 2005. Web.
- Tangney, June Price, Jeff Stuewig, and Debra J. Mashek. "Moral Emotions and Moral Behavior." *Annual Review of Psychology* 58.1 (2007): 345-72. Print.
- Tanielian, Terri L., and Lisa Jaycox. *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND, 2008. Print.

Thompson, Mark. "Grim Record: Soldier Suicides Reach New High." *Time U.S.* CNN, 16 Aug.

2012. Web.

"What Is PTSD?" *National Center for PTSD*. United States Department of Veterans Affairs, 29

May 2012. Web.

Williams, Timothy. "Suicides Outpacing War Deaths for Troops." *The New York Times*. N.p., 8

June 2012. Web.

Wolfowitz, Paul. "Deputy Secretary Wolfowitz Interview with Sam Tannenhaus, Vanity Fair."

Interview by Sam Tannenhaus. *Defense.gov News Transcript*. U.S. Department of Defense, 9 May 2003. Web.