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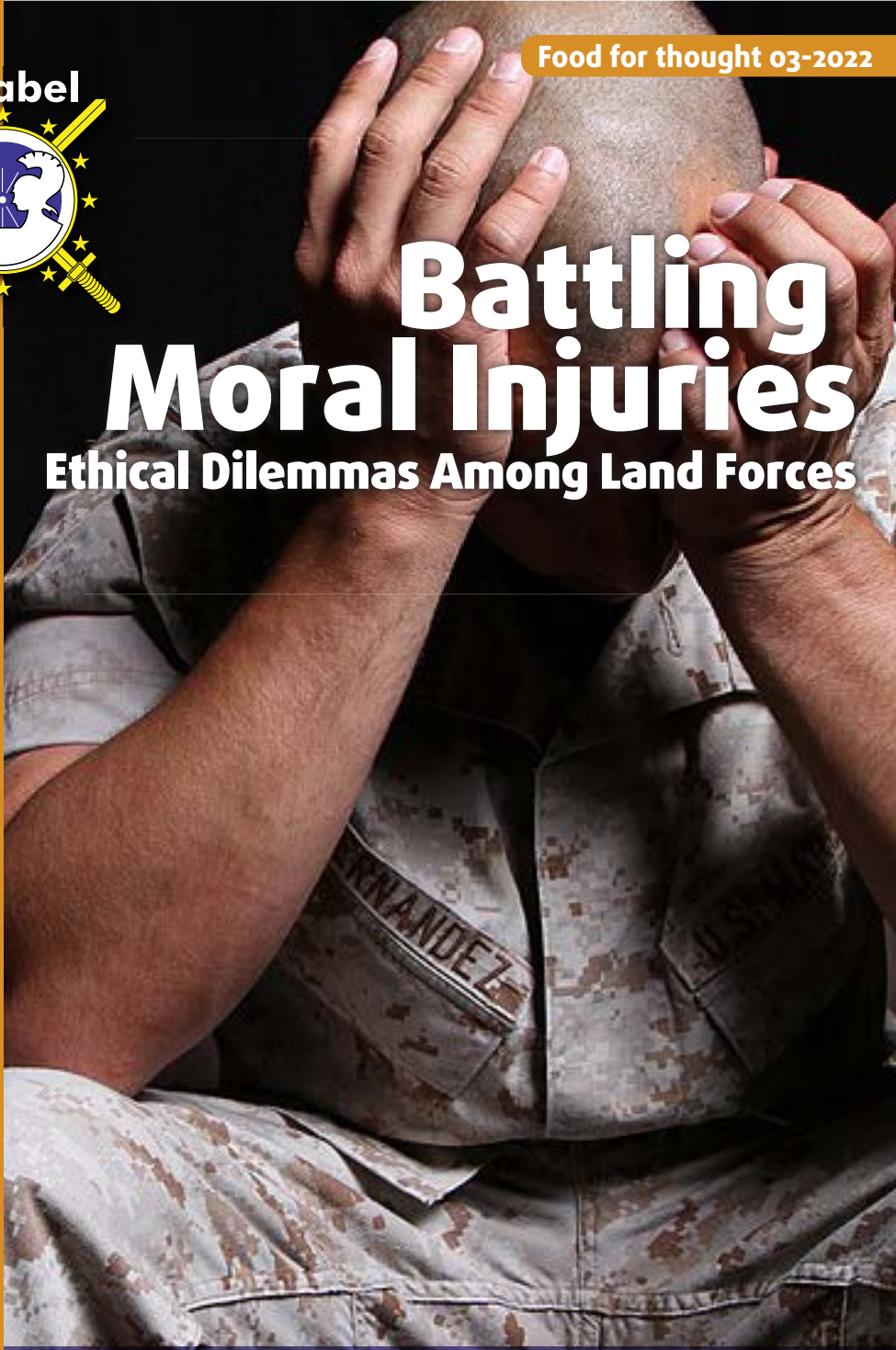
Battling Moral Injuries

Ethical Dilemmas Among Land Forces



AN EXPERTISE FORUM CONTRIBUTING TO EUROPEAN ARMIES INTEROPERABILITY SINCE 1953

FINABEL
European Army Interoperability Centre

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This Food for Thought paper is a document that gives an initial reflection on the theme. The content is not reflecting the positions of the member states but consists of elements that can initiate and feed the discussions and analyses in the domain of the theme. All our studies are available on www.finabel.org

DIRECTOR'S EDITORIAL

Servicemen and women in land forces around the world often confront a number of duty-related mental, emotional, and physical hardships. War can inflict many different manifestations of ethical and psychological distress, which fall under the umbrella of 'moral injury'.
Moral Injuries (MI) were first discussed in relation to military personnel transgressing moral beliefs and values during war, but it has since expanded to include equivalent emotional experience by healthcare professionals, first responders, rescue workers, and everyone facing similar complex emotions as a result of actions taken or observations made throughout traumatic circumstances. While moral injury and post-traumatic stress disorder (PTSD) have been seen to share several symptoms, military, soldiers, clinical psychologists, as well as chaplains are concerned about PTSD's incapability to account for the substance of moral and ethical distress that battlefields may generate. Modern warfare produces new challenges to the personnel. With the advent of new technologies and the use of drones, the author of a particular action does not directly see the consequences of what he/she has done. This may cause different types of moral injuries since the handler will take longer before realising the magnitude of his gesture.

This analysis intends to investigate the issue of moral injury in land forces, the moral dilemmas faced during deployments and the training and recovery assistance they (should) receive before, during and after operational deployment. The principal research goals are to evaluate how moral injuries and their treatment evolved throughout time, the obstacles to addressing and treating moral injuries in land forces, as well as to discuss the strategic and psychological consequences of failing to provide adequate care at the EU level.

This topic is relevant for FINABEL member states (MS) as it stresses the need for a common vision at NATO and the European level. The troops, the medical personnel, and all the people involved in the mission must be aware of what might happen. There is the necessity of better infrastructures, training and methods to address moral injuries at every stage of the deployment.

At the end of the paper, are annexed three interviews with a Belgian former special force operator, an English colonel-pilot and a Dutch Srebrenica veteran, to whom were asked questions on their deployment, the dilemmas they had to face and the consequent traumas of war, as well as on their recovery process.

Mario Blokken
Director PSec

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Moral Dilemmas

Throughout history, war's cruelty has put service members in the condition of facing numerous moral and ethical dilemmas. Most of these challenges are addressed effectively when appropriate moral, legal, and operational resources are available and functioning appropriately. Even under ideal circumstances, available resources are not always sufficient, and combat and operational needs frequently face the combat soldier with severe moral problems in which no course of action appears to be correct. Sometimes what is ethically correct is extremely evident; other times, it is difficult to know the answer. Certain moral breaches that occur in one context may not be considered a violation in another. Moral transgressions can arise in the midst of adversity, such as wars, and they might occur by chance, as a result of a lack of judgment, or when people behave out of a desire for power and profit.[1]

These are the morally challenging interactions, situations in which the individual has a clash of values in relation to the interactions with others due to cultural differences, necessity to act, or high stakes[2]. These characteristics contribute to a setting prone to intense, complicated, and ethically challenging circumstances, the so-called *moral dilemmas*.

Moral dilemmas are a subset of moral decisions in which:

i) There is a conflict between at least two core values/obligations (loyalty, obedience, respect for life);
ii) Acting in a way that is consistent with one underlying value means failing to fulfil the other(s);
iii) Harm will occur regardless of the option chosen; and
iv) Decision is inescapable and inevitable; some action must be taken[3].

Moral dilemmas necessitate the reconciliation of opposing ideals and commitments. These actions may cause psychological discomfort because of moral injuries, for example, sadness, humiliation, and guilt. In certain circumstances, moral dilemmas exacerbate mental health issues such as PTSD, despair, and anxiety. The existence of underlying psychological anguish may have a detrimental impact on personnel's attitudes on conforming to the laws of armed conflict and rules of engagement. This can result in decision-making that leads to misbehaviour and other unethical actions.

Servicemen may act in ways that contradict their moral values, or they may be uncomfortable over the immoral behaviour of others, experience extreme human suffering and cruelty, which undermines their basic beliefs about humans. Some military members' decisions may be influenced by their accumulating indignation and resentment over

1. Evans, W.R., Walser, R.D., Drescher, K.D., Farnsworth, J.K. 2020. The Moral Injury Workbook: Acceptance and Commitment Therapy Skills for Moving Beyond Shame, Anger, and Trauma to Reclaim Your Values. New Harbinger Publications.
2. NATO Science and Technology Organization. 2018. Moral Decisions and Military Mental Health. Final Report of Task Group HFM-179.
3. Ibid.

losses, sacrifices, and difficulties. It is essential to consider that the military culture develops a profoundly moral and ethical code of behaviour and that in times of war, being violent and murdering is commonplace, and bearing witness to violence and death is, to some extent, expected. However, individual military members and units that face unexpected moral choices and demands and even authorised acts of killing or aggression, may have a delayed but long-lasting psychosocial–spiritual consequence[4].

For example, when a soldier is given the order to fight in a war that he perceives as unjust or is obligated to carry out a certain action, this may create a moral dilemma. If the soldier adheres to his moral code and refuses to fight, he will violate his commitment to his profession. In contrast, if the soldier fights in the conflict, he will be breaking his personal moral code. In each case, only one of the obligations can be accomplished. This is the moral dilemma: a conflict of obligations in which an agent must choose one of two equally imperative duties, but choosing one duty violates the other[5].

"To kill another human being is a diminution of what it means to be a human being."

These dilemmas are the main causes of moral injuries. Litz et al. (4) define potentially morally injurious events as those that entail "*perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations*[6]" and that consequently might include PTSD, self-harming, self-handicapping behaviours, and demoralisation. It is essential to clarify that moral injury is different from PTSD, and at the same time, it does not replace it; it works alongside it. An event can be both traumatic and morally injurious, or it could be one without the other[7].

Individuals may use an active or passive strategy (engagement or disengagement) to cope with their emotions. They can try to deal with and manage the situation at hand or avoid the stressor. In the NATO final report on Moral Decisions and Military Mental Health[8] have been identified the following main mechanisms:

"*Moral disengagement*" is a term introduced by Bandura and refers to the process through which an individual's conduct, despite its moral self, progressively and inadvertently becomes immoral. The process of internal moral judgment, according to Bandura, allows an individual to selectively adopt or withdraw his or her moral norms.

Another term is "*numbing",* which refers to the deformation of events and situations where the individual can no longer create meaningful images of an event. It is a psychological dissociative defence mechanism related to depression and PTSD.

The last term is "*ethical relativism*". The individual does not shut down their emotions but tries to relativise them within the context, culture and situation, trying to find a correlation.

4. Litz, B. T, et al. 2009. Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. Clinical Psychology Review 29. Elsevier Ltd.
5. Montrose, J. 2013. Unjust War and a Soldier's Moral Dilemma. Journal of Military Ethics.
6. Griffin, B.J., et al. 2019. Moral Injury: An Integrative Review. Journal of Traumatic Stress, n.32, pp 350-362. International Society for Traumatic Stress Studies.
7. Meagher, R.E. et al. 2018. War and Moral Injury. Cascade Books
8. NATO Science and Technology Organization. 2018. Moral Decisions and Military Mental Health. Final Report of Task Group HFM-179

Moral Injuries

In the study on psychological trauma, the term moral injury has just lately become popular. It has been used in two different but related ways, with the key difference being in the "who" of moral agency. According to the NATO report[9], when the following events occurred, moral injury took place:

a) A betrayal of "what's right";
b) Either by a person in legitimate authority (my definition) or by one's self – "I did it"; and
c) In a high stakes situation.

The aspects of morality, and more specifically an individual's moral conviction and decision-making process, have received much attention in ethical development studies. The ethical feelings of guilt and shame - lately defined as "moral injury" – play an essential role in the framework of the person's behaviour in moral psychology. However, they have received little theoretical or empirical attention. There is a growing interest in the psychological implications of wrong actions or ethical breaches, whether actual or apparent.

Therefore, the term "*moral injury*" is relatively new, even if many poets have talked about it. These injuries are often related to PTSD and are especially common in active-duty military and veterans as a result of military-related combat traumas, but also in non-combatants, as health professionals or civilians. Many veterans came back home with "*invisible wounds*", in a state of mental collapse due to memories of the battlefield, and a lot of them ended up homeless, in jail or addicted to drugs or alcohol, or found their peace through suicide. According to Gabriella Lettini, veterans account for 20 per cent of all U.S. suicides, though they make up only 7 per cent of the U.S. population[10].

The common diagnosis for this was PTSD, since it was the only one existing, and thus was used as a one-size-fit-all response for all the veterans' problems., However, many of them were also experiencing "guilt", which is not a symptom identified in the Diagnostical and Statistical Manual of Mental Disorders (DSM), except for the survivor's guilt. Therefore, the term moral injuries has recently been used to express this guilt, among other symptoms. It is usually used to refer to a damage done to ourselves through orders or indirect actions that caused harm to others. As a consequence, it sacrifices a part of our moral integrity. The idea is that "*the kill hurts the killers, too, even in self-defence or in line of duty, and no justification, legal, political, religious, or otherwise, can heal those wounds*[11]".

This new diagnosis became popular thanks to the psychiatrist Jonathan Shay, who promoted the term "moral injury" in his book *Achilles in Vietnam*, inspired by Homer's *Iliad.* He explained that "*moral injury is an essential part of any combat trauma that leads to lifelong psychological injury. Veterans can usually recover from horror, fear, and grief once they return to civilian life, as long as 'what's right' has not been violated*".

Similarly, Gabriella Lettini and Rita Nakashima Brock defined moral injuries as "*a deep sense of transgression including feelings of shame,*

9. ibidem.
10. Brock, R. N., Lettini, G. (2012). Soul repair: Recovering from moral injury after war. Beacon Press.
11. Meagher, R.E. et al. 2018. War and Moral Injury. Cascade Books.

grief, meaninglessness, and remorse from having violated core moral beliefs".

Moral Injuries have thus been characterised as the emotional, spiritual, and moral implications of committing and/or witnessing others commit breaches of deeply held moral beliefs during battle or conflict-related events in the military. Another popular definition of moral injury is "*a betrayal of what's right, by someone in legitimate authority, in a high-stakes circumstance*", in other words, betrayal by commanders who may have placed military personnel in situations that required them to cross moral limits[12].

"I never shot someone, but I ordered bomb strikes and directed other people to shoot."

An important issue that we need to analyse is the contrast between the morality of the mind and the morality of the hearth. The first one is referred to the fact that as we grow up, "*we learn principles and ideals about what is right and wrong from our families, culture, religion and legal system*[13]". The latter refers to our emotional experience and focuses on what we feel instead of what we think. Usually, the moralities of mind and heart are synchronised, but sometimes they are not, and the heart tells that an action is right while the mind says it is not or vice versa, and this conflict creates the above-mentioned "dilemma".

In the last decade, we have seen that moral injuries have a disastrous impact on mental health, causing extreme anxiety, sadness, nihilism, and suicide among soldiers and veterans[14].

Given the numerous problems of properly treating military-related PTSD, mental health professionals are frequently so focused on PTSD symptoms and associated conditions (mental disorders, drug problems, threat of suicide) that they fail to identify underlying moral injuries that may be causing these diseases.

Moral Injuries and PTSD

According to the Diagnostic and Statistical Manual of Mental Disorders, PTSD is part of the stress-related disorders which follow exposure to one or more traumatic events, and manifest with the development of specific symptoms. The symptoms include[15]:

- Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).
- Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
- Intense or prolonged psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).
- Marked physiological reactions to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).

12. Koenig, H.G., et al. 2019. Editorial: Screening for and Treatment of Moral Injury in Veterans/Active-Duty Military With PTSD. August 21, 2019. Frontiers in Psychiatry.
13. Evans, W.R., Walser, R.D., Drescher, K.D., Farnsworth, J.K. 2020. The Moral Injury Workbook: Acceptance and Commitment Therapy Skills for Moving Beyond Shame, Anger, and Trauma to Reclaim Your Values. New Harbinger Publications.
14. Litz, B. T, et al. 2009. Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. Clinical Psychology Review 29. Elsevier Ltd.
15. American Psychiatric Association. 2013. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5.

- Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
- Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- Markedly diminished interest or participation in significant activities.
- Feelings of detachment or estrangement from others.

Therefore, we can say that PTSD is mainly about intrusive reexperiencing the traumatic/stressor event on the one hand, while on the other, there is the avoidance of it. Differently, a moral injury "*is a violation of what each of us thinks right or wrong*[16]".

Moral injury is different, more profound, or 'existential' than PTSD: it represents improved knowledge in terms of a 'new theory of PTSD' or transcends 'beyond PTSD'. Moral injury refers to the psychological, social, and spiritual consequences of high-stakes situations involving betrayal or transgression of one's own firmly held morality and principles. Moral injury is not a certified mental illness by itself, although it can be linked to PTSD or depression. The major problem is that PTSD is considered an illness in DSM-5, while moral injuries are not. Although moral injuries frequently happen in the context of acute stress and can appear as PTSD-like symptoms, they are distinct, albeit there is some definitional overlap, mostly found in the emotional domain. Moral injury and posttraumatic stress disorder have many similarities. Both begin with a life-threatening or damaging experience to oneself or others. Moral injury is characterised by guilt and shame and also PTSD symptoms. Moral injury can result in betrayal and a lack of trust, which are both typical PTSD symptoms.

As mentioned before, moral injuries can develop either in the presence or in absence of PTSD. They occur when moral beliefs or ideals are violated, witnessed, or learnt about, resulting in emotions of guilt, humiliation, betrayal, moral worries, trouble forgiving, loss of meaning, loss of trust, self-condemnation, spiritual challenges, and loss of religious faith. PTSD is physical in origin, while moral injury is a 'dimensional' problem. Physically stressful situations can result in PTSD, but even non-threatening events can produce traumas. Some physically painful experiences may nevertheless function as a cause of both PTSD and moral injuries, and some PTSD symptoms are more appropriately connected with moral injury. PTSD patients can benefit from physiological treatments such as medications and acupuncture, but those who have been morally injured require therapies that help them discover forgiveness and rebuild confidence in themselves and others[17].

Impact of modern warfare, new operational theatres, unconventional warfare and asymmetric conflicts

Over the last decades, the military personnel have been deployed in several different, but new operational theatres ranging from peacekeeping, peace-support operations and humanitarian missions, training missions, or rising counterterrorism operations. Since 2010, European countries have decided to deploy,

16. MacLeish, K. 2018. On "Moral Injury": Psychic Fringes and War Violence. Vanderbilt University. History of the Human Sciences 31(2).
17. Meagher, R.E. et al. 2018. War and Moral Injury. Cascade Books.

for the first time in their history, homeland counterterrorism operations implying patrolling the streets and guarding key infrastructures and sites[18]: the French Operation "*Sentinelle*" after the terrorist attacks of Charlie Hebdo in 2015[19], followed by the "*Operation Vigilant Guardian*" in Belgium[20] and Operation "*Temperer"* launched in May 2017 in the United Kingdom after the Manchester Arena bombings[21]. Being deployed in your home country, sometimes even in your neighbourhood, has added a new dimension to deployment and its mental impact on servicemen and women. Now, the threat is less visible, vaguer, the enemy is both external when deployed abroad and internal when deployed at home[22]. When patrolling, the threat can be "*everywhere, at any time and in any form*". [23]

If the operational theatres and their mandates evolved, the technological evolutions and developments implied the progressive shift towards modern warfare. If some argue that the distance warfare has less impact on the mental of the military personnel, recent research highlights the correlation between physically distant violence and rising moral injuries[24]. To illustrate, several researchers have raised concerns about the previous consensus that drone violence leads to "video-games players' immunity to risk". On the contrary, more and more drone operators are facing moral injuries[25]. To spare military personnel from exposure to risk and physical danger, the use of armed uninhabited aerial vehicles (UAVs) appears as a great alternative. However, those operators are extremely visually aware of their actions. If armed drones provide close air support to troops on the ground, the targeted killings of "enemies" raised more concerns. Since violence is mediated through a computer screen, it increases the feeling of playing a violent video game, implying less humane, morally disengaged behaviour/actions[26]. Killing remotely may lead to a higher risk of moral injuries amongst drone operations for three reasons: the absence of physical risk blurred the moral permission to harm others; the daily transition between military and civilian life governed by different ethical; and moral values and dilemmas and, through the camera, the acute visualisation of the target's humanity and consequences of the drone's violence committed[27]. This issue should be given more attention since the use and development of UAVs have been growing worldwide for two decades, especially for counterterrorism purposes.

In the late 90s, asymmetric warfare rose, as previously banned practices in war re-entered the stage, such as assassination (targeted killings or extrajudicial execution of suspected terrorists), torture, hostage-taking and blackmailing and the use of poison gas by both state and non-state actors[28]. The presence of new operational theatres implies the need for harsh measures for military needs which

18. Agata Mazurkiewicz, "The dynamics of the contemporary military role: in search of flexibility", Annales Universitatis Mariae Curie-Sklodowska. Sectio K, Politologia 25, no. 2 (2018) : 13, [online].
19. Ministère des Armées, (2015), «Dossier de référence : Opération Sentinelle »
20. La Défense, (2021), «Notre Mission : Vigilant Guardian »
21. George Allison, « Operation Temperer has started, here's what you need to know », United Kingdom Defence Journal, 24 May, 2017.
22. Mazurkiewicz, "The dynamics of the contemporary military role", 14.
23. ibid.
24. Christian Enemark, "Drones, risk, and moral injury," Critical Military Studies 5, no 2 (2019): 152, [online]. Available at: https://doi.org/10.1080/23337486.2017.1384979 [Accessed 13 December, 2021].
25. Enemark, "Drones, risk, and moral injury,", 155.
26. ibid., 158.
27. ibid., 165-167.
28. Michael L. Gross, Moral dilemmas of modern war: torture, assassination, and blackmail in an age of asymmetric conflict, (New-York: Cambridge University Press, 2010), 1.

would never have been considered in conventional war. Some of them are somehow at the margins of international law[29], which is now more and more disconnected by the modern battlefield, some claims.[30] For our armed forces, being deployed and taking part in those asymmetric conflicts implied different situations, leading to rising moral injuries amongst military personnel. "*In each type of conflict, assessments of military necessity, just cause, combatant liability, non-combatant immunity, reciprocity, and concern for future peace will vary*".[31] First, the distinction between combatants and non-combatants is more and more blurred, civilians assuming combatant-like roles in guerrillas, militia or terrorist organisations[32]. On the belligerent's side, it is now common to rely on children soldiers, women with babies or children, or any human as a protective shield. Second, there is a rising tension between the military necessity and means' use and humanitarian considerations to limit the "carnage" in human terms. [33] Most wars now are seen as unnecessary or superfluous.[34] Third, there is no more combatant equality; both sides of the conflicts no longer enjoy the same capacity.

"Because many participants fight without uniforms, it is exceedingly difficult to assess combatant equality or know who is vulnerable to lethal harm, who enjoys combatant rights, who enjoys civilian protections, and who among the

Source: https://asymmetric-dialogue.blogspot.com/2018/11/the-future-of-drone-and-counter-drone.html

Modern Warfare
9 November, 2018

29. Ibid., 3-4.
30. Michael L. Gross, "Moral Dilemmas of Asymmetric Conflict." The Oxford Handbook of International Political Theory (2018): 232.
31. Gross, Moral dilemmas of modern war, 15.
32. ibid., 13.
33. ibid., 21.
34. ibid.,74.

vast majority of remaining actors enjoys some of each. Unlike conventional war, asymmetric war boasts of a large population of participants who are neither combatants nor civilians as traditionally defined". [35]

MORAL INJURIES IN MILITARY PERSONNEL

Commanders

As a commander, one has effective authority over an entire military unit. Consequently, he or she is a leader with the duty and responsibility not only for the success of the mission but also for the well-being of the servicemen and women under his command.
As such, to effectively succeed in ensuring the well-being of all those serving under him and to be an effective leader, a commander must build mutual trust by determining the needs and motives of subordinates and understanding how events and life factors affect them. A commander must know their soldiers' prior exposures and combat experiences and how these might influence their behaviour. He must also be able to comprehend key events or stressors in their lives that might distract their attention or affect their decisions. This

Source: https://www.inc.com/magazine/201310/bo-bullingham-buff/novels-with-military-leadership-insight.html

US' Strykers from Enhanced Forward Presence Battle Group Poland landed in Rukla, Lithuania in June 2017.

35. ibid.,35.

is essential especially in scenarios that might lead to moral dilemmas and, consequently, cause moral injury on himself or members of his unit.

Although combat exposure can be, and numerous times is, a central event, recent studies have shown that the most frequent source of combat operational stress reactions is events happening back on the home front[36]. To tackle effectively the issue of moral dilemmas on the ground, leaders must know their soldiers' past before a deployment. They must learn about their families, friends, key events in their lives, their motivations for joining the military, and their plans, goals, and aspirations, not only for their military career but also for life. Most soldiers will openly share this knowledge, but it can be difficult for some to do so, especially those who are struggling to cope with something. They might not feel comfortable in openly sharing details about their lives outside of work. Studies have shown that there are significant stigmas about asking for help in the military culture. The most significant barriers are soldiers' concerns that their leaders or supervisors might have less confidence in them or treat them differently[37].

Moral Dilemmas

Army commanders often face the task of giving orders to servicemen to act in a specific manner in situations where the time to react is very short. There is often the dilemma of having to choose between a possible casualty within the unit, or the failure of the mission, or the death of civilians and so on.

Because of this and the amount of multiple different variables that need to be considered when conducting and commanding an operation, the possibility of moral dilemmas appearing in the world of modern warfare is a constant reality they have to live with. The reality of modern warfare of counter-insurgent and counter-terrorist conflict and the issue of proportionality is a constant element in today's warfare, where the "enemy" does not play by the rules of engagement dictated by international law.

Another challenging dilemma is the reality of facing other commanders working on the same mission. There is a conflict of power regarding which approach to take, which might differ from culture to culture.

Moral Injuries

Under the responsibility for the success of the mission and the well-being of the servicemen and servicewomen, a single mistake may end up in the unnecessary death of civilians or soldiers. This can, and normally does, lead to a profound moral injury.

One of the main effects of a moral injury on commanders is the erosion of their self-concept, the understanding of who they are, and their purpose. This can, in turn, pose the question of his ability to command. Consequently, the leader might lose his morale and motivation, which may hinder his professional capacities.

When the self-concept of oneself, either be a commander, an officer or a private, is negatively impacted through moral injury, intrapersonal difficulties and self-deprecating behaviours can occur (Drescher et al., 2011;

36. Warner, C.H., et al. Division Mental Health in the New Brigade Combat Team Structure. Part II: Redeployment and Post-Deployment. Military Medicine, September 2007, pp. 912-17

37. Hoge, C.W., et al. Combat Duty in Iraq and Afghanistan. Mental Health Problems and Barriers to Care. New England Journal of Medicine, 1 July 2004, pp. 13-22.

Litz et al. 2009). These behaviours can lead to maladaptive cognitions and emotions about oneself, others and or the world and heighten the risk of suicidality. When the individual is affected by a moral injury and displays them is in a position of power, the consequences can become increasingly more dangerous and jeopardise the success of a mission both operationally and tactically.

Recovery

The use of psychological decompression on military leaders and servicemen has been discussed as a significant element in the recovery process of military personnel suffering moral injuries, with commanders not being an exception to the helpfulness of the implementation of such treatment. The term 'decompression' refers to a process that allows service personnel heading back from deployment to adapt gradually to their new surroundings, reducing the risk of problematic psychosocial adjustment, as will be discussed later[38].

However, the usefulness of this method has been questioned, and there is a continuous debate regarding the apparent lack of clear evidence of its success in military commanders after deployment.

As such, due to the lack of definitive evidence, there are cases of commanders that ask advice from military psychological support professionals (military psychologists, psychiatrists or mental health nurses) as to whether or not to decompress and what, if any, form the decompression should take. There is a lack of knowledge about the balance of risks and benefits, and no evidence that decompression is associated with improved mental health outcomes.[39]

In the first place, to get a proper recovery, there is the need to identify moral injuries. In the second place, there is no one-size-fits-all technique to deal with moral injuries. It is important to notice that commanders also have the responsibility for their subordinates. So, there is the need for them to help the serviceman to help them figure out the trauma or help them deal with it during the deployment. These interactions can be both informal and formal but need to endure throughout the leader-subordinate relationship and be viewed as part of leading. Making these interactions the routine helps overcome the lack of trust a soldier might have with the leader.

The creation of trust between a unit and its commander starts with how the leader welcomes a soldier into a unit. It is thus of great relevance how soldiers are welcomed, as well as for the general to outline his expectations for the unit[40]. During these sessions, it is important to address also the issue of seeking assistance if needed and the fact that it will be viewed as a sign of strength, not a sign of weakness.

Combat Forces

In the wake of an alarming age with ongoing armed conflicts and wars, people's traditional national security and military power should be reconsidered. The complexity of today's military missions is inevitably clashing with moral challenges. Although war is not a rational choice and its actions cannot be justi-

38. De Soir, E. 2017. Psychological Adjustment After Military Operations: The Utility of Postdeployment Decompression for Supporting Health Readjustments. Handbook of Military Psychology, Ch.7
39. The Vietnam Dictionary Website. Available at http://vovma.org/nt.htm
40. NATO, Moral Decisions and Military Mental Health (Décisions morales et santé mentale dans l'armée) Final Report of Task Group HFM-179 Chp.5: Engaged Leaders 5.5.1- Pp.55

fied, major powers tend to prepare themselves for any potential war with one another when other means (non-violence) fail. These war-torn situations generate moral dilemmas and injuries in military personnel that are difficult to recover[41]. Whilst military service is voluntary in most European countries and the US, most troops come from low to middle-class communities, black and Asian communities. Neighbourhoods with high crime levels and abusive families lead people to military service that offers better social health and a sense of safety.[42]

Moral Dilemmas

Military establishments might generate a culture that alleviates their moral dilemmas as an action of military service to their country. More specifically, soldiers at war are bound by loyalty and commitment to their nations and thus, are ready to make sacrifices for the common good of all. They tend to organise their lives according to the nation they serve that justifies their actions during the war. For example, according to the law of war, the combatants are considered a valid target of attack for the enemy's army and hence, do not cause moral guilt. At the same time, combatants have no right to attack non-combatants, including those who have laid down their arms or have been disabled.[43] Nevertheless, sometimes it is hard to distinguish whether they are non-combatants or paramilitary groups holding guns. Watching two Afghan men on

Source: https://www.nato.int/cps/en/natohq/news_72835.htm?selectedLocale=en

Lowering suicide risk in returning troops: wounds of war

19 April 2011

41. Adams, E.M. (1989) The Moral Dilemmas of the Military Profession. Public Affairs Quarterly, 3(2), 1-14. https://www.jstor.org/stable/40435707
42. ibid.
43. de Graaff, M. C., Schut, M., Verweij, D. E. M., Vermetten, E., & Giebels, E. (2016). Emotional reactions and moral judgment: The effects of morally challenging interactions in military operations. Ethics & Behavior, 26(1), 14–31. https://doi.org/10.1080/10508422.2014.975815

a motorcycle heading towards soldiers poses a challenging situation of what is right and what is wrong.[44]

The combat forces must be mentally prepared to perform any brutal acts of violence under their commander's order. Put differently, to be a good soldier under these conditions is to be "morally corrupt."[45] However, it does not mean that soldiers are trained only on how to accomplish an assigned mission without feelings of guilt or shame. They are also trained to avoid falling into the enemy's hands or being humiliated by their comrades. For instance, American female soldiers are trained to avoid "getting raped"[46] by not smiling, crossing their legs, or not making eye contact.[47] Despite the training, females are often subject to sexist comments or physical violence by their male comrades. Sexual harassment and killing might be inevitably linked through the power to dominate and the desire to control. Nevertheless, further research should be conducted to specify the extent to which military troops' training to kill increases their chances of committing sexual harassment.[48]

However, moral dilemmas or morally challenging situations can be divided into four categories: cultural, work-home, team-related, and coalition force dilemmas. Soldiers might experience cultural moral dilemmas when Western values clash with Middle East values. Combatants might also face work-home moral challenges when they interact with their relatives. For example, one may struggle to tell his relatives that he was collecting body parts of his comrades after a suicide bomber explosion. Team-related moral dilemmas refer to situations in which soldiers are confronted with their colleagues, unit members or commanders. The commander and servicemen's perspective may differ from time to time and place and, as a result, are confronted with the dilemma to follow the orders or to assure the wellbeing of the personnel. The last category refers to moral dilemmas triggered by cooperation with the coalition forces in the mission area. To illustrate, it is hard to cooperate with the coalition forces that destroyed a village as it feels like a deceit towards the villagers.[49]

During the Iraq war in 2003, the US Army had adopted the "enhanced interrogation techniques" against the Iraqi detainees at the Abu Ghraib (an Iraqi prison for insurgents). These techniques included practices such as Forced Nudity, Stress Positions and "Use of Military Working Dogs."[50] Put it differently, practices of torture and sexual abuse had been conducted not only against the insurgents but also against civilians (farmers, fathers, taxi drivers etc.). Still, not everyone who worked at Abu Ghraib was aware of such interrogation techniques[51], and not everyone regarded it as their duty to kill the Iraqi men but to serve their homeland and defend the locals.[52] For instance, many men were confronted

44. Meagher, R. E. & Pryer, D. A. (2018) War and Moral Injuries, Wipf and Stock Publishers, p. 81.
45. Adams, E.M. (1989) The Moral Dilemmas of the Military Profession. Public Affairs Quarterly, 3(2), 1-14. https://www.jstor.org/stable/40435707
46. Meagher, R. E. & Pryer, D. A., 86
47. ibid.
48. Meagher, R. E. & Pryer, D. A. (2018), ibid., 87.
49. de Graaff, M. C., Schut, M., Verweij, D. E. M., Vermetten, E., & Giebels, E. (2016). Emotional reactions and moral judgment: The effects of morally challenging interactions in military operations. Ethics & Behavior, 26(1), 14–31. https://doi.org/10.1080/10508422.2014.975815
50. Meagher, R. E. & Pryer, D. A. (2018) War and Moral Injuries, Wipf and Stock Publishers, p. 61.
51. ibid., 61-62.
52. Brock, R. N., & Lettini, G. (2012). Soul repair: Recovering from moral injury after war. Beacon Press, p. 49.

with the moral dilemmas of whether to kill an armed child that was ready to kill them or disobey their commander's order and risk their own lives by letting the child live. Or they were facing the dilemma of whether to help a screaming girl with third-degree burns, whose mother was begging them to help or to execute the officer's command. Even witnessing Iraqi civilians drinking water from dirty puddles and living in mud shelters without access to medical care already constitutes an unpleasant experience, thus shaping combatants' mental health. Soldiers are well trained to execute commanders' orders, but they are not prepared well enough for what is coming after war, moral injuries.[53]

Different is the case of peace-keeping or peace-enforcement operations, in which the troops are not fighting for their country, their families, but instead, they find themselves in the middle of two conflicting parties. A peacekeeper will not be in the crisis situation to defend his own state or the army to which he belongs; he is only acquainted with the United Nations Organization he operates with, including its system of values, which includes the Code of Conduct for Peacekeepers. According to testimonies from peacekeepers on the battlefield, they have witnessed heinous atrocities. They are required to prevent the atrocity on the scene by common decency and morality, yet they are under instructions not to interfere due to the peacekeeping force's impartiality. This has resulted in moral dilemmas, agonising problems of guilt, and, on occasion, the decision to violate commands. The moral problem becomes about personal integrity: if a peacekeeper stays an observer to a war crime that he might have stopped by following orders not to interfere, he may betray everything he considers to be good, honourable, and just[54]. To put it another way, he could lose his moral compass. Consequently, this might result in severe traumas.

Moral Injuries

War teaches military troops that they should strive to do the right thing even if it is hard to control the outcome and that wrong decisions cause irreparable consequences that cannot be justified.[55] Combatants are taught to always obey the commander's orders, to fight and shoot the enemy when needed, even if there are no just reasons for the war but money, for example, the Iraqi war. As mentioned, according to the psychologist Jonathan Shay, moral injuries arise by "a betrayal of what's right… by someone who holds legitimate authority…"[56] or by actions that violate their own ethic morals. Victims of sexual violence tend to face harsh society's judgments as it is their fault and not the perpetrator's, leading them to experience moral trauma[57]. For instance, women tend to feel more sexually harassed in military units as they lack guaranteed protection. Hence, they experience deep phycological traumas of shame, dishonour and hatred that cannot be dismissed but should be treated immediately.

Most combat forces avoid sharing their experiences even with their families due to the

53. ibid., 50.
54. Van Baarda, T. A. Military ethics in peacekeeping and in war: Maintaining moral integrity in a world of contrast and confusion. Journal of Humanitarian Aid.
55. ibid., 81.
56. ibid., 90.
57. de Graaff, M. C., Schut, M., Verweij, D. E. M., Vermetten, E., & Giebels, E. (2016), ibid.

fear of being judged, misunderstood, or hurt. They feel misunderstood by pacifists who accuse them of killing innocent people because they lack moral conscience on the battlefield. Others feel also hurt, depressed, and dishonoured when they realise that all their efforts went in vain and brought nothing except destruction human misery.[58] They often feel emotionally isolated when they mourn losses or doubt their own actions of brutality. Many do not feel like heroes but feel failure or ambiguity about their military service on the battlefield. After returning home, some military troops may feel disillusioned and reject anything war-related that made them feel part of something bigger than themselves. Thus, it is easier for them to remain silent as they find it difficult to find words for the atrocities and terrors they committed or witnessed.[59]

Feelings of shame, humiliation, guilt, and alienation stem from the realisation that one has violated one's most religious convictions and moral standards and, therefore, one's essential sense of self. For example, many servicemen with religious beliefs tend to feel more shame than guilt, similar to sin.[60] Instead of being ignored, silenced, or suppressed, feelings of committing a sin and remorse must be listened to, recognised, and profoundly addressed. Veterans who come up against moral injuries strive to retrieve their lost sense of empathy, which they consider necessary to reintegrate into society. If veterans dismiss healing their moral injuries, they become an enduring disorder that in turn leads to hidden wounds that stay in their lives.[61]

Recovery

Confrontations with moral dilemmas trigger strong emotions, such as anger, disgust, shame or/and guilt influence combatants' behaviour. For example, anger may trigger aggression towards civilians, as happened in 1968 in South Vietnam in the massacre of My Lai, with the American troops to have gang-raped, mutilated and killed more than 400 Vietnamese civilians, including children, women, and the elderly. Soldiers are confronted with challenging situations, in which they must choose between clashing values of military commitment on the one hand and moral ethics on the other hand.[62] They must be trained and prepared to perform actions that might be against their morals and norms, and actions that cannot be justified in the post-war era.[63] The training itself should include spiritual preparation for what is coming next, but the question is whether there can ever be sufficient preparation for the psychological consequences of killing?

The truth is "*Nothing ever prepares you for . . . the unmeasured killing of civilians, nothing ever prepares you for what that does to you as a human being . . . to kill an innocent person*," said Camilo Ernesto Mejia, one of the American veterans now.[64] Soldiers are taught how to kill but are not prepared for the following emotional consequences. They are taught

58. Meagher, R. E. & Pryer, D. A. (2018), ibid., 40.
59. Brock, R. N., & Lettini, G. (2012), ibid., 58-59.
60. Meagher, R. E. & Pryer, D. A. (2018), ibid., 41.
61. ibid., 64.
62. de Graaff, M. C., Schut, M., Verweij, D. E. M., Vermetten, E., & Giebels, E. (2016). Emotional reactions and moral judgment: The effects of morally challenging interactions in military operations. Ethics & Behavior, 26(1), 14–31. https://doi.org/10.1080/10508422.2014.975815
63. Adams, E.M. (1989) The Moral Dilemmas of the Military Profession. Public Affairs Quarterly, 3(2), 1-14. https://www.jstor.org/stable/40435707
64. de Graaff, M. C., Schut, M., Verweij, D. E. M., Vermetten, E., & Giebels, E. (2016), ibid.

that killing is part of their mission and the commander's order, meaning that when they shoot the "enemy", they do not feel shame or guilt at that moment. The consequences of all their cruel actions come after some years of realisation, specifically when they return home.[65] The Iraqi war, for instance, proved that soldiers were not prepared for the reality of war, and they did not expect the US violation of international law. Hence, American troops saw the destruction of the Iraqi nation.

Some soldiers, despite their lack of religious faith, strive to heal through religious concepts such as "forgiveness," "penance", and "redemption."[66] At the same time, some other veterans do not believe that their moral dilemmas are phycological traumas that need to be treated. On the contrary, they conclude that their feelings come from a spiritual crisis that has changed them beyond recovery.[67]

National security should not be longer achieved by military power, and countries should temper their nationalism. Countries should find themselves willing to compromise their national interests, restrict the use of military force and contribute to international peace and justice. A state cannot defend its own interests by violating the interests of other states because it leads to the violation of everyone's interests and generates international insecurity.[68] "Defence of one's rights is the defence of rights of all; and defence of the rights of others is a defence of one's own rights."[69] Nevertheless, combat forces do feel betrayed by their own nation when they fight for their own nation and later, they fight against their nation for not having received what they have been promised in the first place.[70]

Medical Personnel

If there is a little but growing attention towards MI in the military domain in the scientific literature, there is a considerable gap to fill on research focusing on MI within the military medical personnel. Moreover, the few pieces of research tackling the issue provide different outcomes regarding the measurement, impact and treatment of MI. Therefore, additional research is required to tackle properly the issue in the future. [71] When deployed, a detailed and thorough understanding of military medical personnel's moral dilemmas is a real challenge but highly necessary to ensure the mission's efficacity. [72]

Moral Dilemmas

Because they faced more traumatic situations such as mass deaths, battle trauma, endemic diseases, traumatic injuries, military medical personnel experiences higher trauma than their civilian peers. [73] More specifically, military medical personnel experience the "dual loyalty" intrinsically linked to both soldier and caregiver roles. Indeed, combat medics "provide frontline medical care before,

65. Brock, R. N., & Lettini, G. (2012) ibid., 34.
66. Meagher, R. E. & Pryer, D. A. (2018) War and Moral Injuries, Wipf and Stock Publishers, p. 71.
67. Brock, R. N., & Lettini, G. (2012) ibid., 61.
68. Meagher, R. E. & Pryer, D. A. (2018), ibid., 73.
69. Adams, E.M. (1989) The Moral Dilemmas of the Military Profession. Public Affairs Quarterly, 3(2), 1-14. https://www.jstor.org/stable/40435707
70. ibid.
71. Barbara L. Pitts, et al., "Combat experiences predict post-deployment symptoms in US Army combat medics." Military Behavioral Health 2, no 4 (2014): 345. [online]. Available at: https://doi.org/10.1080/21635781.2014.963764 [Accessed 15 December, 2021].
72. Zachary Bailey et al. "Thematic analysis of military medical ethics publications from 2000 to 2020—A bibliometric approach." Military medicine (2021): 2., [online]. Available at: https://www.amsus.org/wp-content/uploads/2021/08/Article.pdf [Accessed 15 December, 2021].
73. Horning, « The Moral Consequences of Context: An Analysis of Bradshaw and Colleagues' Model of Moral Distress for Military Healthcare Professionals », 11

during, and after battles but also fight alongside other soldiers when under attack [74]». Under the 1949 Geneva Conventions, the military medical personnel benefits from the non-combatant statute, therefore enjoying specific rights. Consequently, they may only use their arms for defensive purposes, either to protect themselves or their patient. Moral dilemmas faced during their deployment may lead to MI when their moral trauma goes beyond the simple professional failure but imply the betrayal of their profound values, of "what's right". [75] As medics are part of the unit deployed, they are more likely to face a problem of 'identity fusion' since their patients are not simply third parties but humans with a special bond. [76] They are taught to be there to save lives. The loss of the patient is sufficient to provoke a moral trauma that may result in MI. [77]

During wartime, military and medical values may enter into conflict. [78] Facing the 'dual loyalty', combat medics are torn between the Hippocratic Oath and the military culture and Rules Of Engagements (ROEs). [79] This tension is visible in issues like confidentiality, informed consent, and autonomy, which may clash with national security, organisa-

Source: https://www.gov.uk/government/news/bringing-home-the-fallen

Medical Emergency Response Team

Senior Aircraftman Neil Chapman, Crown Copyright/ MOD 2010 ?

11 february 2013

74. Pitts, et al., "Combat experiences predict postdeployment symptoms in US Army combat medics.", 537.
75. Courtney Benshoof, "Not on My Watch: Moral Trauma and Moral Injury Among Combat Medics." Thesis, Georgia State University, (2017): 26, [online]. Available at: https://scholarworks.gsu.edu/cgi/viewcontent.cgi?referer=https://scholar.google.com/scholar?hl=fr&as_sdt=0%2C5&q=Not+on+My+Watch%3A+Moral+Trauma+and+Moral+Injury+Among+Combat+Medics&btnG=&httpsredir=1&article=1053&context=rs_theses [Accessed 15 December, 2021].
76. ibid., 28.
77. ibid., 31-32.
78. Michael L. Gross, "Bioethics and armed conflict: mapping the moral dimensions of medicine and war." Hastings Center Report 34, no 6 (2004): 22, [online]. Available at: https://doi.org/10.2307/3528174 [Accessed 15 December, 2021].
79. Roxanne Barbara Regnoli, "Dual Loyalties and Shifting (Bio) ethical Principles." Anglistica AION: An Interciplinary Journal 23, no 1 (2019): 227. [online]. Available at: DOI: 10.19231/angl-aion.2019114 [Accessed 15 December, 2021].

tional well-being or the mission's objectives. [80] Those conflicts of values and rising tensions already became tangible in the US Army with the Korean War and the Vietnam War. Within Western armed forces, voices have been increasingly heard with the wars in Iraq and Afghanistan, with, for example, research about the Dutch Military medical personnel in Afghanistan. [81]

Indeed, the two different worlds, military and medical, differ in their oath, codes of conduct, and relation towards their peers. However, medical personnel must serve primarily in their medical capacity, giving priority to their patient and doctor-patient relationship and considering third patients.[82] It means that facing dual loyalty issues, their primary obligation is always to their patient as stipulated in the 1977 Geneva Protocol. [83] According to international law, medical ethics in times of peace and war do not differ.

Furthermore, compared to their civilian peers, in the military setting, they must respect additional legal frameworks and international laws such as the Geneva Conventions, the Declaration of Helsinki, the International Code of Medical Ethics, Regulations in Times of Armed Conflict, and the Declaration of Tokyo[84] on top of which many more regional or national frameworks and laws may be added[85].

Moral Injuries

Wartime has a significant impact on medical care.

First, military policies such as 'salvage principle" or "triage" [86] might imply profound MI for them. According to the "salvage principle", wounded soldiers are defined by their "salvage value", i.e., the likelihood they will return to duty since there are not simply "patient" but a full member of the fighting force. [87] Therefore, salvage soldiers should return to combat as soon as possible. [88] In the same vein, the 'triage' and consequently the right to life depends on scarce medical resources on the terrain and the military necessity. [89] "Ultimately, this decision is justified by utilitarian analysis, doing the greatest good, not for individual patients but for the aggregate fighting force", [90] and it's much more ethically difficult when it comes to the triage of enemy combatants[91]. When they are required to prioritise the care between wounded individuals, it might imply the feeling/moral trauma of choosing who lives and who dies.[92] Sometimes, the operational requirements may mean that the commander over-ride medical advice. [93]

Second, their medical expertise may some-

80. ibid., 233.
81. Peter Olsthoorn, Myriame Bollen, and Robert Beeres, "Dual Loyalties in Military Medical Care–Between Ethics and Effectiveness Moral Responsibility & Military Effectiveness." In Herman Amersfoort, Rene Moelker, Joseph Soeters & Desiree Verweij (eds.), Moral Responsibility & Military Effectiveness, (Asser: 2013), 80-81.
82. ibid., 82-83
83. ibid., 85
84. Christian S. Pingree, et al. "Medical ethics in extreme and austere environments." Hec Forum 32, (2020): 352, [online]. Available at: https://doi.org/10.1007/s10730-020-09405-9 [Accessed 15 December, 2021].
85. Gross, « Bioethics and armed conflict », 22.
86. Jillian Horning, « The Moral Consequences of Context: An Analysis of Bradshaw and Colleagues' Model of Moral Distress for Military Healthcare Professionals » Dissertation (2015): 10, [online]. Available at: https://macsphere.mcmaster.ca/handle/11375/18216 [Accessed 15 December, 2021].
87. Olsthoorn, et. al., "Dual Loyalties in Military Medical Care–Between Ethics and Effectiveness Moral Responsibility & Military Effectiveness.", 85.
88. Gross, « Bioethics and armed conflict », 24.
89. ibid.
90. Pingree, "Medical ethics in extreme and austere environments.", 353.
91. ibid.
92. Craig J. Bryan, et al. "Measuring moral injury: Psychometric properties of the moral injury events scale in two military samples." Assessment 23.5 (2016): 559, [online]. Available at: DOI: 10.1177/1073191115590855 [Accessed 15 December, 2021].
93. Pingree, "Medical ethics in extreme and austere environments.", 352.

times be used in a way that profoundly infringes their moral values. "They are, for instance, put in a difficult position when their presence during unlawful interrogation is presented as in the interest of the detainee. Advising on the prisoner's physical limitations enables the interrogator to use sleep deprivation without causing lasting harm". [94]
Third, with scarce resources, they cannot always take care of the local population without incurring risks for themselves and their military colleagues. [95] Those moral dilemmas can have an impact on the missions' objectives and achievements: "For example, the image of medical personnel allowing young children to die due to them following their medical ROEs can fuel terrorists' anger toward NATO forces and erode support for NATO operations". [96]

Moreover, over the last decades, the rise of unconventional warfare and asymmetric conflicts have created new dilemmas for military medical personnel.[97] To illustrate, they may have difficulties distinguishing between combatants and non-combatants who do not enjoy the same rights regarding the medical care that may hinder the implementation of humanitarian law and medical ethics. [98]

Recovery

One of the core problems in detecting MI within the military medical personnel is that they expressed their resulting traumas in terms of helplessness, uselessness, hopelessness and isolation[99] rather than in more traditional terms of shame, guilt and demoralisation.[100] As research and empirical data are lacking in this field, there is no real stressors scale specific to the military, and little attention is given to HCPs specifically. Still, there is a need for a comprehensive scale today with combat-related stressors as well as medical care-specific stressors. Therefore, the Perceived Military Healthcare Stressors Scale (PMHSS) attempts to fill this gap, trying to assess the impact of stressors specific to the military medical personnel during their duties [101] but it is still in its infancy. As of today, there is no specific MI's therapy for military medical personnel tackling the specific moral dilemmas they faced during the deployment. Therefore, developing specific training and support before, during and after the deployment is a pressing matter within our armed forces.

Training and Recovery

When PTSD symptoms appear, it may not be PTSD but the moral injury that is the root problem. It may take a very long time for the protective identity to disintegrate ultimately under the mounting weight of moral conflict. It is a self-shadow, a mix of apparently random, damaging ideas, desires, and sensations that the ego serves to protect the individual from.[102] People suffering from it may become entangled in a tornado of unreliable thoughts and feelings if they lack a solid protective identity. Different studies proved that

94. Olsthoorn, et. al., "Dual Loyalties in Military Medical Care–Between Ethics and Effectiveness Moral Responsibility & Military Effectiveness.", 83.
95. ibid., 86.
96. NATO, STO Technical report, Decisions, "Military Mental Health (Décisions Morales et Santé Mentale Dans l'armée) Final Report of Task Group HFM-179.", (January 2018) : 9-1.
97. Gross, « Bioethics and armed conflict », 23.
98. Ibid., 26.
99. Horning, « The Moral Consequences of Context: An Analysis of Bradshaw and Colleagues' Model of Moral Distress for Military Healthcare Professionals », 16.
100. Benshoof, "Not on My Watch », 32.
101. Scale, 1-4
102. Ibid.

soldiers' moral distress could cause long-term problems, from violent actions, self-handicapping behaviours, drinking problems and suicides. For this reason, it is fundamental a timely intervention.

Severe, long-term traumas can result in the complete annihilation of desire, of the will to exist and have a future. Betrayal of "what's right" is especially damaging to a sense of moral coherence in ideas, goals, goods, and activities. When certain main values are compromised, the credibility of every other ideal or action may be put into doubt. Safe and nonviolent connections with others can become nearly impossible. The concept of a "freely cooperating partner" no longer exists as a category for others or oneself. Personal interactions, whether at work, in love, or friendship, become incredibly tough as a result[103]. Combat veterans were about twice as likely as civilian counterparts to have a very unstable work history and two or more divorces. In addition, the thoughts of suicide are very common in veterans, and the persistence of meaninglessness. Veterans in the US make up only 7% of the American population, but they account for 20% of all suicides.

There is a way to help military staff form moral injuries, or are they inescapable? The military's answer to this question is training, to provide significant psychological protection. However, during training, soldiers are taught how to kill, but not how to deal with the spiritual and moral destructive consequences. As a result, many veterans felt deeply betrayed by the irrelevance of their training[104]. Training gives no preparation for what to do when conscience breaks, whether in the immediate aftermath or upon returning home. They are taught to kill and die in war, which is a sort of personal code of honour, but this also creates problems returning home, as some soldiers believe they failed since they returned home alive, while other companions did not. In some circumstances, military staff are forced by their consciences to transgress some rules to protect themselves from moral injuries. For some of them, killing became easy and meaningless because, according to them, they are just following orders, doing what they have to do to serve their country, or doing that just for advancing their careers. Others regret not just walking away from war when they just wanted to go back home, but when they returned, they did not find relief at all; it is just the beginning of a deeper understanding of what they had done and become. Many felt that they committed a personal affront against God and now are looking for redemption and forgiveness. Others think that nothing can be done now since the only people who can forgive them are the ones they killed.

There are different opinions and ways to deal with the war. There is probably the need to implement the preparation training, even if nothing can really prepare you for war, for seeing the destruction of an entire nation, killing civilians, and so on. Nothing prepares for what this does to the soul of human beings, and when military personnel come back home, they find it hard to talk about it. In more, we have to consider that even if veterans have some opportunities to talk with military psychologists, sometimes for them it

103. Shay, J. 1994. Achilles in Vietnam: Combat Trauma and the Undoing of Character. New York, Scribner.
104. Ibid.

is hard to go there and wait in the waiting room because they do not want to be seen there, they may feel ashamed. Most of the times, there is the problem that they do not even recognise they are suffering from moral injuries or PTSD or maybe they just hope that it will go away by itself.

Healing from moral injuries implies restoring trust, lying at the heart of the process. Over the years, researchers have demonstrated that MI's treatments must be both moral and social, implying the "communalization" of the trauma to rebuild the character. [105] Indeed, there is a profound lack of awareness and feeling of accountability about the war's consequences in our society.

"To treat veterans with respect means to examine our collective relationship to war with the same standards of courage and integrity veterans themselves have modelled."[106]

At the societal level, healing must be political, meaning that it is the whole society's responsibility to allow the military personnel coming back home to communalise and share their trauma. It is our "moral duty" since not addressing MI has various consequences: economic costs, domestic violence and pathologic family life, intergenerational transmission of trauma and diminution of democratic participation.[107] A trustworthy community characterised by strength, compassion, respect, and no hierarchy of suffering is needed to communalise such traumas. Firstly, this community must have the strength to listen to the traumatic experiences without being wrecked. Then, "*Without emotion in the listener, there is no communalization of the trauma*"[108]. Thirdly, the community must respectfully listen without judging, "*they must be given permission by the community to speak without fear that their particularity will rupture the we-all-went-through-the-same thing support that they have come to rely upon*[109]". Finally, there must be no hierarchies of suffering made between the moral injured. [110]

Before, During and After Deployment

Psychological, moral and cultural education sessions within the armed forces should be delivered at different stages throughout the deployment phase, namely before, during and after deployment, and while a military unit is reorganising in provision for future deployment. Obviously, this preparation is different across the stages. For example, pre-deployment focus is likely to be on operational pressures and on how to handle them. During deployment, interventions may be targeted towards specific situations. Interventions towards the conclusion of the deployment are likely to focus on leaving the operating environment and dealing with going home[111].
Leaders should use every chance before the deployment to incorporate moral reasoning into tactical training and missions. Moral reasoning is not included in most pre-deploy-

105. Jonathan Shay, Achilles in Vietnam: Combat trauma and the undoing of character, 465, 468, 470.
106. Rita Nakashima Brock and Gabriella Lettini. Soul repair, 180.
107. Shay, Achilles in Vietnam, 484 – 488.
108. Ibid., 473.
109. Ibid., 480.
110. Ibid., 481.
111. Mulligan, K., et al. 2010. Psycho-educational intervention designed to prevent deployment-related psychological ill-health in Armed Forces personnel: a review. Psychological Medicine. Cambridge University Press.

ment ethics training programs. They are primarily concerned with educating soldiers on what to do (and not do) in combat, but they do not explore "why" in moral terms. For example, the Soldiers' Rules and Law of Armed Conflict lectures discuss soldiers' deadly permissions and constraints regarding the professional rules and legal conventions rather than moral principles. When troops in training fire their guns at inanimate training aids, these justifications are adequate. while combatants engage and murder people when they go to war. Nonmoral justifications that looked completely adequate during training (e.g., "it's legal"; "it's what soldiers do") do not alleviate the moral distress felt by many troops. Leaders should include moral reasoning into their military training to defend against moral injury. Integrating moral decision-making should be done through the deployment. The stakes are significantly higher when human lives are involved, making the training process even more crucial. When troops commit acts of violence in war, they do it to further a common goal. Leaders should also hold one-on-one and group dialogues with troops after a deployment to help them reconcile morally devastating combat experiences into mean ingful personal narratives of honourable service.

In the next section, we will analyse some recommendations for the psychological support and techniques used before, during and after a deployment:

Before Deployment

Armed forces should organise systematic psychological support. This support should come not only from psychologists, psychiatric nurses, medical doctors, psychiatrists, but also from chaplains, social workers and sociologists. As we will see later, chaplains

Source: https://www.army.cz/en/ministry-of-defence/newsroom/news/soldiers-in-training-before-deployment-to-latvia-for-allied-exercises-149210/

Soldiers in tactical drills
24 March 2018
1LT Miroslav Mant

may sometimes be more valuable than medical personnel, since they can create a different connection with the patient. By the way, all of these supporting figures give well-informed advice to military leaders who are accountable not just for the mission's success but also for the safety of the soldiers under their command. Psychological care should not be restricted to individual mental health, but also should address morale and other unit-level issues.

Armed forces should cover issues of psychological support in education and training. What can a person or unit expect during a deployment, how do people cope, how do they support one another, and how do they seek professional assistance? The goals are improving coping skills at the individual or unit level, increasing resilience, and making the work of mental health support specialists easier if psychological intervention is required.

Armed forces should organise home front support well in advance of the deployment. Whether intermittent or regularly, deployments have long lasting or even permanent implications for military personnel, and for their families. There can be little doubt that deployments have implications for military personnel, their families and military formations. Military families' coping abilities are critical to the deployment' success. As a result, home front assistance should include giving information, guidance, and education, communication and contact methods, and psychological or social assistance[112].

During Deployment

Armed forces should consider monitoring at the personnel level. Regular personnel surveillance should be carried out to detect any negative responses an individual may have because of the deployment, which might decrease performance. Colleagues, supervisors, and professional support providers should monitor the situation regularly both formally and informally.

Incident handling is provided initially at the peer level and progresses through the next levels of support as required. In the event of an accident, there are three degrees of assistance available. Peer help, is built 'upon the positive aspects of psychological debriefing, namely using an interview as an opportunity to detect those who are suffering from considerable degrees of post-traumatic stress, whilst aiming to avoid deep emotional exploration related to the traumatic event[113]'. Some members of each unit are required to have undertaken incident handling training. These experts can assess stress risk at the individual and unit levels, advise military commanders, and carry out rudimentary treatments. They know when to recommend that additional specialists, helped by psychological support experts, be brought in as a third step.

Armed forces must operate home front support throughout the deployment.

Throughout the deployment, home front support is required. Ongoing family and partner support encompass a wide variety of services offered to families and is not limited to a single deployment. This takes into consideration

112. Cuvelier, Y., Van den Berg, C. Stress and Psychological Support. NATO HFM-081/RTG-020.
113. Jones, N. et al. (2003). Peer-group risk assessment: a post-traumatic management strategy for hierarchical organizations. Occupational Medicine.

the fact that for military personnel, deployment is a frequent and recurrent occupational occurrence. The importance of communication between the area of operations and the home front cannot be overestimated[114].

After Deployment

Military personnel, Staff, Medical personnel and all the people involved in warzones, inevitably are exposed to potentially traumatic events (PTEs). It is impossible to think to eliminate them from such occupations, so the least that can be done is to take all the reasonable steps to minimise the problems occurring due to that exposure.

Following PTE exposure, either quickly after an event or near the conclusion of the deployment period, psycho-education is often used. Although the impacts are more significant in individuals who are most at risk, treatments should not be limited to those with high levels of PTEs.

Third Location Decompression

One of the most important trainings after the deployments is the Third Location Decompression. States, that frequently send personnel into high-risk or dangerous situations have a moral and, in certain circumstances, legal duty to minimise the psychological impact on their staff.

Third Location Decompression, was first used during the Vietnam War and is described as "a gradual reduction in pressure" or "a release from compression". However, in recent years, the term decompression has been used to identify a psychological concept that, in military environments, refers to a process that allows service personnel heading back from deployment to gradually adapt to their new surroundings, reducing the risk of problematic psychosocial adjustment. The so-called "third location" decompression refers to resting, returning equipment, and reintegrating in a location that is neither the military theatre nor home before going home[115].

Third location decompression (TLD) is a method used by the UK military forces that ensures that "those who fight together unwind together". The UK Armed Forces arranged these TLDs in Cyprus throughout the previous decade, where soldiers spent 24-36 hours of psychoeducation in-group or individual activities, easing the post-deployment transition. TLD is designed to provide relaxation, social support, and a casual discussion of operational experiences, and a regulated reintroduction to alcohol to reduce the risk of post-deployment alcohol dependence[116]. TLD seeks to minimise the impact of traumatic stresses, and soldiers with PTSD or moral injuries found it more beneficial than those who had had fewer traumas. Those who desired to engage in TLD before arriving in Cyprus were more likely to benefit from it than those who did not.

Although decompression is not a recognised mental health intervention in and of itself, it does contain psycho-educational briefings to make the homecoming process go more easily.

In a survey filled by troops, who stayed in Cyprus in the periods March-May and September-November of 2008, in answer to the

114. Cuvelier, Y., Van den Berg, C. Stress and Psychological Support. NATO HFM-081/RTG-020.
115. Hacker Hughes, J., et al. 2008. The use of psychological decompression in military operational environments. Military Medicine, 173.
116. Fertout, M., et al. 2012. Third location decompression for individual augmentees after a military deployment. Occupational Medicine 2012; 62: 188-195.

question, 'Do any of the following areas concern you about going home?' the most prominent concern, according to respondents, was re-establishing relationships, settling down to regular life, and peacetime tasks. In contrast, thoughts of terrible incidents encountered during the deployment were the least concerning.

Another critical question was related to seeking help for mental problems and traumas. Here, the troops were required to answer to the question "*I would not seek help for a mental health problem because...*". The majority of them affirmed that what prevents mainly from seeking for help is the idea that it would be too embarrassing. Seeking help would harm their career because they think that the commanders would treat them differently or be seen as weak. However, there were also answers related to the fact that people do not know where to go for help, or they fear that the visit would not remain confidential[117].

This survey served as a wake-up call to show how is important to train people before the deployment and to assist them especially after, to help them in their return home, in their re-establishing relationships and to go back to a normal life, not to feel ashamed for what they did and for asking for help. Of course, the Third Location Decompression is not a one size fits all process, but, even though the majority of troops (about 80%) did not want to engage in TLD or were unsure about it before arriving in Cyprus, the vast majority (91%) felt it useful once it was completed.

Source: https://www.hillandponton.com/suffering-ptsd-three-facts-know-legal-standing/.

Suffering from PTSD
December 13,2013

117. Academic Centre for Defence and Mental Health. Decompression Quantitative Survey. Final Report. 17 JUL 2009.

Secular Methods of Recovery

Since MI is getting recent attention from the scientific and clinical communities, there is only one MI's specific treatment today: adaptative disclosure therapy. Indeed, most psychological treatments were developed to treat PTSD initially and progressively used to treat MI such as acceptance and commitment therapy, cognitive behavioural therapy, cognitive processing therapy, prolonged exposure, healing through forgiveness, and other therapies such as Eye movement desensitisation and reprocessing. [118] If those are secular treatments, they may include a religious/spiritual dimension.

To date, Adaptative Disclosure Therapy (ADT) is the only therapy specifically elaborated to treat MI.[119] Indeed, there is a lack of approaches and structures to mitigate the moral transgression leading to MI both during and post-deployment.[120] Developed by Litz. et al., ADT is a manual-based treatment, recently published in 2015 for veterans and active-duty military. Based on six to eight individual sessions of 90 minutes, including discussing, processing and challenging memories and experiences, ADT is made of emotion-focused behavioural strategies to heal from loss injury, life threat and MI. [121] Highly didactic and pragmatic, the different sessions cover an introductory psycho-educational session, four disclosure sessions concluded with a final wrap-up session to plan on the future in light of the therapy's achievements. [122] In MI's healing process, forgiveness is central. Therefore, ADT implies important steps to follow: establishing a trustful connection, developing a clear plan to approach those psychological injuries, detailed disclosure of the events to be reconsidered and changed, examination of the maladaptive beliefs about the self and the world, imagine dialogued through the empty-chair exercise, apportioning blame through reparation and forgiveness, making or seeking amends by reconnecting with communities, acceptance and planning of the future and long-term recovery. [123] It includes the "empty chair" exercise, imaginal exposure exercises based on discussions between the client and a compassionate authority/entity with the client playing both the confessor and mentor roles.[124] To overcome the concerns of the care-seeking on its career evolution if he seeks helps and the stereotype according to which civilians will never understand what they experienced, the therapy should involve people enshrined and aware of the military culture and the nature of combat and operational trauma. [125] Indeed, this therapy makes the possibility for veterans and active-duty personnel progressively become aware that sharing and disclosing with people outside the military bubble is beneficial. [126]

Besides, Acceptance and Commitment Therapy (ACT), aims at improving adaptation and quality of life. It's an eightfold path based on

118. Harold G. Koenig, and Faten Al Zaben, "Moral injury: An increasingly recognized and widespread syndrome," Journal of religion and health 60, no 5 (2021): 2991, [online]. Available at: https://doi.org/10.1007/s10943-021-01328-0 [Accessed 15 December, 2021].
119. Kopacz et al., "Moral injury: A new challenge for complementary and alternative medicine", 30.
120. Brett T. Litz, et al., "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy," Clinical psychology review 29, no. 8 (2009): 702, [online]. Available at: https://doi.org/10.1016/j.cpr.2009.07.003 [Accessed 15 December, 2021].
121. Koenig, and Faten Al Zaben, "Moral injury: An increasingly recognized and widespread syndrome," 2999.
122. Maria M. Steenkamp, et al. "A brief exposure-based intervention for service members with PTSD." Cognitive and Behavioral Practice 18.1 (2011): 100. [online]. Available at: https://doi.org/10.1016/j.cbpra.2009.08.006 [Accessed 15 December, 2021].
123. Nash, and Litz, "Moral injury: A mechanism for war-related psychological trauma in military family members.", 371-373 ; Litz, et al., "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy,", 702-704.
124. Nash, and Litz, "Moral injury: A mechanism for war-related psychological trauma in military family members.", 372.
125. Steenkamp, et al., "A brief exposure-based intervention for service members with PTSD.", 101.
126. Ibid., 102.

mindfulness, implying a spiritual component, individual or group[127].

Also, Cognitive Behavioural Therapy (CBT) is often used to treat MI and PTSD's symptoms that follow. CBT has the objectives of identifying and challenging dysfunctional beliefs caused by feeling responsible for the death of others, the impact of killing and fostering acceptance and grief works. This therapy also has a spiritual component by highlighting the necessity to reconnect with a spiritual community and make amends. [128] The above-mentioned ADT and ACT are often based on CBT principles.

Furthermore, Cognitive Processing Therapy (CPT) is one of the two most used therapies to treat PTSD with Prolonged Exposure (PE). Combining PE and CBT, CPT to identify, process, and challenge negative thoughts related to the trauma and recently, address MI's symptoms. [129] During 12 sessions, CPT tends to develop new meanings of the experiences associated with their trauma, helping military personnel be "unstuck" with those circular negative thoughts. [130]

In addition, Prolonged Exposure (PE) consists of "repeatedly exposing the person to their traumatic memories through imagining the trauma or to real-life situations similar to the trauma (*in vivo* exposure)[131]". Specific to

Treatments after deployment

"New veterans fund will invest in cutting-edge research for treatments"

SAC Samantha Holden RAF/PA

22 October 2021

127. Koenig, "Moral injury: An increasingly recognized and widespread syndrome,", 2999-3001.
128. Ibid., 3001.
129. Ibid.
130. Kopacz et al., "Moral injury: A new challenge for complementary and alternative medicine", 30.
131. Koenig, "Moral injury: An increasingly recognized and widespread syndrome,", 3001.

MI, PE therapy implies 45 minutes weekly individual session. However, PE's therapy has not been yet empirically proven its effectiveness largely.[132] Interestingly, Healing Through Forgiveness (HTF) is a 12-sessions therapy based on CBT and PE principles during 12 weeks, and involves family members with a 6-month follow up and post-session questionnaire. [133]

To a lesser extent, Eye movement desensitisation and reprocessing (EMDR) therapy may also be used to treat both MI and PTSD. [134]

Besides those secular treatments, some voices are timidly heard to open MI's treatment to other domains such as art including military service members, veterans and families. It has demonstrated a significant impact on fostering readiness, resilience, retention and reintegration. If it has already been done in the US in the early 2010, it might be interesting to reflect upon this possibility in our armed forces. Progressively emerging around 2015, arts have already have been integrated arts in the future developments of trauma work in the UK. [135]

So far, only CPT and ADT seem empirically effective and efficient to help those who suffer from MI to heal.[136]

Religious Methods of Recovery

As we mentioned before, the religious dimension is also important in the recovery process because Moral Injuries are especially common in many spiritual and religious people. 'We know that the loss of faith and meaning, the sense of isolation, and the self-condemnation characteristic of moral injury cannot be repaired by short-term therapies[137]'.

The "*hidden wounds of war",* the psychological and emotional effects of combat, remind us how the war does not end when the troops and the whole military staff come home; they continue affecting the body, soul, and psyche and are even more dangerously when ignored. Veterans who felt guilty for killing others, participated in atrocities, failed to fulfil duties or responsibilities, accidentally contributed to the death of a companion, were unable to properly treat and save the injured soldiers, or experienced the death of a friend, reported a weakened faith in their religious belief.[138]

Distress that emerges from a struggle with moral pain can manifest in different ways: I am a horrible person, I am unforgivable, irredeemable, I am a monster who exclusively harms others around me are examples of inner moral judgements.[139]

These types of moral judgements may be directed towards a God by both religious people or not: some people may believe that God has abandoned them, or assume that God does not exist if such moral breaches occur. The terrible judgements persist, and the reactions to them might cause so much agony that a man loses all desire to return home safely.

"If God had loved me, he would have let me die in war"

132. Ibid., 3001-3002.
133. Ibid., 3002.
134. Ibid.
135. Alison O'Connor,"Transforming trauma: Moral injury and arts with military veterans, families and communities." Unpublished report for the Winston Churchill Memorial Trust (2018) : 2-6.
136. Kopacz et al., "Moral injury: A new challenge for complementary and alternative medicine", 31.
137. Lettini, G. 2013. Engaging the Moral Injuries of War: A Call to Spiritual Leaders. Reflective Practice: Formation and Supervision in Ministry.
138. Fontana, A., & Rosenheck, R.2004. Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD. Journal of Nervous and Mental Disease, 192, 579–584.
139. Evans, W.R., Walser, R.D., Drescher, K.D., Farnsworth, J.K. 2020. The Moral Injury Workbook: Acceptance and Commitment Therapy Skills for Moving Beyond Shame, Anger, and Trauma to Reclaim Your Values. New Harbinger Publications.

Military men in war typically value their companions' lives more than their own and are more afraid of their deaths. It is due to a fusion of the Christian self-sacrifice, military training, and the natural relationships of love and loyalty that emerge among men fighting together. This determination to commit yourself is common, as proven by hundreds of sacrificial deaths. Religious education often promotes such self-sacrifice, expressly promising that the person dying in this manner would spend life in paradise in return. However, a second assurance is generally provided parallelly: God will see the act of self-sacrifice, or even a genuine intention to die, and saves the companion's life.[140]

What happens if the sacrifice, or the deep desire to sacrifice, does not "work"[141]? Many morally injured military veterans have found themselves in this scenario. The "person I was willing to die for" is not meant to die in an ethical existence ruled by a kind, caring God. He dies inexplicably, leaving a heart-breaking sense of spiritual abandonment and meaninglessness.

Nonetheless, active-duty soldiers who reported high rates of spirituality and religiosity reported less use of substances and risky behaviours as well[142].

As we have seen previously, for many veterans is not easy to talk about their distress, especially when they are welcomed home as heroes. It is hard to talk to someone of their deeper questioning when the other people are just thanking them for their sacrifice and service. In more, veterans sometimes do not trust addressing moral struggles neither to spiritual guides nor to chaplains, because in the military context, they are part of the Army, so sharing emotions with someone in uniform makes them feel vulnerable and uncomfortable.

However, medical-psychologists should not be the only therapists available to address moral injuries. There is the need of also religious and cultural therapists that, having a different approach, may succeed where others cannot. The more judgmental and punitive a veteran's idea of God is, the more difficult will be the recovery.

Veterans who are grieving the casualties of war and seeking methods to apologise for the pain they have caused, want safe spaces to discuss morality and ethics with those familiar with such concerns. They require the company of those who understand the lifetime effort to be their best selves after violating their most fundamental moral beliefs. Assisting morally injured veterans, dealing with spiritual and religious concerns requires a multicultural competency. Psychologists lack adequate training in these areas. For this reason, it is necessary for them to express religious understanding, respect, and having awareness of their clients' diverse spiritual, religious, and secular perspectives and the ability to recognise when to seek consultation or join forces with religious authorities.[143]

Clinicians often urge patients to express their anger since it provides important information about their motivation, desires, and concerns.

140. Shay, J. 1994. Achilles in Vietnam: Combat Trauma and the Undoing of Character. New York, Scribner.
141. Ibid.
142. Pearce, M., et al. 2018. Spiritually Integrated Cognitive Processing Therapy: A new treatment for post-traumatic stress disorder that targets moral injury. Global Advance in Health and Medicine, Volume 7: 1-7.
143. Litz, B.T., 2017. Spiritual Features of War-Related Moral Injury. A primer for Clinicians. Spirituality in Clinical Practice, Vol. 4, No. 4, pp. 249-261

However, secular psychologists should be aware that some warriors may see their religious traditions as forbidding the emotional reaction of anger, which might pose a problem in therapy and recovery. Dialogue with clerics, who can interpret feelings of rage as a symbol of motivation for preventing future transgressions without allowing them to become self-consuming, may assist people in integrating anger into their religious perspectives. Many spiritual traditions highlight the need of seeking forgiveness from both spiritual and human individuals. The harmed persons with whom one seeks to make amends may be geographically far or even dead, or their identities may be unknown, undermining traditional paths for seeking forgiveness for veterans of war. In the absence of actual forgiveness from the injured party, several spiritual traditions suggest alternative techniques for partial redemption. Letter-writing or imagining a discussion with the departed are secular techniques of symbolic forgiveness that may be useful to both religious and non-religious people.

"There's nothing that can change that; it's impossible to forget what happened, and the only people who can forgive me are dead."

The therapist's responsibility in these situations is not to assess the patient's objective

"Military Service in the Era of Eternal War"
US soldiers walk near a police checkpoint in Afghanistan.
24 September 2019
Lucas Jackson

guilt; instead, a spiritual figure might be better qualified to assist the patient in doing so. Suppose the Veteran's assessment indicates that religious belief is important to his healing. In that case, the clinician should ask if he wants to talk to a religious adviser about it, and if so, offer to help find a responsive and caring spiritual counsellor from the local faith community or a chaplain from the clinical area. Moral rehabilitation is only largely intrapsychic: compassion and forgiveness may need long-term activities throughout the course of a person's life, and society assistance.

CONCLUSIONS

Military operations will continue to involve difficult decisions that can affect the well-being of the decision-makers, their subordinates and peers, their adversaries and civilians impacted by the conflict. Although it has already been noted in the past as a consequence of previous conflicts, the current form of warfare that servicemen and servicewoman face today,[144] where the enemy disregards in many cases human rights and hides in the middle of civilians, blurring the line between what should and should not be done, has had the consequence of an increased focus on the psychological consequences of war that many veterans have suffered because of this reality, including real or perceived ethical lapses and violations.

One of the continuous inherent difficulties, stems from the daily reality that service members face, where the decisions that they take are inevitably the outcome amid choosing between mission success, civilian safety, force protection and unit loyalty, and so the consequences when taking these kinds of decisions, there are fundamental moral implications, which might end up creating moral injuries.
As such moral injuries will continue to be a current and complex issue inside the military forces, and its treatment before, during and after deployment is of central importance for the well-being of servicemembers. Through early treatment and a better support structure, officers and servicemembers would feel safe to expose their moral injuries and be treated with full institutional support, without the fear of being side-lined by their colleagues or treated differently by their superiors or of having their careers damaged.
This is a point of critical importance since early treatment, and better support can help cure moral injuries of servicemembers and make them capable of performing their task effectively. In addition, it reduces the numbers of suicide in the military, which often are the ultimate result of lack of treatment alongside the prevalent feeling of hopelessness by veterans, found without any help from the military and unable to successfully reintegrate themselves in society after returning home.

144. It should be noted that although moral injuries and the moral dilemmas that service-men and service-woman come into contact today have been primarily associated with this type of warfare, they are also present throughout the full-spectrum of military operations (e.g. peacekeeping, peace-making, humanitarian, as well as combat).

In relations to the institutional support for veterans in most E.U. countries, there is still a big gap of lack of institutional support and a system of research for better treatments and registration of moral injuries. This is in contrast with UK and the US for example, which have increasingly invested in institutional support, care centres and research for treatments of moral injury victims within the military in the past two decades.

Consequently, the importance of creating better structures of institutional support for veterans in Europe for the treatment of moral injuries, able to successfully accompany them during and after deployment, is central r to develop new methods to face moral injuries and to support the veterans. Indeed, we have seen the importance that leaders have in accompanying officers, servicemen and servicewomen in early treatment and identification of moral injuries.

Although there are already treatments such as the cited Third Location Decompression, which have shown to have some positive impact on treating veterans and making them able to do a better transition after deployment to society, it is important to note that to this day is still debated its scientific effectiveness.

Other treatments, such as Cognitive Processing Therapy (CPT), which is one of the two most used therapies to treat PTSD with Prolonged Exposure (PE) have been found to be effective in combination with other treatments at effectively identifying, processing and challenging the negative thoughts that accompany moral injuries in servicemembers that are affected by it.

There is still ongoing research on the best treatments, but psychologists need to be educated to approach moral injury effectively and to work in a way that can build trust with servicemembers that have suffered from it.
It has also been noted that spiritual guidance in many cases plays a central role in the recovery process. As such, the role of spirituality must be always considered, especially after a violation of the most fundamental moral belief occurred. As such, when assisting morally injured veterans, for those dealing with deep spiritual concerns and crisis, there should be a requirement for a multicultural competency from the medical/spiritual assistance.
To conclude, the moral injury will continue to be a reality that needs to be managed with increasing care and attention to create a better support system.

ANNEX

During the course of this research, we had the opportunity and pleasure of inviting three veterans to participate in a qualitative study (based on a semi-structured interview) on moral injuries in war or combat operations.
In the first place, the current study aims to investigate the origin of moral injuries and the extent in which they may create post-mis-

sion emotional and/or psychological symptoms. Secondly, this study should enhance the understanding of the topic and lead to recommendations for the implementation of adequate prevention, intervention and treatment policy to increase the recovery of moral injuries.

It is only through direct contact with members of the armed forces that it is possible to understand properly the complexity of this problem, based on the different experiences the current reality they face at the institutional and societal level.

Their documentation offers great help in building a more effective and precise picture of how hard it is to deal with moral injury and the reason why it is a topic with such a profound impact, and in bringing greater awareness to of moral injuries' problem.

Interview 1
Belgian Former Special Forces operator

1. *Could you provide us with a resume about your military career (training, successive functions, experiences, highlights, etc.) and the war/combat operations in which you participated?*

I joined the armed forces to fulfil one of my child dreams: to become a paratrooper. I entered at 18 years old. After several years, I had the occasion of following the training to become a special forces (SF) operator. I served in 11 long term operations: several operations in Africa (Congo (former Zaïre), Rwanda, Burundi, Somalia), in Kosovo, Afghanistan and Iraq.

During some of my operations, I was part of a large contingent, but the SF missions were in small combat teams or as duty guard teams for embassy personnel of VVIPs.

2. *Before each military operation, there is always pre-deployment training but it is unclear if that part of the training also concerns the prevention of moral injuries. In some cases, pre-deployment training is limited to tactical, technical and cultural awareness training. Did you ever take part in any training regarding the prevention of moral injuries? What does this training involve and to what extent did it actually prepare you?*

The pre-deployment training for the common operations (like the UN peace-support operations of post-war stability operations) there was a standard training during which we received some cultural awareness training but nothing specific to tackle or prevent moral injuries.

To be honest, I never heard of this term – moral injury – before being asked to complete this questionnaire.

As a member of the SF, I was part of a very special family of people who support each other unconditionally and our leadership thought that this was a buffer against all types of stress.

All operation-related issues were supposed to be resolved within 'this special family' but there were also things about which no one spoke. Always some kind of conspiracy of silence while we all knew about which missions

the silence kept meant 'being emotionally wounded'.

3. *During our research, we found out that moral injuries are the consequences of moral dilemmas. These dilemmas can lead to trauma in a person, which has to cope with a determined decision or action. What kind of moral dilemmas have you experienced in your military operations? Could you give us some examples?*

One of the dilemmas during our missions in Africa was the lack of norms in countries who have always, over the years, been in (tribal) wars.

For example, during an evacuation of villagers, we wanted to impose our norms: first the old, the sick, the women and children; then, the men who are fit to fight. The Somalians wanted it the opposite way: first the men fit to fight, because they were of most value in the war, then the women and the children, last the sick, the wounded and the elderly, because they are useless in a war.

On another occasion, we brought two Somalians who recovered after having been treated in our surgical facilities, back to the militia members. Some of them still needed rest and recovery but… while we started our truck to leave the village, we heard two shots… they had been shot in the head. In the desert during the war, you are useless for your clan when you are unable to fight.

Still, on another occasion, fighting militia members protected themselves with human shields with women and children and from behind they were shooting at us. We had no choice than to shoot back with the risk of harming women and children.

I also remember situations, in Afghanistan, were we had to negotiate with Taliban leaders while we knew that they were abusing women and children. But we were not supposed to talk about this. We were instructed to be professional and ignore these issues.

Later, in another mission in Congo, we were called in to protect a so-called important summit of political and military leaders but … soon it appeared that we had been put in place as SF operators to 'protect' a wild sex party. As a 'gift', afterwards, we were offered young girls 'for pleasure' but each one of us refused this offer (made by someone from our own embassy).

In these situations, you learn that norms are upside down and that sometimes there is no escape.

4. *Did these moral dilemmas lead you to face moral injuries or different traumas after war?*

It took me a while to understand what had happened. At a certain moment, I really exploded. At that time, for a reason I still ignore till today, I had been excluded from the SF, due to a conflict with a superior officer who wanted me out. When I used, with permission, a military vehicle to pick-up a SF operator who came back from a mission abroad, I decided to keep the military vehicle at my home, over the night, because the pick-up of my colleague at the military airport was very early in the morning the next day. But, later, an officer from my unit accused me of abuse

of 'military equipment' and that fact was used to expulse me from the unit. As a highly trained professional with so much operational experience, I received a no-impact job on a military airbase as a member of the guard personnel. After a small conflict, I exploded and I was sent home by one of the officers who simply said that I needed to rest. It is my general practitioner who send me to a psychologist. I was not able to speak about all my operational experiences without dissociation and extreme reliving. I also understood that these many years of operations had literally traumatized me and my dearest ones but we did not know wat was happing. The biggest injury for me was the complete lack of support and adequate psychological treatment. First, I was sent to the military hospital to visit a 26-yr old female psychologist. After 20min, I had enough of her silent listening and complete ignorance of military operations/life. I was lucky to run into an experienced trauma-psychologist who took his time: we went for many long walks in the bush, he taught me how to speak about my experiences and how to deal with anger and guilt feelings. We became friends afterwards.

5. *Could you describe to us what kind of these moral injuries you've experienced?*

I could cope with images of screaming women and children anymore. I felt betrayed by the armed forces and even by some of my former colleagues. It is OK to be trained for the worst, but then they should offer you adequate support. Till today, there is still not enough help for people like me. It really feels that no one really cares about soldiers with these types of injuries. Also, the fact that you have seem so many officers misbehave in operations. The smuggling of all kinds of things, even weapons, back home, after military operations. The sexual misconduct in operations while you are there to protect. The business of the so-called 'humanitarian organizations' who exploit the NGO status. It learns you that each story of war is dirty and so many things based on lies and false perceptions while you were always trained and instructed to do the right things.

6. *From when did you start to cope with negative feelings? During the military operations or after when you were back home? What kind of feelings were?*

Immediately after my 5th or 6th operation. I locked myself up into my room, wanted to speak to no one, was afraid of getting out. During 24hours I felt as if I was going to go mad. Panic and sweat attacks. The room was turning. My parents did not know what to do…
In daily life, it seemed as if danger was everywhere, no one was to be trusted. I even tried to dismantle thieves in stores, drug traffickers in nightlife, etc. Like if my operations were ongoing on the home front.

7. *In your view, what is your opinion on the quality of the platforms to support moral injuries? When you came back there was enough support to help you?*

There is still no platform with specific aid for soldiers with moral injuries. Symptoms are always seen as signs of trauma or burnout. There should be some kind of truth committee. Specific and truthful (psychological, post-mission) debriefing, by professionals you can trust, instead of 'lessons learned' sessions aiming at the operational side instead of the human side.
In case of errors, there should be an apology. 'Sorry we could not protect you better'.

8. *Regarding institutional support, in your view what could be changed to better improve those support structures for moral injuries?*

The impression many of us have, is that after a mission, when no one of our own troops died, the commander gets promoted and that this is the only thing which counts. Everything is like one big show for the outside world and inside we bleed to death. Our spouses leave us and our children do not know us anymore and all what we can say is; 'Why did we do it for'?

9. *In your opinion, have the moral dilemmas changed in modern warfare compared to the past? With the new technological development, do you think that the military staff experience fewer moral dilemmas and moral injuries than in the past?*

I think that things are slowly changing. There is permanent psychological support for SF personnel – even when it is a female psychologist – and at least there is more awareness of the existence of psychological trauma. I am sure that the operators of drones or fighter jet pilots experience more psychological problems than we can even imagine. But only few talks about it now.

10. *This last question is a more personal one (if you feel uncomfortable answering feel free not to): In terms of spirituality, do you believe in God? Has your faith helped you during your deployment or after as a form of recovery?*

I have always believed that there is something more and as long as you stay connected and it inspires you to go for what's right, not losing your own moral compass, thinking about your own family and how did would suffer in a war, I think that you also survive in a spiritual way.
Because… Indians called trauma 'spiritual death'.

Interview 2
Dutchbat/Srebrenica veteran

1. *Could you provide us with a resume about your military career (training, successive functions, experiences, highlights, etc.) and the war/combat operations in which you participated?*

I was a conscript corporal with the 13th Infantry Battalion Airborne Brigade, and I was deployed in 1995 to Bosnia I Herzegovina in the safe enclave of Srebrenica with Dutchbat 3, UNPROFOR. Outside of the normal basic military training, I did not receive any further UN training for this mission, due to the fact

that I was added at the very last minute for participation in this mission. In these times, there was no specific training for peacekeeping or peace support operations.

2. *Before each military operation, there is always pre-deployment training but it is unclear if that part of the training also concerns the prevention of moral injuries. In some cases, pre-deployment training is limited to tactical, technical and cultural awareness training. Did you ever take part in any training regarding the prevention of moral injuries? What does this training do involve and to what extent did it actually prepare you?*

I did not have any for training due to the fact that I have been appointed for this mission at the last minute. Even after the mission, there was no room / training for moral injuries or PTSD. It was not until many years later that attention was paid to this problem.

3. *During our research, we found out that moral injuries are the consequences of moral dilemmas. These dilemmas can lead to traumas in a person, which has to cope with a determined decision or action. What kind of moral dilemmas have you experienced in your military operations? Could you give us some examples?*

The difficult thing about my deployment was that the most influential countries knew about what the Serbian militias were planning and that they allowed it – i.e., the killing of thousands of me in the enclave of Srebrenica. Under the banner of the United Nations, a drama of unprecedented proportions has taken place due to the lack of support from our allies. Unfortunately, we were unable to prevent the genocide due to lack of support. Even after the mission, due to misinformation from the media where Dutchbat 3 was misplaced, it had an enormous impact on my life.

4. *Did these moral dilemmas lead you to face moral injuries or different traumas after war?*

PTSD till today (I have a PTSD service dog to help me each day)

5. *From when did you start to cope with negative feelings? During the military operations or after when you were back home? What kind of feeling were?*

During the fall of the enclave of Srebrenica it was already clear that something was not right and I was already working on these issues on a subconscious level.
Shortly after returning home, it became clear what had happened in the enclave and beyond. The media wrongly saw and named Dutchbat 3 veterans as traitors which has been a major source of moral injury.

6. *Regarding the recovery process, did you seek help immediately after the realisation of moral injuries or did you wait for some time, hoping they would fade away?*

It has taken me some time to recognize PTSD myself. At first, you think that it will pass and I don't have PTSD. PTSD was diagnosed 2 years after the deployment, but treatment was not yet an issue at that time, because the Ministry of Defence did not recognize PTSD at the time and had no treatment plan in the procedures.

7. *In your view, what's your opinion on the quality of the platforms to support moral injuries? When you came back there was enough support to help you?*

Unfortunately, there is still little attention for 'moral injuries' among defence (mental health) practitioners. The quality could be much better in my opinion. Such as not immediately stuffing the soldiers full with pills and listening better. The Netherlands is a country in which people are easily categorized. If you do not fit into the box, then mental health professionals no longer know which treatment suits a soldier. The problems soldiers cope with are also 'outside the box' and a combination of trauma and moral injury.

8. *This last question is a more personal one (if you feel uncomfortable answering feel free not to): In terms of spirituality, do you believe in God? Has your faith helped you during your deployment or after as a form of recovery?*

I really don't know if there is a god or something else. I can't say it isn't there either. But I do know that when things really go wrong during an operation, you are more likely to cling to something spiritual or "god".

Interview 3
UK Royal Air Force, Pilot

1. *Could you provide us with a resume about your military career (training, successive functions, experiences, highlights, etc.) and the war/combat operations in which you participated?*

I worked as a Pilot for 26 years in UK Royal Air Force, and retired from service 2019 as a Wing Commander.
Joined 1992 Initial Officer Training 6 months. Then Basic Flying Training 2 years, Multi Engine Flying Training 6 months, then to Operational Unit in 1997. Nimrod MR2 Intelligence Surveillance Reconnaissance aircraft, multi-engine, multi-crew (14 persons on operations). Flew the aircraft on and off between ground tours from 1997 (training), 1999 (first pilot) and air to air refuelling, (2000 - 2002) Captain. Ground Tour in HQ London, back to flying 2006-
2009 as Pilot Leader, then Flight Deck Leader, then ExO of the Squadron (2IC).
Dedicated training courses in intervening years included among others: advanced leadership and management, survival, aircrew conduct after capture, law of armed conflict, crew resource management and post-crash management.

Operations:
o Falklands (x3) 1999-2002

o Afghanistan (x1 from Oman) 2002
o Iraq (x1) 2006 (based in Qatar)
o Afghanistan (x3) 2006-2009 (based in Qatar/Oman)

2. *Before each military operation, there is always pre-deployment training but it is unclear if that part of the training also concerns the prevention of moral injuries. In some cases, pre-deployment training is limited to tactical, technical and cultural awareness training. Did you ever take part in any training regarding the prevention of moral injuries? What does this training involve and to what extent did it actually prepare you?*

No pre-training on moral aspect other than the law of armed conflict (responsibilities of). Not pre-deployment. But in 2006 we lost a Nimrod over Afghanistan (14 people) and as a result of the fall out unit-level training was offered to those of us involved in the notification process with the families.
Post deployment, when on a crew (pilot/captain) we flew back via Cyprus where decompression/post combat debriefs/distress was conducted, typically 4 days with padre's and counsellors available.
However, as a Squadron Executive 2006-2009, did not receive decompression, but rather returned from theatre separately and directly back to unit.

3. *In your opinion, how can the training process be improved?*

What is required is difficult to quantify as will depend on several variables, length, duration, exposure. What I am certain of is that wider awareness/availability of experts/cultural adaptation and preparation can only help.

4. *During our research, we found out that moral injuries are the consequences of moral dilemmas. These dilemmas can lead to traumas in a person, which has to cope with a determined decision or action. What kind of moral dilemmas have you experienced in your military operations? Could you give us some examples?*

I have a specific case that caused me much concern, mostly post event, and took a long time to realise/understand it's impact. Happy to talk to it but not in writing. Broadly it involved mis-identification of target and the consequences on my conscience, allied with other personal stressors resulting in detachment-of-self for a significant period.

5. *Did these moral dilemmas lead you to face moral injuries or different traumas after war?*

Yes, both, and it took the expertise of Erik to drill down to the core issue. Many other therapists failed, one chasing chemical resolution rather and proposing but not teaching remedies rather than really finding the issue, another (padre) citing I needed to 'find god' to resolve my angst/stress/anger/confusion.

6. *Could you describe to us what kind of these moral injuries you have experienced?*

I struggled with the extended (over 1 year) process to identify the cause of a loss of a Nimrod crew (pasted the incident detail at end of this questionnaire) and briefing one of the crews' widows on the detail of the incident. All the time while in parallel as 2IC of the squadron and the Nimrod Element Commander while in theatre (4 times, short repeated deployments).
In parallel mid-tour (happy to verbalise specifics anonymously) I had been part of a kill chain that had gone wrong. It affects your core being and moral anchor in multiple respects. For me that took several years to understand post-event – I buried it without even knowing it.

7. *From when did you start to cope with negative feelings? During the military operations or after when you were back home? What kind of feelings were?*

Short term/Micro: Generally, I learned very quickly not to take Post Operational Deployment Leave so called PODL with the family immediately post deployment – it was better to ease back to normality at work – not with family, then take leave (which was still tense). On reflection I was stressed and angry and let it build – in parallel assuming whatever bothered me was suppressed and inaccessible/ therefore harmless.

Medium term/Micro: The loss of a crew at the beginning of my operational tour really messed up my head in the context of saying to family we were safe, when that patently was not the case – and leading others who had the same feelings as me.

Longer term/Macro: Almost immediately post tour - after leaving the (supportive) environment of my unit –to a 'sleepy' overseas tour in Germany, I crashed and had a break down resulting in a long road to understand what/why/how to live with it.

8. *Regarding the recovery process, did you seek help immediately after the realisation of moral injuries or did you wait for some time, hoping they would fade away?*

Sought help very quickly post break down - as could not drive to work (10-minute commute from quarters to office) without breaking down in floods of tears without the faintest clue why, and anxiety levels suddenly off the charts – so found it very difficult to cope with minimal tasks. the MI did not become apparent to me for a long time, I was already in (mis)treatment for associated Trauma –assumed to be PTSD at the start due to the widely known Nimrod incident. My MI was on the train but took a very long time to get to the station. (Mental crash due trauma in 2010, 3 therapists in as many years before the underpinning MI became aware to me in 2014 with Erik – and that took some months to 'diagnose').

9. *Regarding institutional support, in your view what could be changed*

to better improve those support structures for moral injuries?

I honestly don't know. Erik was in part my saviour, but might not be for everyone. I suppose we (the military) reflect societal norms – and only now is society waking up to the huge cost/impact of Mental Health. Clearly, the Military/Police/Ambulance/Fire/Medical professions etc. have the lions share of MI and Trauma issues so should be the leaders and best supporters in the field. Ironically, my experience is our practitioners haven't a clue (tablets or CBT when they do not know how to administer CBT…). So, I guess the network of therapists needs to build, improve, lead and then educate and proactively manage the cohort pre-post deployment/s.

REFERENCES

Adams, E.M. (1989) The Moral Dilemmas of the Military Profession. Public Affairs Quarterly, 3(2), 1-14. https://www.jstor.org/stable/40435707

Agata Mazurkiewicz, "The dynamics of the contemporary military role: in search of flexibility", *Annales Universitatis Mariae Curie-Sklodowska. Sectio K,* Politologia 25, no. 2 (2018): 13, [online]

Alison O'Connor, "Transforming trauma: Moral injury and arts with military veterans, families and communities." *Unpublished report for the Winston Churchill Memorial Trust* (2018):2-6.

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. DSM-5

Barbara L. Pitts, et al., "Combat experiences predict post-deployment symptoms in US Army combat medics." *Military Behavioral Health* 2, no 4 (2014): 345. [online]. Available at: https://doi.org/10.1080/21635781.2014.963764 [Accessed 15 December, 2021].

Benshoof, C., "Not on My Watch: Moral Trauma and Moral Injury Among Combat Medics." Thesis, *Georgia State University,* (2017): 26, [online].

Brett T. Litz, et al., "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy," *Clinical psychology review* 29, no. 8 (2009): 702, [online].

Brock, R. N., Lettini, G. (2012). *Soul repair: Recovering from moral injury after war*. Beacon Press.

Christian S. Pingree, et al. "Medical ethics in extreme and austere environments." *Hec Forum*

32, (2020): 352, [online].

Craig J. Bryan, et al. “Measuring moral injury: Psychometric properties of the moral injury events scale in two military samples.” *Assessment* 23.5 (2016): 559, [online].

Cuvelier, Y., Van den Berg, C. *Stress and Psychological Support*. NATO HFM-081/RTG-020. 2005.

De Graaff, M. C., Schut, M., Verweij, D. E. M., Vermetten, E., & Giebels, E. (2016). Emotional reactions and moral judgment: The effects of morally challenging interactions in military operations. *Ethics & Behavior, 26*(1), 14–31.

De Soir, E. 2017. *Psychological Adjustment After Military Operations: The Utility of Postdeployment Decompression for Supporting Health Readjustments.* Handbook of Military Psychology, Ch.7.

Enemark, C., "Drones, risk, and moral injury," *Critical Military Studies* 5, no 2 (2019): 152, [online].

Evans, W.R., Walser, R.D., Drescher, K.D., Farnsworth, J.K. 2020. *The Moral Injury Workbook: Acceptance and Commitment Therapy Skills for Moving Beyond Shame, Anger, and Trauma to Reclaim Your Values.* New Harbinger Publications.

Fertout, M., et al. 2012. *Third location decompression for individual augmentees after a military deployment.* Occupational Medicine 2012; 62: 188-195.

Fontana, A., & Rosenheck, R.2004. *Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD*. Journal of Nervous and Mental Disease, 192, 579–584.

George Allison, « Operation Temperer has started, here’s what you need to know », *United Kingdom Defence Journal*, 24 May, 2017.

Greenberg, N., Jones, N. *Decompression Quantitative Survey.* Academic Centre for Defence and Mental Health. Final Report. 17 JUL 2009.

Griffin, B.J., *et al.* 2019. *Moral Injury: An Integrative Review.* Journal of Traumatic Stress, n.32, pp 350-362. International Society for Traumatic Stress Studies.

Hacker Hughes, J., et al. 2008. *The use of psychological decompression in military operational environments.* Military Medicine, 173.

Harold G. Koenig, and Faten Al Zaben, "Moral injury: An increasingly recognized and widespread syndrome," *Journal of religion and health* 60, no 5 (2021): 2991, [online].

Hoge, C.W., *et al. Combat Duty in Iraq and Afghanistan*. Mental Health Problems and Barriers to Care. New England Journal of Medicine, 1 July 2004, pp. 13-22.

Horning, « *The Moral Consequences of Context: An Analysis of Bradshaw and Colleagues' Model of Moral Distress for Military Healthcare Professionals* », Dissertation (2015)

Jones, N. *et al.* (2003). *Peer-group risk assessment: a post-traumatic management strategy for hierarchical organizations.* Occupational Medicine.

Koenig, and Faten Al Zaben, "Moral injury: An increasingly recognized and widespread syndrome," 2999.

Koenig, H.G., *et al.* 2019. *Editorial: Screening for and Treatment of Moral Injury in Veterans/ Active-Duty Military With PTSD.* August 21, 2019. Frontiers in Psychiatry.

Kopacz et al., "Moral injury: A new challenge for complementary and alternative medicine".

La Défense, (2021), « Notre Mission : Vigilant Guardian »

Lettini, G. 2013. *Engaging the Moral Injuries of War: A Call to Spiritual Leaders.* Reflective Practice: Formation and Supervision in Ministry.

Litz, B. T, *et al.* 2009. *Moral injury and moral repair in war veterans: A preliminary model and intervention strategy.* Clinical Psychology Review 29. Elsevier Ltd.

MacLeish, K. 2018. *On* "Moral Injury": Psychic Fringes and War Violence". *Vanderbilt University. History of the Human Sciences* 31(2).

Maria M. Steenkamp, et al. "A brief exposure-based intervention for service members with PTSD." *Cognitive and Behavioral Practice* 18.1 (2011): 100. [online].

Meagher, R.E. *et al.* 2018. *War and Moral Injury.* Cascade Books.

Michael L. Gross, "Bioethics and armed conflict: mapping the moral dimensions of medicine and war." *Hastings Center Report* 34, no 6 (2004): 22, [online].

Michael L. Gross, "Moral Dilemmas of Asymmetric Conflict." *The Oxford Handbook of International Political Theory* (2018): 232.

Ministère des Armées, (2015), « Dossier de référence: Opération Sentinelle »

Montrose, J. 2013. *Unjust War and a Soldier's Moral Dilemma.* Journal of Military Ethics.

Mulligan, K., et al. 2010. *Psycho-educational intervention designed to prevent deployment-related psychological ill-health in Armed Forces personnel: a review*. Psychological Medicine. Cambridge

University Press.

Nash, and Litz, “Moral injury: A mechanism for war-related psychological trauma in military family members.” Clin Child Fam Psychol Rev (2013) 16:365–375. 2013.

NATO Science and Technology Organization. 2018. *Moral Decisions and Military Mental Health.* Final Report of Task Group HFM-179.

Olsthoorn, *et. al.*, "Dual Loyalties in Military Medical Care–Between Ethics and Effectiveness Moral Responsibility & Military Effectiveness.", 85.

Pearce, M., *et al.* 2018. *Spiritually Integrated Cognitive Processing Therapy: A new treatment for post-traumatic stress disorder that targets moral injury.* Global Advance in Health and Medicine, Volume 7: 1-7.

Peter Olsthoorn, Myriame Bollen, and Robert Beeres, "Dual Loyalties in Military Medical Care–Between Ethics and Effectiveness Moral Responsibility & Military Effectiveness." In Herman Amersfoort, Rene Moelker, Joseph Soeters & Desiree Verweij (eds.), *Moral Responsibility & Military Effectiveness*, (Asser: 2013), 80-81.

Pitts, et al., "Combat experiences predict postdeployment symptoms in US Army combat medics.", 537.

Roxanne Barbara Regnoli, "Dual Loyalties and Shifting (Bio) ethical Principles." *Anglistica AION: An Interciplinary Journal* 23, no 1 (2019): 227. [online].

Shay, J. 1994. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York, Scribner.

Steenkamp, et al., "A brief exposure-based intervention for service members with PTSD.", 101.

The Vietnam Dictionary Website.

Van Baarda, T. A. *Military ethics in peacekeeping and in war: Maintaining moral integrity in a world of contrast and confusion.* Journal of Humanitarian Aid.

Warner, C.H., *et al.* Division Mental Health in the New Brigade Combat Team Structure. *Part II: Redeployment and Post-Deployment.* Military Medicine, September 2007, pp. 912-17

Zachary Bailey et al. "Thematic analysis of military medical ethics publications from 2000 to 2020—A bibliometric approach." *Military medicine* (2021): 2., [online].

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