LIFE AFTER MORAL TRANSGRESSIONS:

THE LIVED EXPERIENCE OF VETERANS FOLLOWING MORAL INJURIES

by

MARK GIESBRECHT

Bachelor of Arts, Summit Pacific College, 2020

Thesis
Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

in the

FACULTY OF GRADUATE STUDIES

TRINITY WESTERN UNIVERSITY

March 2023

© Mark Giesbrecht, 2023

The following committee members attest to

the successful completion of this thesis

Marvin McDonald, PhD, Thesis Supervisor

Derrick Klaassen, PhD, Second Reader

Hazel Atuel, PhD, Third Reader

ABSTRACT

This study examines the question, "what themes emerge in the lived experience of Canadian veterans of active warzones after they encounter moral injuries?" A descriptive phenomenological approach was adapted to conduct a secondary analysis of life narratives from three Canadian veterans who were deployed in active warzones during the mid-2000s. Literature on moral injuries primarily relies on a priori conceptualizations and quantitative methods. This project takes an alternative stance by investigating the lived experience of individuals following morally injurious events and representing the revealed themes through thick descriptions. Four shared themes were identified: (a) loss of old self, (b) feeling misunderstood, (c) commitment to new purpose, and (d) enhanced acceptance of self. This thematic structure offers researchers and clinicians opportunities to bring into focus experiential horizons that are transformed through suffering and growth which arise with moral injuries.

Keywords: moral injury, veteran psychology, self-acceptance, phenomenological description

TABLE OF CONTENTS

ABSTRACTiii
TABLE OF CONTENTS
LIST OF TABLESviii
LIST OF FIGURES
ACKNOWLEDGEMENTSx
CHAPTER 1: INTRODUCTION
Definitions & Conceptualization
Morality2
Moral Injury
Veteran Psychology
Phenomenological Lived Experience
CHAPTER 2: LITERATURE REVIEW
Moral Injury5
History of Moral Injury5
Consequences of Moral Injury
Moral Injury, DSM-5, and ICD-11
Interventions for Moral Injury
Self-Forgiveness, Self-Acceptance, and Moral Injury
Assumptions Behind a Conceptualization of Moral Injury
Prevalence of Moral Injury
Summary of Moral Injury

Veteran Psychology	17
Motivations for Entering Military Service	17
Transitioning Out of Military Service	18
Combat-Related Disorders in Veterans	19
Summary of Veteran Psychology	20
Summary of Literature Review	21
Rationale	21
Research Question	22
CHAPTER 3: METHODOLOGY	23
Data collection	23
Paradigm Assumptions of the Life-Story Interview Method	25
Inclusion and Exclusion Criteria.	25
Sampling Strategy	27
Recruitment	28
Participants	28
John	28
Luke	29
Dante	29
Paradigm Assumptions of The Descriptive Phenomenological Method	30
Data Analysis Procedures	30
Transcription Process	31
Read for a Sense of the Whole	32

Establishing Meaning Units	32
Creating Psychologically Sensitive Expressions	33
Determining Structure	34
Post-Structural Analysis	35
Methodological Fit	36
Rigour and Validity	38
Saturation	39
Significance	42
Researcher Reflexivity	42
CHAPTER 4: RESULTS	50
Participants' Morally Injurious Events	50
John	50
Luke	52
Dante	53
Shared Themes	54
Shared Theme 1: Loss of Old Self	55
Shared Theme 2: Feeling Misunderstood	60
Shared Theme 3: Commitment to New Purpose	64
Shared Theme 4: Enhanced Acceptance of Self	68
Unique Themes	73
Motivation for Entering Military	73
Feeling Unaided by Military Services	73

External Connections Helping Healing	75
Integrative Summary	75
CHAPTER 5: DISCUSSION	78
Connections to Literature	78
Findings Convergent with Previous Research	78
Contributions from this Project	79
Implications for Clinical Interventions	82
Strengths, Limitations & Future Research	83
Strengths	83
Limitations	84
Future Research	85
Conclusion	86
REFERENCES	88
APPENDIX A: THE LIFE STORY INTERVIEW	99

T	JFE	Δ	\mathbf{F}	ΓE	'n	Λ	Λí		R	Δ	I	-	ГΙ	5	Δ	N	15	30	7	R	F	C	C	T		1	J	C
	7 1 1 2	៸ᢇ			. 1 🔪	- 11	/ I '	. ,	11	$\overline{}$	·			`	~	17		"		ı 🔪	10	/ 1) L 7	, ,	•	,	v	ı.

•	٠	٠	
V1	1	1	

LIST OF TABLES

Table 1: Summary of Ther	nes in Participants	56
--------------------------	---------------------	----

LIST OF FIGURES

Figure 1: Cognitive Behavioural Model of Moral Injury	9
Figure 2: Dual Process Model of Moral Injury and Traumatic Injury	. 11
Figure 3: Information Power	41

ACKNOWLEDGEMENTS

I want to offer my thanks to Tamara Vaags who collected the data set used for this project. I hope that this study offers additional value to the time spent collecting these remarkable stories.

CHAPTER 1: INTRODUCTION

Triggers are pulled by individuals. Orders are given and executed by individuals ... every single human act is ultimately the result of individual choice. (Peck, 1983, p. 215)

Peck outlines the intentionality of human actions. Individuals do no follow orders; they make choices. Within these choices there is the opportunity for immoral actions to take place.

After the dust settles and survival is assured, individuals can reflect on what they have done and see their actions as moral or immoral. In this process, individuals may develop a moral injury: a wound on their conceptualization of self as a good person (i.e., a positive moral agent).

The belief in positively impacting the world through moral behaviour is an important part of one's moral character and can contribute to an individual's ability to live a full, meaningful life (Stillman, 2009). When an individual experiences a moral injury, the belief in their positive moral character is violated. The idea that a person is "good" becomes tainted or wounded. The individual often experiences guilt and shame in response to their participation in actions that betray their moral beliefs (Rozek & Bryan, 2021). This betrayal violates the individual's belief that they are a positive moral agent in the world and can leave a lasting wound on the individual's conceptualization of self.

It is reasonable to believe that many individuals enter the military service with the desire to do good in service of their country (Thompson et al., 2016). Their belief that the warfare they participate in is for the greater good may give them comfort amid the chaos and moral complexity of war. However, during their warzone experience many individuals participate in a potentially morally injurious event (PMIE), which can develop into moral injuries (Griffin et al., 2019). When they come home, these veterans were haunted not only by their experiences but also left unsure about the moral value of what they did during their active tours. In listening to

their stories, I sought to understand common themes within the veteran participants following their return home after they had experienced PMIEs in active warzones. Their shared stories invite a deeper understanding of moral injury. This insight can help inform theory of moral injury as well as assist in building understanding between those suffering with moral injuries and those who wish to help those who suffer with moral injuries.

I invite you, the reader, to join me in grappling with and drawing upon the insights shared by these veterans. We have all committed acts against our own moral codes: lying, theft, or standing by silently while someone else is suffering. For myself, I see my selfishness in these times. My desire for safety or comfort can overpower my desire for justice. I regret these actions and inactions, but my regret cannot erase their truth. It is my personal desire to find meaning from these experiences, to learn from them, and to find healing from the guilt and shame they create. I have found that I am not alone in this experience. Join me as I listen to the stories of these veterans, seek to understand their processes of healing, and enrich our understanding of moral injury through their shared experiences.

Definitions & Conceptualization

Morality

I have chosen to borrow from Haidt (2010) who wrote, "Moral systems are interlocking sets of values, practices, institutions, and evolved psychological mechanisms that work together to suppress or regulate selfishness and make social life possible" (p. 70). This definition was chosen to respect the variance in moral codes and systems each culture may hold, while still offering a sufficiently concrete understanding of morality for this project to be connected to broader literature. The definition of morality by Haidt provides an understanding of morality that can be understood in the relevant phenomenological contexts. Further, this definition

demonstrates that morality can be seen as a system or code but does not attempt to judge one system as better or worse than another. This attitude of openness to diverse moral codes is present throughout this project. A moral transgression, as discussed in the next section, is not an event which appears immoral from my perspective, but an event which betrays the moral code of the individual who participated in the event. The participants' moral transgressions betray their own deeply held moral beliefs. Research strategies do not attempt to connect these transgressions to universal moral truths.

Moral Injury

Despite a rise in research on moral injury, a single definition has not gained consensus. There are social-functional perspectives that claim moral injury is the product of one's ability to understand the social ramifications of behaviour widely considered to be immoral (Dresher & Farnsworth, 2021). Character domain perspectives, such as the one proposed by Atuel et al. (2021), state moral injuries consist of four parts:

moral failure, or the failure to adhere to a virtue as prescribed by a group or institution, suffering or death as a direct result of moral failure, unethical marking on a person's character, and experience of identity negotiation between the real self and the undesired self. (p. 155)

Rozek and Bryan (2021) postulate that a moral injury is the beliefs about oneself (e.g., "I am a bad person") that arise following the moral transgressions. I have chosen a welcoming stance towards this complexity by selecting aspects of each conceptualization that are both researched and in line with what I believe.

First, there is an event that transgresses an individual's deeply held moral beliefs, which are known as PMIEs. For the purposes of this research, this is an action that transgresses one's

deeply held moral beliefs and causes suffering for oneself or another (Atuel et al., 2021; Litz et al., 2009). Litz et al. (2009) state a moral injury could take place when one learns of acts that are outside of their deeply held moral beliefs. I, however, believe that these events may challenge a person's belief that the world is good or fair, but may not affect their belief in their own goodness or fairness. This self-perpetrated moral transgression creates a mark or injury on an individual's internal conceptualization of self as identified by the belief that they are no longer good (Rozek & Bryan, 2021). The injury can then be described as a wound: a lasting negative impact on the individual's moral self. The wound is a consequence of the moral transgression, much like a cut on one's arm is a consequence of being sliced by a blade. In this case, the individual's conceptualization of self as a positive moral agent is wounded. The suffering that arises as a result of this wound reflects the dissonance between the person's desire to be good and their perception of their actions as immoral.

Veteran Psychology

This term denotes the relevant facets of veteran psychology that pertain to this project.

These facets include, but are not limited to, operational stress-related injuries (OSIs), post-traumatic stress disorder (PTSD), and reasons for entering the military.

Phenomenological Lived Experience

Phenomenology aspires to understand from the point of view of the behaving organism (Giorgi & Giorgi, 2003). In this case Canadian veterans who have experience moral injuries. The phenomenological lived experience is then a description of what participants have lived through which has been understood from the point of view of the participant (Giorgi & Giorgi, 2003).

CHAPTER 2: LITERATURE REVIEW

This literature review provides important context and rationale for the research question. Literature on moral injury and veteran psychology are explored. The literature selected was chosen as it represents moral injury in modern research with emphasis on the study of Canadian Veterans. The chapter ends with an explanation of the research question. This section begins by discussing moral injury.

Moral Injury

As noted while addressing definitions and conceptualizations in the previous section, authors investigating moral injury research often employ different conceptualizations throughout their analysis. Despite this, a great deal of research has been performed on the phenomena and drawn meaningful conclusions. Various facets of moral injury such as its history, consequences, interventions, and prevalence are explored below.

History of Moral Injury

Shay (1994) coined the term *moral injury* in their book on combat trauma in Vietnam war veterans. Shay writes, "moral injury is an essential part of any combat trauma that leads to lifelong psychological injury" (p. 20). Shay believed this phenomenon was essential to understand veterans' moral pain to assist in their healing. Despite Shay's hypothesis, literature on moral injury appears sparce in the years immediately following. This shifted when Litz et al. (2009), in association with the Veterans Administration, published an article detailing the available literature on moral injury and offered an integrative conceptual framework on the subject. Litz et al. published the article to serve as a baseline for other researchers to work from as they note the lasting impacts of moral injuries had been unaddressed. Since their article,

literature on moral injury has vastly expanded as researchers search for new understanding within this phenomenon.

Despite the landmark effort by Litz et al. (2009) to create a baseline for other researchers to follow, literature on moral injury continues to be scattered with various authors emphasizing different features of moral injury as crucial, continuously adding new features to moral injury, or outright disagreeing with each other on what moral injury is (Griffin, 2019). I am grateful for the work done by Griffin et al., which offers a comprehensive summary of moral injury up until 2019. They outline moral injury as it has developed out of multiple domains including psychology, psychiatry, social work, philosophy, and religious/spiritual studies (Griffin et al., 2019). Like Litz et al., Griffin et al. have offered researchers a new baseline for other researchers to follow in the search for clarity and understanding as it related to moral injury.

Since the integrative summary by Griffin et al. (2019), new and refined conceptualizations of moral injury have continued to be produced such as the work by Rozek and Bryan (2021) and Barr et al. (2022). Each model pushes the understanding of moral injury forward in some regard and encourages further understanding of the phenomenon through different domains. Rozek and Bryan (2021) working within the psychopathological domain and Barr et al. (2022) working within the intervention domain.

The literature on moral injury has remained closely tied to veteran psychology since its inception by Shay (1994). In recent years, however, researchers have begun to identify moral injury in other populations (see Litam & Balkin, 2021; Nickerson et al., 2015). As the phenomenon continues to gain traction, it is important to continue to inform theory through rich, phenomenological understanding. Authors such as Richardson et al. (2022) have made meaningful progress in this direction and encourage the ongoing development of more

phenomenological analysis. Despite their encouragement, literature on moral injury which emphasizes understanding from the point of view of the participant remains limited.

Consequences of Moral Injury

I have chosen to emphasize the writings of Rozek and Bryan (2021) as well as Jeremy Jinkerson (2016) for this section as they offer a comprehensive and clear description of the symptoms and suffering caused by moral injury. As shown in Figure 1, it is possible to summarize the process of moral injury in three important processes, which yield cognitive, behavioural, emotional, and/or physical symptoms. As shown, there are many predispositions that may lead to an individual developing a moral injury such as cognitive flexibility, family history and biological factors. This model displays a broad overview of the process of moral injury—how it develops, what occurs, and how it is identified—but does not offer significant depth into each of these factors which would reflects the lived experience of those sufferers of moral injuries. Readers familiar with the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), may note similarities with the diagnosis of PTSD. Despite the similarities, Rozek and Bryan note that "moral injury has been shown to be uniquely characterized by guilt, shame, anger, anhedonia, and social alienation, whereas PTSD was characterized by startle reflex response, memory loss, self-reported flashbacks, and sleep disturbance" (p. 20). Rozek and Bryan affirm crucial pieces of Jinkerson's demonstration that moral injury can show with depression, anxiety, intrusive thoughts, attempts at self-punishment, including isolation, alcohol overuse, or sabotaging events and opportunities, guilt, shame, loss of trust in others and spiritual crises. Additional observable behaviours include social problems, which Jinkerson attributes to a loss of trust in others and isolation. This attribution is a slight deviation from the social-functional perspective proposed by Drescher and

Farnsworth (2021), which claims a morally injured individuals withdraw from their social relationships due to a fear of judgement.

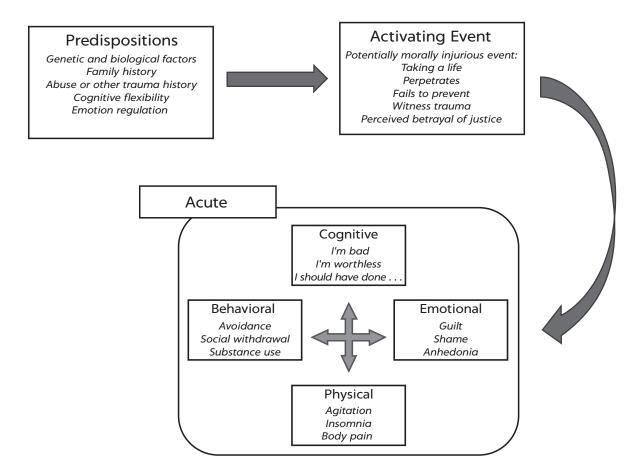
Bryan et al. (2014) state that symptoms of moral injury include "guilt, shame, social problems, spiritual/existential issues, self-deprecation, and emotional distress" (p. 155). Hall et al. (2021) suggest social alienation may be a more accurate term for individuals experiencing a moral injury. However, this suggestion by Hall et al. lacks some clarity as they also identify a lack of social support as a predictive factor of moral injury. Regardless of the cause for social withdrawal, it falls within the range of symptoms demonstrated by those experiencing a moral injury.

Moral Injury, DSM-5, and ICD-11

Moral injuries are absent from the *International Classification of Diseases* (11th ed.; *ICD-11*; World Health Organization, 2019) and the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychological Association, 2013). Though a specific diagnosis of "moral injury" is absent in official diagnostic systems, it is important to take note of the sections of these manuals that are relevant to moral injuries. V codes (Z codes) relevant to the focus of this research in *DSM-5* and *ICD-11* include V62.22 (Z65.5) exposure to disaster, war, or other hostilities; V62.22 (Z91.82) personal history of military deployment; cf. also V62.89 (Z65.8) religious or spiritual problem; adult physical (sexual, emotional) abuse by nonspouse or nonpartner (*DSM-5*, 2013; *ICD-11*, 2019). Though not exhaustive, this list of V(Z) codes demonstrates an understanding within diagnostic systems of the potential consequences of exposure to high-intensity situations. Due to the deployment of participants in the present study in active warzones (see the section on Recruitment below), there is an important connection between my focus and these V(Z) codes. This crossover is a product of the participants'

Figure 1

Cognitive Behavioural Model of Moral Injury



Note: This figure is a formulation of the ideas from Beck & Haigh (2014), and it summarizes mode theory as it relates to moral injury, which provides a structural model designed to help organize and conceptualize risk and protective factors that exist for moral injury. Copyright 2021 by American Psychological Association. Reproduced with permission. The official citation that should be used in referencing this material is Rozek, D. C., & Bryan, C. J. (2021). A cognitive behavioral model of moral injury. In J. M. Currier, K. D. Drescher, & J. Nieuwsma (Eds.), *Addressing moral injury in clinical practice* (pp. 19–33). American Psychological Association. https://doi.org/10.1037/0000204-002. No further reproduction or distribution is permitted without written permission from the American Psychological Association.

experience. It is not the focus of this study to emphasize any of the codes, or any other codes, in these diagnostic manuals. Instead, this study relies on the definition of moral injury previously proposed as a resource to support phenomenological description and investigation.

Interventions for Moral Injury

Current research on the treatment of moral injury tends to focus on the reduction of symptoms identifiable in PTSD as well as moral injury (Barnes et al., 2019). These shared symptoms appear to be effectively mitigated by evidence-based treatments such as cognitive processing therapy (Currier et al., 2019). However, it is difficult to find conclusive results on the effectiveness of alternative treatments for moral injuries as they are often treated as an extension of PTSD, rather than a unique form of suffering (Barnes et al., 2019). In a recent reconceptualization, Atuel et al. (2021) affirm the lack of a psychological intervention specifically oriented towards those suffering from moral-injury related difficulties. Additionally, it has been suggested by some scholars that treating moral injuries the same way as PTSD may not effectively meet the needs of those who are suffering from moral injuries (Atuel et al., 2021; Borges et al., 2019; Currier et al., 2019).

Figure 2 illustrates a dual process model of moral injury and traumatic injury proposed by Barr et al. (2022) and corroborated by Atuel et al. (2021). The figure demonstrates the separations of symptoms into the separate labels of "PTSD" and "moral injury" as well as the emphasis any psychological intervention should hold when treating these two distinct experiences (Barr et al., 2022; cf. Atuel et al., 2021).

Thomas et al. (2021) illustrate an increasingly desirable outcome when one can recognize their capacity for evil, but then discuss this capacity for evil with a spiritual guide (e.g., a pastor). However, these results were found in a study of factors that played a role in healing from moral

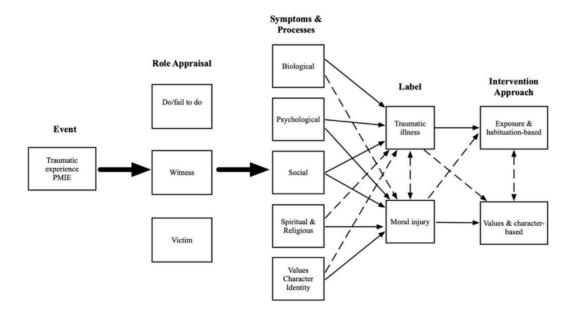
injury and were not the result of a direct investigation of these processes. There is little clarity on the effectiveness of spiritually-based interventions (i.e., healing models that primarily rely on an individual's religiosity) for moral injury (Atuel et al., 2021). However, as Atuel et al. (2021), there may be value in pursing spiritually-based interventions for the morally injured. It should be noted that spiritually-based interventions will not be appropriate to nonspiritual sufferers of moral injury. As Lipka (2019) reports, Canada is experiencing a steady decline in the citizen religiosity. To account for this shift, alternatives to spiritually-based interventions should be developed for the nonreligious who experience moral injuries (Atuel et al., 2021). The lack of clear data on treatment for moral injuries make it difficult to assess factors necessary to cultivate healing from a moral injury. Despite the lack of clarity surrounding how moral injuries heal, Griffin et al. (2019) are clear that healing from moral injury (i.e., relief from negative symptoms of moral injury) is possible.

Literature on potential interventions for moral injuries are continuously being researched (e.g., Atuel et al, 2021). In 2019, the Journal of Traumatic Stress published a special edition on moral injuries that included multiple articles outlining potential interventions for moral injuries (Griffin, 2019; Litz & Kerig, 2019; Nash, 2019). However, as Atuel et al. (2021) note, there are no definitive interventions for moral injuries with significant research supporting them at this point. This summary of interventions for moral injury—or the lack thereof—offers additional context for those suffering from moral injuries.

This project focuses on the lived experience of individuals following moral injury, which does not demand the participants have received interventions for their moral injuries. Most of the participants have lived with their moral injury without receiving professional help.

Figure 2

Dual Process Model of Moral Injury and Traumatic Injury



Note: The two large solid arrows indicate that events can lead to any and all role appraisals, and that any and all role appraisals can lead to any and all symptoms and processes. Thin solid arrows indicate a primary/strong link between individual (a) symptoms and processes and (b) labels and intervention approaches. Thin dashed arrows indicate a secondary/weak link between individual (a) symptoms and processes and (b) labels and intervention approaches. From "Toward a dual process model of moral injury and traumatic illness," by N. Barr, H. Atuel, S. Saba, and C. A. Castro, 2022, *Frontiers in Psychiatry*, 13, p. 4 (https://doi.org/10.3389/fpsyt.2022.883338). CC BY 4.0.

Self-Forgiveness, Self-Acceptance, and Moral Injury

Self-forgiveness and self-acceptance both encompass large sections of literature. A full summarization of the research on these constructs is beyond the scope of this project. However, self-forgiveness and self-acceptance hold close relevance to moral injury. Therefore, a small section is dedicated to summarizing a key understanding of self-forgiveness which includes self-acceptance. Curious readers are encouraged to delve into the vast array of literature on these constructs outside of this project.

Moral injury caused by perpetrating acts outside of one's moral code can challenge or even shatter an individual's belief that they are a positive moral agent. In the latter case, there is no longer a belief that one is good, and it may instead be replaced by a belief that one is deeply immoral or evil. Griffin et al. (2021) suggested acceptance of one's potential for evil paired with acceptance of one's capacity for growth can produce "reorientation toward positive values and restoration of personal esteem" (p. 76).

To understand the process and structure of self-forgiveness, I will draw upon a definition by Webb et al. (2017) who state:

Self-forgiveness occurs over time and is a deliberate, volitional process initiated in response to one's negative feelings in the context of a personally acknowledged self-instigated wrong, that results in ready accountability for said wrong and a fundamental, constructive shift in one's relationship to, reconciliation with, and acceptance of the self through human connectedness and commitment to change (p. 221).

Expanding upon the steps with Webb et al (2017) reveals multiple implicit themes. It is in the process of this self-forgiveness response that the individual learns to accept their actions. In a meta-analysis of 65 independent samples, Davis et al. (2015) found that self-forgiveness was associated with greater life satisfaction and meaning. A result of the process of self-forgiveness is often self-acceptance (Griffin et al., 2019; Purcell et al., 2018). With it clear that self-acceptance is easily tied to improved overall well-being (Vasile, 2013), it is important to keep in mind the potential role of self-forgiveness and self-acceptance throughout this analysis.

Assumptions Behind a Conceptualization of Moral Injury

Within this research, I am functioning under an assumption that each person adheres to a moral system or code as discussed above in the definition of morality. Their system of morality

may be flexible but can still be broken as illustrated by the process outlined in the section defining moral injury. A moral system defines what is morally good and what is morally bad within a person's own perspective. If one can maintain adherence to their moral code and/or can accept or justify actions outside of their moral code, they maintain their internal sense of "goodness."

These qualities may not be universally appropriate as it is reasonable to believe that a person could function without a moral code (Schramme, 2014). Moral injury requires a person betray their deeply held moral beliefs. If a person does not function within a moral code, and therefore moral beliefs, it would be impossible for them to betray a moral belief and subsequently develop a moral injury.

The purpose of understanding symptoms of moral injury is to assist in conceptualizing how moral injuries are displayed and, therefore, how they can be quantified in research on incidence and prevalence.

Prevalence of Moral Injury

The literature surrounding moral injury is clear in that the phenomenon exists across multiple people groups and contexts. The following subsections overview current estimates of prevalence patterns of moral injury in various relevant groups.

Moral Injury in Veterans. Given the previous conceptualizations of moral injury, it is easy to understand how veterans are at high risk of experiencing morally injurious events due to the high moral complexity of a warzone. Fleming (2021) notes the heightened presence of moral paradoxes in active warzones that require one or more core values to be violated for the sake of another. Regardless of the actions taken, a person would need to betray one of their core values, which puts an individual at risk of being morally injured. When recollecting his time in Vietnam,

an American soldier noted engaging with enemy soldiers was like a target range in that it did not feel real. He went on to say, "That upsets me more than anything else, how easy it was to pull the trigger over and over again" (Public Broadcasting Service, n.d.). In the moment, the veteran experienced very little intensity surrounding his experience. As he says, it was like he was at a target range. In this moment, his value of human life was superseded by his training and his desire for survival. Only after reflection was the incongruence with his actions and values revealed which upset him.

Currier et al. (2014) recruited 122 active-duty personnel in the U.S. Military and found that 22% had witnessed or participated in events they believed were morally injurious. Twelve percent reported perpetuating these morally injurious events. Currier et al. also demonstrate an increasing trend for military personnel to take part in active engagements which create an increased chance of encountering a PMIE. Following World War II, roughly 25% of U.S. veterans reported firing their weapons at an enemy combatant (Jinkerson, 2016). In Vietnam and post-Vietnam wars, those numbers had risen to 77-87% of U.S. Veterans (Jinkerson, 2016). Though exposure to PMIEs (e.g., taking a life) does not guarantee an individual will develop a moral injury, there is an increased chance for individuals to develop a moral injury after engaging an enemy combatant (Griffin et al., 2019). The growing risk of experiencing PMIEs in active warzones (Jinkerson, 2016) suggests an increased need for examining how individuals can recover from moral injury.

There is little definitive research on the rates of prevalence and incidence of moral injuries in veterans. Single studies of specific groups, such as Currier et al.'s (2014) study, offer some perspective on the prevalence of moral injury.

Moral Injury in Civilians. Veterans offer a simple and common-sense approach to understanding moral injury in a specific group, but they are not the only individuals who have been identified as experiencing a moral injury. In an analysis of traumatized refugees residing in Switzerland, Nickerson et al. (2015) found a significant presence of moral injury. These results included participants who witnessed immoral actions. In a more recent study of healthcare workers who worked during the COVID-19 pandemic, it was found that the most significant long-term predictor of poor well-being was experiencing moral injury (Litam & Balkin, 2021). This conclusion contrasts with previous literature reviewed by Litam and Balkin (2021) which suggested that burnout was most highly associated with poor well-being. The purpose of presenting this short selection of studies is to illustrate the potential for moral injury in all people. The diversity of contexts that moral injury is being identified strongly suggests it is a widespread phenomenon. In conversations with peers and colleagues throughout this project, nearly all individuals I have spoken with have resonated with some aspect of moral transgressions and injuries. If PTSD is an adverse reaction to trauma, a moral injury may be the equivalent adverse reaction to moral transgressions. If moral injury and relevant healing activities could be well understood in veterans, there is potential for this understanding to become relevant to supporting nonmilitary personnel and cultivate widespread opportunities for

Summary of Moral Injury

growth and healing.

A focused model outlining the processes of moral injury was presented in Figure 1. A moral injury is the result of an individual's actions that transgress one of their deeply held moral beliefs (Atuel et al., 2021; Litz et al., 2009). This moral injury acts on an individual's internal conceptualization of self as identified by the belief that they are no longer good (Rozek & Bryan,

2021). A moral injury can be identified via signs and symptoms, which include but are not limited to, social withdrawal, shame, and guilt (Jinkerson, 2016). Richardson et al. (2022) suggest an enhanced understanding of moral injury could be derived from qualitative methods as the most dominant methods of inquiry into moral injury are quantitative. One study suggests a 12% incidence of perpetrated moral injury in veterans of active warzones (Currier et al., 2014), however, definitive estimates cannot be made at this time (Griffin et al., 2019). Evidence of moral injury in civilian personnel is limited but growing (Nickerson et al., 2015).

Veteran Psychology

Given this project's focus on military veterans, it is important to understand the various themes that emerge across veterans throughout their military career. These themes arise in their motivations for entering military service, their transitions out of the military, and the various trends in disorders among veterans.

Motivations for Entering Military Service

Military work, a profession previously sought out for honour and glory, has become an increasingly pragmatic choice for young Canadians (Thompson et al., 2016; Zoli et al., 2015). Zoli et al. (2015) surveyed service members' reasons for entering the military and found participants were primarily motivated by educational benefits, a desire to experience new things, and a desire to serve their country. Educational benefits (selected by 53% of the participants) demonstrate a clear, pragmatic reason for entering the military (Zoli et al., 2015). Whereas a desire to serve one's country (selected by 52% of the participants) and a desire to experience new things (selected by 49% of the participants) demonstrate ideological reasons for entering the military. These results demonstrate a shift in the motivations to enter the military from primarily ideological to a blend of ideological and practical (Thompson et al., 2016).

Transitioning Out of Military Service

Many individuals leave the military without being negatively affected by their experience. However, many others leave and suffer severe consequences of their participation in warfare for years afterward (MacLean et al., 2014). Recent research by Coulthard et al. (2022) illustrates an increasing number of veterans are reporting difficult transitions out of military life. Thompson et al.'s (2016) analysis of veteran wellbeing revealed 25-29% of participants released from military duty between 1998 and 2012 reported having a difficult adjustment to civilian life.

Canadian veterans transitioning to civilian life is a well-researched section of psychology. What are most relevant to this study are the factors contributing to or mitigating this difficulty. Hachey et al. (2016) suggest a harsh reality where those with preexisting social supports and well-rounded communities do better at readjusting to civilian life than their lesssupported counterparts. This process leads to a repetitive cycle as a lack of preexisting social supports leads to difficulty transitioning and a symptom of difficult transitions is a lack of developing social supports (Hachey et al., 2016). Social support is one example of many cyclical patterns that arise in other domains such as physical health and mental health (Maclean et al., 2014). These findings are corroborated by Coulthard et al. (2022) and McCuaig Edge et al. (2022) who have noted similar patterns in Canadian veterans transitioning out of military service. Factors that increase the likelihood of experiencing a difficult transition out of the military include experiencing chronic pain, having a mental health diagnosis, being disabled, not entering the workforce, and having a low sense of community engagement (Coulthard et al., 2022). McCuaig Edge et al. (2022) note early or unexpected release from the military also increase the likelihood of experiencing a difficult transition. This is in addition to affirming the previously reported findings (McCuaig et al., 2022; cf. Coulthard et al., 2022).

Combat-Related Disorders in Veterans

There is a vast literature on combated-related disorders such as PTSD. This vast breadth has also created a significant variance in estimates (Richardson et al., 2010). Richardson et al., (2010) estimate 2–17 of U.S. veterans of the Vietnam War suffer from combat-related disorders. Richardson et al. also suggest 4–17% of American veterans deployed in Afghanistan experience combat-related disorders. The prevalence of PTSD in Canadian veterans between 2002 and 2013 remained stable at 5.3% (Thompson et al., 2016). Thompson et al. attribute this percentage, which is higher than previous veteran groups, to the traumatic experiences that were common during the Afghanistan mission. When veterans were compared to peers in similar fields of work they were "approximately 1.5 more likely to screen positive for indications of PTSD, mood, anxiety, or acute stress disorders and to have contemplated suicide than those without prior armed forces experience" (Groll et al., 2020, p. 330) The traumatic experiences referenced by Thompson et al.'s (2016) results can be compared to the operational stress-related injuries (OSIs) presented by Paré (2013). OSIs are stress related disorders that arise due to operational duties. This term is a broad catch-all that expands beyond the precise definition of PTSD to account for persistent disorders that may not fulfill the requirements of PTSD. Paré's findings demonstrated OSIs in 20% of veterans deployed in Afganistan (2013).

Combat-related PTSD demonstrates an increased risk of numerous adverse mental health issues such as substance abuse (Jakupcak et al., 2010) and degradation of intimate relationships (Meis et al., 2010). Additional health and socioeconomic concerns arise when one considers the increased risk of homelessness and unemployment (Smith et al., 2005).

Given the volume and diversity of potential stressors distinctive to the military profession, it is no surprise that reintegration into civilian life can be a challenge. Brinn and

Auerbach (2015) explored 12 participants' experiences of returning to civilian life and identified two constructs they called "becoming battle ready" and "making the journey home" (p. 84). The findings relating to the journey home (the portion pertaining to this study) support a "sociocontextual model of meaning-making as a mediator between traumatic stress and PTSD" (Brinn & Auerbach, 2015, p. 87). However, Brinn and Auerbach note the potential for military culture to pathologize those who struggle to transition out of military service. This pathologizing is corroborated by Osran et al. (2010) who note this factor as a potential barrier for those seeking help.

Summary of Veteran Psychology

Veterans' experiences of the world are well-documented in modern research. It has been noted that reasons for joining the military are often pragmatic in the modern era and that transitions away from the military are sometimes difficult (McCuaig, 2022; Thompson et al., 2016; Zoli et al., 2015) Transition difficulties can be mitigated, but it appears that specific difficulties in transitioning out of the military are often exacerbated by challenges that were experienced before entering the military (Hachey et al., 2016). This pattern is seen through evidence that some veterans lacking social support while entering the military, continue to experience a similar lack of social support while exiting the military that may cause them distress. Other reasons for difficulty transitioning to civilian life include but are not limited to PTSD (Richardson et al., 2010; Jakupcak et al., 2010) and OSIs (Paré, 2013). These factors could be mitigated through many services, but as Osran et al. (2010) point out, there is also a culture of pathologizing those veterans who admit a need for help.

Summary of Literature Review

Moral injuries are the results of an individual's actions that fall outside of their moral code. PMIEs often occur in warzones and increase the likelihood that an individual will develop a moral injury. These moral injuries damage the fundamental belief that a person is good (Osran et al., 2010) and can cause significant suffering (Rozek & Bryan, 2021). The lack of a comprehensive definition makes prevalence estimates difficult to make exact, but current estimates suggest 12% of active-duty U.S. military personal perpetuated morally injurious actions (Currier et al., 2014). Evidence of moral injury also exists in nonmilitary populations (Litam & Balkin, 2021; Nickerson et al., 2015). Veterans experience a high number of moral paradoxes, which increases their likelihood of experiencing a PMIE (Fleming, 2021). Veterans are also likely to experience combat-related disorders, but various factors (e.g., pathologizing), may inhibit veterans' movement towards necessary resources.

Rationale

In conversations with colleagues and peers, they often present an immediate resonance with the idea of moral injury. Peers report what they believe would be a good thing to do often differs from what they actually do. A moral injury demonstrates a severe dissonance between a person's ideals and a person's action, but the experience resonates exists across a spectrum of dissonance.

These veterans were willing to share their stories for the sake of others. If this study can help understand veterans' experiences after a moral injury, the results could be helpful to others. It may serve by acting as a guidepost for future individuals who have experienced a moral injury and do not know what to expect as they continue living with their injury.

Rich, phenomenological assessments of the lived experience of Canadian veterans following perpetrated acts that betray their moral beliefs are currently untapped within current literature. For moral injuries to be understood as a deeply personal phenomena, richly explained perspectives must be developed within the literature. Litz et al. (2009), as well as others, offer an impactful summarization of the process and effects of moral injury. However, these summarizations lack wholistic descriptions that are necessary to understand moral injury as an impactful, human experience. This descriptive phenomenology encourages seeing moral injury with an appreciation for the humanity of the experience and the participants, rather than an emphasis on a single facet of the experience such as cognitions, affect, or behaviour. It is then my goal to offer these thick, descriptive experiences of life after moral injuries to the literature so the phenomena can be more accurately understood through the perspective of real people. It is my hope that these descriptions can both increase care and understanding for those suffering from moral injuries and increase the depth of the previously mentioned theories and models.

Research Ouestion

The purpose of this study is to understand the lived experience of veteran survivors following morally injurious events through a descriptive phenomenological framework. The participants are Canadian veterans dealing with difficulties related to deployment to international war zones. The participants were interviewed using the Life Story Method (McAdams, 1993) to explore their narratives. In the context of the rich content involved in a life story, I have selected a focus on the processes following moral injuries. This research answers the following question: what themes emerge in the lived experience of Canadian veterans of active warzones after they encounter moral injuries?

CHAPTER 3: METHODOLOGY

I drew upon a previously gathered data set that used McAdams' qualitative life-story interview method (1993) for collecting data and used the descriptive phenomenological psychological method (Giorgi & Giorgi, 2003) to analyze the stories. I used this method to discover and describe the themes most prominent in the stories as they relate to life after moral injuries. In the following sections I explore the collection process, including inclusion criteria, exclusion criteria and the participants; describe the analysis process through the descriptive phenomenological psychological method; clarify the mythological fit of the procedure to the data; and clarify the rigour and validity of the project.

Data collection

Data for this study was collected using semi-structured interviews based on the life-story interview protocol (McAdams, 1993). Chosen participants were interviewed for approximately 4 hours and were asked to respond to open-ended questions that prompted a narrative account of their lives, especially as those stories pertain to their career trajectory, deployment experience, and transition to civilian life. The data was collected to assist in answering two research questions. First, what are the life story narratives of warzone deployed military and veterans who have struggled to transition upon their return? Second, how would participants describe their transition from civilian to military life?

The life story interview protocol (see Appendix A) begins by asking the participant to briefly describe the timeline of their life as 'chapters,' then explores key scenes that include a high point, a low point, a turning point, a positive and negative childhood memory, a vivid adult memory, a wisdom event (a time when the individual feels they were wise), and a religious/spiritual/mystical experience (McAdams, 1993). The participant then describes their

expected next chapter, their long-term hopes, and their life project (an ongoing, significant endeavor in their lives). Next, the participant is guided in narrating the significant challenges they have faced generally, health-wise, and in terms of loss, failure, and regret. Personal ideology is then explored, including religious/ethical and political/social as well as any trajectory of change in these values and values that overarch these. The participant is then asked to identify enduring, ongoing themes that are consistent in their story and lastly, is asked to reflect on their experience of the interview. The data set was collected with additional emphasis on both the personal and professional narratives of the participants (McAdams & Logan, 2006) and questions related to the Assumptive World theory (Janoff-Bulman, 1992).

Given the focus on traumatized individuals (described below under Inclusion and Exclusion Criteria), it is important to note the ethical considerations put in place by Vaags (2016) and her team. Literature shows that trauma-related research, especially research involving interviews, can cause increased stress in the participants involved (Jaffe et al., 2015). However, it has also been found that typically interview-related stress is not extreme. It has also been found that participants in this type of research generally express that it was a positive experience that they do not regret, including those with a trauma history or PTSD (Jaffe et al., 2015). The ethical standards of the counselling psychology profession demand every attempt be made to ensure the beneficence and nonmaleficence of any research being performed. These ethical standards were honoured throughout the data collection process (Canadian Counselling and Psychotherapy Association, 2020).

Interviews were conducted in participants' homes, or in one case, over Zoom. The intent of holding interviews in participants' homes was to ensure they were conducted in a space the participants found safe and familiar (Lieblich et al., 1998).

The interviews were video recorded (with the participants' permission) to enable transcription and analysis of both verbal and paraverbal content. A video-recorded interview also gave the participants the option of expressing themselves through gestures and body language.

Paradigm Assumptions of the Life-Story Interview Method

The life-story interview method is built on the assumption that the construction of reality, and by extension knowledge about reality, is done in the social context of the individual (Lieblich et al., 1998). This socially built reality is then best understood socially through the relationship that researchers and participants share (Bruner, 1986). These narratives, which the participant formed around their own experiences, help them find meaning, structure, and hope in the challenges they face (Vaags, 2016). In this process, it is expected that participants, the data collectors, and I are changed or impacted by the process of sharing and analyzing these narratives.

Inclusion and Exclusion Criteria

The focus of this study is on the lived, storied experience of military personnel following their experience with moral injuries. The first inclusion criterion was that all participants were either active military or retired military. The participants were of any age, gender, rank, military branch, or ethnic/cultural background. A second important participant characteristic of each participant is past deployment to an active warzone. This broad inclusion criterion of deployment to an active warzone (as opposed to a specific level of combat exposure) increased the ease of recruiting. This point is rooted in research by Fleming (2021) who notes an increase in moral paradoxes within active military zones. These moral paradoxes demand one value be compromised for the sake of another and may contribute to the development of a moral injury. Preference was given to participants with deployment to Canada's more recent theatres of

operation, such as Afghanistan. Recruiting participants whose experiences occur in the same period may well increase the likelihood of identifying common contexts related to the cultural narratives of that time.

A third participant characteristic is that they must have been traumatized by their deployment experience. It is known that individual responses to similar traumatic experiences differ (Dekel et al., 2004). It is also known that the impact the traumatization (i.e., intensity of symptom expression, impact on functioning, length of time experienced) differs from person to person (Prigerson et al., 2001). Therefore, recruitment relied on participants to self-identify as traumatized rather than look for specific biological, psychological or social symptoms of traumatization. Lastly, participants' focus, communication skills and mental clarity were needed at an adequate level for them to engage in in-depth conversation and to tell their stories.

Participants in the greater Vancouver area were given preference due to their proximity to the interviewer (Prigerson et al., 2001; Vaags, 2016). Participants who had not sufficiently recovered from their traumatization to be able to reflectively engage with their experience without being retraumatized were screened and excluded from this study.

To ensure both the safety of the participants and each participants' story's relevance to the data set, a short screening interview was completed with each potential participant. The screening interview overviewed the participant's service history, relevant mental health diagnoses (PTSD or OSI), medications, substance use (alcohol, tobacco, and/or others), use of counselling services (past or current), mental health history (hospitalization and thought of harming self or harming other), and experience of transitioning out of military. The final decision to include or exclude the participant from data collection was made by Vaags and her supervisory team.

Sampling Strategy

Vaags (2016) used a purposive sampling strategy (i.e., seeking out individuals whose experience specifically relates to the research question) and combined both the intensity sampling and snowball sampling strategies under the purposive umbrella (Mertens, 2015). She began with a snowball sampling strategy. This refers to the process of selecting key individuals with knowledge of military culture and influence in the military community, and their own traumatic experiences of war, who can then refer further possible participants. A greater degree of traumatization possibly indicates a more dramatic interruption of the individual's narrative and subsequent narrative restructuring (Goss & Klass, 2005). This suggests participants with greater traumatization would bring greater richness to the data set. It should be noted that this does not override the exclusion criteria of insufficient recovery from traumatization. In other words, if a participant had experienced a greater degree of traumatization but had not sufficiently recovered to participate in this study, they would not have been selected.

Typically, in-depth qualitative research projects recruit a sufficient sample size to reach saturation or "exhaustiveness" in their data. Saturation is reached when analysis of subsequent interviews no longer yields new information (e.g., new categories or themes that relate to the phenomenon being studied and related, to the underlying theory; Saunders et al., 2018). However, in phenomenological analysis the primarily goal is the "full and rich personal accounts" of the phenomena and not a specific measure of saturation (Hale et al., 2007, p. 91). Due to this study primarily being a phenomenological analysis, an emphasis was placed on the understanding of saturation proposed by Hale et al. (2007).

Recruitment

During her time working at Kandahar Airfield, Vaags (2016) developed numerous friendships with military personnel and individuals working in support of the military. Several of these contacts were able to help recruitment by sharing her research invitation with their social networks.

Participants

Four participants were interviewed using the life-story interview method (McAdams, 1993). Screening by my supervisor and I revealed three of the four interviews included content relevant to moral injuries as identified by their reported moral transgressions. The fourth participant struggled with transitions out of the military, but their struggles were not clearly related to experiences that included moral injury. Instead, their struggles were more directly related to PTSD and depression. The following subsections some of the relevant contextual factors of the included participants.

John

Throughout the data, John presents as a kind, humble man who seeks to better himself and enjoy whatever years he has left to live. As he recollected his life, he frequently speaks with care and compassion for those who have been close to him during his journey. He shares a particular affinity for his grandfather who supported him as he sought out a military profession. John notes that when he was 6 years old, he decided he would be a pilot. Between being 6 and 20, his whole life purpose was pursuing piloting. He speaks of his career as being more than just something he does, but who he is. He worked as a pilot in the Canadian Armed Forces for roughly two decades before switching to a reservist position, which he had been in for 5 years. As he looked towards his future, he says his next life chapter is all about relaxing and helping

others. John participated in Vaags' data collection hoping to assist others in their healing journey, though he does not clarify in what ways he expects it to help. He simply stated, "I hope [this interview] was helpful."

Luke

Looking back though his life, Luke has an awareness of his patience, perseverance, and suffering. In his youth, he recollects periods of deep loneliness that pushed him to build his independence and resilience. Through this pain, he speaks appreciative words of the small-town man he was and how his family did their best to help Luke receive the support he feels he needed, even if the practical support left him isolated at times. Luke's belief in the importance of resilience is matched only by his desire to help others. He joined the military hoping to help others as a peacekeeper. Working as a mechanic, Luke tirelessly supported his fellow service members by provided them safety and security in their vehicles. He took pride in work and sees his time in the military as a time where he got to protect the people he cared for.

Since leaving the military, Luke has spent years on his healing journey as he learns to understand and move forward from his difficult time in active warzones. He participated in the data collected by Vaags in the midst of his own healing journey with the hopes of assisting others along the same path.

Dante

Dante spent the interview with his young daughter and energetic dog in the room.

Throughout the interview, it was revealed Dante experiences meaning in his life through these two beings he cares a great deal for. Dante was part of the ground forces in Afghanistan. He worked diligently with his unit and became very close to several his fellow servicemembers.

Sadly, many of his close friends were killed in action during his deployment. Dante strives to

honour their loss by living as fully as he can. In his day to day, he desires to be kind above all else. This desire for kindness is reflective of the values imparted upon him by his family. He speaks highly of his parents and desires to replicate his family experience for his daughter. For Dante, every day is a difficult push to be present for his daughter. Despite this, his closing comments denote a tone of appreciation for what he has, rather than pain for what he has lost. His desire is for further camaraderie between veterans that can result in ongoing care for each other in their best moments and their worst moments.

Paradigm Assumptions of The Descriptive Phenomenological Method

With the context of the participants stated, it is important to understand how their contexts relate to the data analysis procedure. Each research approach contains its own implicit and explicit assumptions about reality and knowledge. Qualitative methods, in most cases, hold onto the core belief that reality is relative and constructed by individuals according to their own experiences (Ponterotto, 2005). The life-story interview method (McAdams, 1993) as well as the descriptive phenomenological method (Giorgi & Giorgi, 2003) align with this core belief. Qualitative methods that fall into this category are not generalizable in a statistical manner in the way that many quantitative methods are. The strength of phenomenological methods is in their ability to reveal knowledge from the perspective of the subjective individual (Giorgi & Giorgi, 2003). This rich, subjective knowledge is valuable in itself.

Data Analysis Procedures

With paradigmatic considerations and data gathering summarized, we now move into a procedure for the analysis. The process included the following phase: transcription, reading for a sense of the whole, establishing meaning units, creating psychologically sensitive expressions, determining structure, and performing a post-structural analysis (Giorgi & Giorgi, 2003).

Concepts crucially relevant to the data analysis process include phenomenological reduction, psychological attitude, and imaginative variation. Phenomenological reduction requires the researcher work to see the thoughts and actions of participants as separate from their contexts. This approach develops an understanding of these actions and thoughts concerning any imaginable person (universality). Therefore, actions are defined by their relevance to human action but exist separate from any specific context of actions for any single person. The psychological attitude is an acute sensitivity to the psychological underpinnings that may exist in a participant. For example, if a participant expressed that they wished they could have done something different, I could consider that they may be experiencing regret and/or sadness. Finally, imaginative variation is the act of imagining something in a new way to determine if it still exists as its original concept when the features of the item are varied. A simple example, borrowed from Giorgi & Giorgi (2003), is the imaginative variation of a cup. If one is studying a ceramic cup, one could imagine it made of plastic and it still exists as a cup. However, if one were to imagine a cup made of a porous material, it would no longer exist as a cup. This process of imaginative variation helps researchers identify what is essential about the item or phenomenon being shared and analyzed.

Throughout this process, I refrained from making judgements about the quality of steps separately from the whole of the research. As Giorgi & Giorgi state, "[this] method is judged by its outcome, not by its intermediary stages" (2003, p. 252).

Transcription Process

I oversaw the transcription process to ensure its quality. Most of the transcription was completed by the online, confidential service GoTranscript. After the transcript was returned from the service, I reviewed each transcript personally to assess the quality of the transcription.

No edits were necessary after the transcripts were returned to me. Aside from grammatical errors, the transcripts were not altered after the analysis process began. This is both to ensure congruency throughout the analysis process and to reduce the ongoing workload of the process. Following the direction of Giorgi and Giorgi (2003), "the transcription of the interview[s], precisely as [they] took place, [become] the raw data of the research" (p. 251). During the transcription process, I took part in the first round of immersion in the data. This process is expanded upon in greater detail in the following subsection on reading for the sense of the whole but begins here.

Read for a Sense of the Whole

Though reading took place throughout the transcription process, I also read the transcripts with the explicit intent of understanding the narratives as a whole. This process allowed me to understand the narrative as a single journey of growth rather than segmented pieces (Giorgi & Giorgi, 2003). This allowed me to see how the trajectory of each moment leads to the conclusion. Since the interviews ranged more widely than the focus of my research questions, I also established core markers for segments relevant to my research question. These markers were instances where participants noted guilt, shame, regret, moral pains, or healing. Not all the marked sections are used in the results. Their value was the increased direction they offered. However, despite the use of markers to note key areas, each transcript was read as a whole multiple times.

Establishing Meaning Units

This process is purposefully subjective and required that I engross myself in the data using a psychological attitude and phenomenological reduction. In this process, I read the transcript and noted shifts in meaning as they took place in the participant's stories. This process

revealed sections in the transcripts I could return to that held a common theme. This allowed me to understand and articulate the various themes that were emerging as distinct from each other; rather than as a large mass of various, indistinct themes.

Creating Psychologically Sensitive Expressions

Given that, "the whole purpose of the method is to discover and articulate the psychological meanings being lived by the participants that reveal the nature of the phenomenon being researched" (Giorgi & Giorgi, 2003, p. 252), the meaning units must be translated to psychologically sensitive language. The participant's original discussions are rich not only with meaning but also filled with their own experience of the world. It is at this stage that I began to distinguish the layers specific to a participant and found the experience of the participant that is translatable to other experiences and other people. As previously defined, this process is the development of universality.

Two core errors were avoided at this stage through the use of regular meetings with my research supervisor: the overemphasis on contextualizing the participants' life and the use of psychological jargon (Giorgi & Giorgi, 2003). The first error is a result of the desire to understand the participant's context more than the phenomenon being researched. Discussions with supervision offered regular times to check-in with my use of contextual factors. This was done to ensure the context used mere assisted the core aspects of healing from moral injury and did not distract from the revealed themes. This would have been an error as the primary goal is to understand the phenomenon, not the participant's contexts. The second error would arise if I did not recognize the use of psychological jargon as a risk (Giorgi & Giorgi, 2003). This error risks I begin to see the themes in a reductionistic way. For example, at this stage, I avoided using a term such as "moral injury" as there are limits to that term's definition in the literature that I may not

want to apply to this experience. Instead, I relied on thick (i.e., rich and clear) descriptions of the experiences. For example, rather than stating "participant experienced a moral injury," I could have stated, "participant participated in actions that went against their moral code. This left the participant unsure of their capacity for good, which they believe harmed their current relationships as they struggle to believe a 'bad' person can be loved." Though this alteration is significantly longer, it is also far more detailed and leaves significantly less to be assumed.

The culmination of this step was the meaning units created from the participant's narratives being translated into psychologically sensitive language with emphasis on moral injury (Giorgi & Giorgi, 2003). Throughout this process, the developed meaning units were regularly compared to the original data set to ensure they still held the same meaning, despite the use of psychological language and the reduction of contextual factors.

Determining Structure

Using the translated or reframed meaning units created in the step above, I engaged in imaginative variation to "explore what is truly essential about them" (Giorgi & Giorgi, 2003, p. 253). An applicable example of an imaginative variation would be if the participant reported feeling discouraged by their friends not wishing to discuss their moral injury. In this example, I would imagine different scenarios wherein the participant received the same reaction from other individuals. I would then assess if, for example, the participant would still feel discouraged if their friends discussed but did not explore the participants' moral injury in a personally relevant way. If I found that these variations could be applied to the scenario, I could conclude that the essential elements were a lack of attuned support from surrounding individuals that led to feeling discouraged. I would then consolidate these ideas into a simple, psychologically sensitive

statement such as "Feeling discouraged due to a lack of caring support from peers." Full, thick descriptions remained available throughout this process.

Following the creation of each participant's meaning patterns, meaning patterns across participants were compared. Variations and similarities among participants' meaning patterns were then carefully analyzed with respect to the research question to identify what is truly essential about healing from moral injury.

These final meaning patterns that have been brought into focus in their essential form were again collected and compared to the initial data they derived from to ensure their validity. The statements made by participants were compared to the final meaning units and meaning structures to ensure they reflect the participant's experience.

Post-Structural Analysis

The integrative phase of the analysis is comparing of the final meaning units and meaning patters among participants. This process includes the reintroduction of some contextual factors to help clarify why participants experienced the same theme in different ways. This process is done to ensure "the complexity of the experience and the refinement of psychological understanding" is completed (Giorgi & Giorgi, 2003, p. 255). This process includes thick descriptions of the connections between the features of the meaning units and meaning patterns as they exist between participants. The strength of this step comes from its ability to reveal how the various revealed themes relate to each other within the context of the participants' experiences. This process is most easily represented in its culmination within the integrative summary, where the results of each participant contrast, match and enhance each other.

Methodological Fit

Giorgi and Giorgi (2003) state the knowledge that is revealed by the descriptive phenomenological psychological method have universal implications for any person, regardless of if they share contextual factors with the participants. The goal is understanding the essence rooted in consciousness during the desired phenomenon that, in this case, the lived experience of veterans following moral injuries (Giorgi & Giorgi, 2003).

First and foremost, I selected the descriptive phenomenological psychological method as a good fit for life story interview data. Murray (2003) states

narrative brings a sense of order and meaning to the myriad details. It is the plot that connects the beginning of the story to the end. It weaves different episodes together to make a coherent and meaningful account. It is the plot that gives the story its meaning. (p. 98)

The life-story interview brings structure to descriptions of lived experiences. This provides a good fit for the descriptive phenomenological psychological method, which can derive meaningful thematic structures from the narrative data. The method from Giorgi and Giorgi was chosen over a narrative analysis as the data gathering approach was not focused on moral injury alone. Descriptive phenomenology welcomes additional subjectivity and insight into the project which can serve in expanding upon the relevant themes brought by the participants as they relate to moral injuries and their experience afterward.

It is appropriate to stress that this is not the first study to use narrative data in a phenomenological analysis. Garza (2004) describes the process in which a researcher may analysis narrative data through a phenomenological stance. Garza illustrates the process as separating the objective and subjective factors within the data to create a rich understanding of

real-world experiences. This process is illustrated through his self-analysis of being frightened by a hat in a dark hallway that he mistakes for an intruder in his home (Garza, 2004).

Objectively, Garza admits his experience was a mistake, developed by a misunderstanding of his surroundings. Subjectively, however, he recognizes the intensity of his fear and the raising of his heart rate. A phenomenological analysis of narrative data seeks to appreciate the subjective, lived experience of participants within the data as they relate to the real world.

Garza (2004) is clear that the phenomenological analysis of narrative data can be valuable and produce meaningful results. Thorne (1994) assists this point by clarifying the value of secondary analysis of qualitative data with various qualitative methods. Thorne (2004) is both cautioning and optimistic towards a secondary analysis. The relevant cautions are the potential for researchers' personal beliefs to take root more easily in the analysis and the potential for data to become outdated. Thorne (2004) believes room for researchers' personal beliefs is highly related to the researcher's closeness to the data. If the researcher is extremely distant from the data, it may provide ample room for the researcher to input their own beliefs onto the data. To mitigate this, I closely connected with the data throughout the process and continually exercised care and compassion for the participants. This care was seen in my attempts to thoroughly understand the participants' perspectives without offering judgment for their actions. Thorne's (2004) second concern, the data being outdated, is not relevant for two reasons: the recency of the data and the slow change in perspectives on moral injury. The data was collected by Vaags in 2017. Though a great deal of literature on moral injury has been published since then, the overall tone of researchers, one of care, compassion, and curiosity, has remained static. The continual tone of the research helped inform me as I prepared to analyze this data. Therefore, though 5

years have passed since the collection of the data, the use of the data is appropriate for this project.

Rigour and Validity

I employed several strategies to ensure the rigour of the research process and validate the findings. The paradigmatic foundations of a constructivist, narrative, phenomenological study assume and encourage the involvement of the self of the researcher as an active player in the co-construction of knowledge (Lincoln et al., 2011). Lincoln et al. (2011) suggest that one criterion (and strategy) for achieving rigour in this process is to engage in "critical subjectivity" (p. 182), or an intentional, in-depth, and transparent practice of reflexivity throughout the various stages of the research project. This practice of reflexivity also includes bracketing, in which I declare my own relevant experiences while also seeking the engagement of others in the analysis process, therefore aiding in ensuring that my interpretation is a co-construction, and not an individually restricted subjective exploration (Ponterotto, 2005). Reflexivity was pursued to address how my subjectivity affected the research process (Olmos-Vega et al., 2022). This process was primarily completed with the support of my thesis supervisor. This process is described below under Researcher Reflexivity.

In addition to reflexivity, I practiced continual comparison of the developed meaning units (through each step) to the raw data. This process was exercised to ensure the results accurately reflected the data and the experience of the participates. Practically, this process involved comparing meaning units and the data they were derived from and asking myself, "do this two share the same meaning?" In cases where they meanings did not align, the meaning units were reworked to represent the phenomena more accurately. In addition to self-reflection, feedback from my supervisor and second reader was used to enhance the accuracy of the themes.

For example, the theme "loss of self," was originally called "disconnection from old self." After discussion with my team, I realized the original title for the theme did not accurately encapsulate the experience of the participants, so it was refined and shifted to reflect the participant's loss.

Saturation

Within each transcript, saturation was met through the generation of a full description the phenomenon (Hale et al., 2007). This means a rich understanding of the participants' lived experience following a moral injury was produced from each transcript. Additionally, Levitt et al. (2018) discuss the need for "data from sources that can shed light upon variations in the phenomenon that are relevant to the research goals" (p. 20) as well as the need for sufficient context to be offered to explain the difference in the data sets. For this reason, full explanations of each participant's contexts are explored before the various emerged themes below in Chapter 4. The desire for full descriptions and variations in the phenomenon are encapsulated and enhanced by Maltreud et al. (2021) who have proposed information power (IP) as a tool in assessing the quality and saturation of a qualitative data set.

Maltreud et al. (2021) propose information power as an indicator for saturation and data set quality. Above, I have discussed how narrative data sets and phenomenological analysis fit together. With this in mind, it is appropriate to address how the data set used in this project and the method used can reveal data with sufficient IP. IP was not designed as a box researchers could check to ensure saturation was met (Maltreud et al., 2021). Instead, IP offers a conceptual framework that can be used to argue the quality and saturation of data.

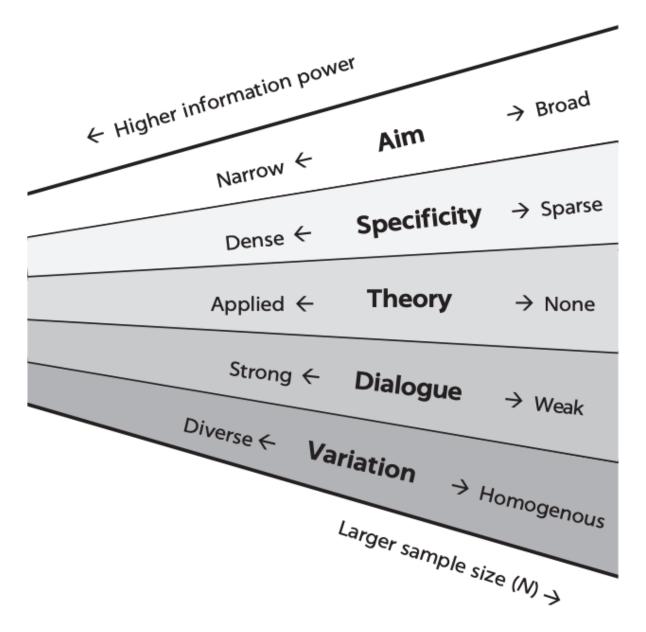
IP is assessed in 5 parts: study aim, broad or narrow; sample specificity, dense or sparce; use of established theory, applied or not; quality of dialogue, strong or weak; and variation, homogenous or diverse (Maltreud et al., 2021). Figure 3 demonstrates how these aspects relate to

sufficient sample size and saturation. Sufficient IP can be met with fewer participants in studies with a narrow aim, dense specificity, established and applied theories, strong quality dialogue between researcher and participant, and diverse variation.

Given a preexisting data set was used in this study, high IP is sought as it relates to a small, unchanging number of participants. The aim of this study is narrow as it seeks to understand the experience of veterans of the early 2000s who participated in perpetrated morally injurious events. This study shows high specificity as the three included participants can offer thick descriptions of the process of moral injury as they experienced it. Additionally, specificity is met in the participants' close relatedness to the research question. Though the initial focus of the data gathering was on veterans who experienced a difficult transition back to civilian life, the long interview (3-4 hours) gave ample room for rich descriptions of moral injury to arise. This study shows medium-high levels of applied theory. This is seen in the literature review via the clear understanding of what moral injury is and how it can be seen. However, in the literature it is also clear moral injury theory is still in development which is why I do not argue this project uses high levels of applied theory. The quality of the dialogue between researcher and participants is high. Practically, this is demonstrated by the participants willingness to participant in multi-hour interviews with Vaags which shows a high level of trust and connection. Lastly, participants' stories show diverse variation of contextual factors which increase the understanding of the phenomenon within the narrow aim across differing factors. It is for all these reasons that I believe the three participants are sufficient for reaching saturation defined as substantial information power for the research question. Maltreud et al. (2021) state, "qualitative researchers within psychology ... need tools to evaluate sample content and size" (p. 67). The descriptive phenomenological method is a qualitative method and naturally fits the IP rubric.

Figure 3

Information Power: Items and Dimensions



Note: Copyright © 2021 by American Psychological Association. Reproduced with permission. The official citation that should be used in referencing this material is Malterud, K., Siersma, V., Guassora, A. D. (2021). Information power: Sample content and size in qualitative studies. In P. M. Camic (Ed.), Qualitative research in psychology: Expanding perspectives in methodology and design, 2nd ed. (pp. 67–81). American Psychological Association. https://doi.org/10.1037/0000252-004 No further reproduction or distribution is permitted without written permission from the American Psychological Association.

Significance

Though it can be difficult to accept one's moral failings, I believe this is a process each person experiences. The experiences of veterans in active war zones offer clear and extreme cases of moral injury but I do not wish to limit moral injury to these extreme scenarios. A child who believes they should not lie, but does so, must undergo may experience a similar moral pain as a veteran who believes they should not harm but does so. This belief in universal implications (universality) is a phenomenological response to generalizability. Generalizability reflects statistical rationales; universality permeates all existence accessible by consciousness.

Canadian veterans of active warzones were chosen as participants because they offer clear, concrete examples of moral injury relevant to current research and theory. These participants give examples of moral injury that can resonate with any individual who subscribes to a moral code.

Researcher Reflexivity

Throughout this project I engaged in reflexive practices to acknowledge and account for my own subjectivity in this project's development and analysis. Reflexivity was engaged through personal reflection and reflective discussion with my thesis supervisor. The reflexivity of this project can be effectively separated into some of the categories proposed by Olmos-Vega et al. (2022): personal reflectivity, methodological reflectivity, and contextual reflexivity.

Framing this whole project, I feel I must clarify a fundamental belief I have about truths: I think truths can exist in opposition with each other. Otherwise known as dialectics, I believe two ideas which logically cannot coexist, can coexist. It is with this frame that I hold an attitude that says, "I think I am right, but what I believe is right may not be right for everyone." I believe it set me up well for a project which required extensive bracketing like this one. It is natural for

me to slip out of my own beliefs so that I can understand someone else's. In fact, I love this process. My belief in dialectics goes on beyond my memory. However, it was most clearly refined in my biblical studies during my undergraduate degree.

In Christian scriptures there is a story about a man, Abraham, who is told by God to kill his son, Isaac. Filicide (killing one's child), by all accounts of the bible, is an evil thing.

However, God, a being incapable of evil, told Abraham to commit it. Abraham nearly does it (in the story Isaac is saved by God in the last second) and is celebrated for his devotion and willingness to commit to whatever God says. The point of the story is likely that devotion to God outweighs all other principles, but in one shining moment, filicide (something that is evil/wrong) became the right thing to do. This story hooked me on the idea that incompatible ideas can coexist, and it has not left my mind since. For a moment, the right thing was the wrong thing. Furthermore, the tension between these two ideas need not be resolved but accepted as they exist in tension. From this story, I began to intentionally allow views alternative to my own to be true, without releasing my own. This project relies on this principle which I can now comfortably call "bracketing." I say this to clarify that every time I say, "I believe" I am saying "I believe what I am saying, but I do not think it the only way to understand what I'm describing." It feels important to clarify this point as the following sections rely on my explanation of what I believe.

Personal Reflexivity. Olmos-Vega et al. (2022) describe personal reflexivity as a process which "requires researchers to reflect on and clarify their expectations, assumptions, and conscious and unconscious reactions to contexts, participants and data" (p. 4).

I do not believe I have experienced a moral injury to the degree of these participants or in a way that could be identified through its symptoms. I do, however, believe I have experienced personal moral failures which I have had to sit with, accept, move forward from. These

experiences vary in significance. On the lighter side, I have lied despite my belief that lying, in most cases, is morally wrong. In more significant terms, I know that in my adolescent years I bullied a peer incessantly despite strongly believing causing pain to be morally wrong. My own process of self-forgiveness has led me through a process of apologizing to those I have wronged, reflecting on the reasons for my actions, and accepting the actions as a part of my story. Though these actions do not define me, an honest account of my life must include them. It is in this process that I came across the quote by Scott Peck (1983) which begins this project. I believe every act is a choice. The choice to be kind or cruel. The choice to serve oneself or someone else. The choice to pursue one value over another. This belief permeates through my own actions as a researcher and throughout this project. These choices are a portion of one's story that cannot be ignored. Regardless of one's justifications, a choice is always made.

Leading into this project, I anticipated the process of the morally injured would reflect my own. I expected participants to identify the choices they made, explain their reasoning, and own up to the consequences. I cannot say I hoped this would be the case. I simply expected these results. This stance yielded two reactions to the results: surprise and curiosity. I was surprised to see my expectations subverted (there is no theme called "Identification of Choice") and as a result of this subversion I became curious about what would occur instead.

In addition to my expectations around choice, I expected the severity and consequences to moral injuries to be far greater than they were. In my original proposal for this project, I suggested I would be investigating what I called a "moral death" within participants. I originally titled this projected, "Life After the Death of Morality" (a title I still believe sounds cooler but is admittedly inaccurate). I hypothesized this moral death would be the complete destruction of a person's moral character which they would need to rebuild or recreate. This project does not

answer whether or not a moral death could exist, but it is clear this process did not occur in these participants and hence the term moral injury is used. Intellectually, I find the idea of a moral death fascinating and something I would be curious to see, but as I learned about the participants and began to care for them, I was glad to see my expectations subverted once again. Their process is much more akin to a wound than a death and offers much more hope towards their process of recovery.

My supervisor and I met regularly to discuss the progress of the project and the participants themselves. In these conversations we noted many reactions to each participant as well as the results as a whole. Rather than summarize countless hours of discussion and reflection, I have chosen to explain a particularly difficult reaction to a participant's story and summarize how I responded to it. This acts as an example of what occurred in many other passages.

As John recollects his experience of leaving Afghanistan he exclaimed, "Why are we not going and killing them all?" This passage was one of the most difficult ones to read in this project. As I read it the first time, I had a strong reaction to this reality of warfare. My desire was to omit this section from analysis. My lack of understanding around the various facets of warfare encouraged me to see this comment as cruel and unkind. I later discovered it was my own lack of understanding around diverse values which led me to this conclusion. Initially, I brought it to my supervisor as a bid for understanding of my own perspective. I wanted him to look at this quote and say, "yes, this is wrong, and you are right." However, as we discussed it, I felt myself open to the experience of John. In the following weeks as we discussed this passage more and I took time to reflect on the passage. I began to see the remorse I was initially looking for. My own values tell me causing the death of another to be wrong in almost every circumstance. John's

moral pain as a result of failing to eliminate the enemy was significantly separated from my own world experience. However, as I reflected on this passage and experienced increasing care for John, I was able to put aside my beliefs. This process, also known as bracketing, revealed John's experience without my moral beliefs infringing upon it. John's experience was seen neutrally. As I understood it, John wanted to the enemy to be eliminated. With bracketing in mind, I was able to set aside my belief that John's desire was inherently immoral. Without the belief that John as being immoral, I became curious about John's experience even more. John wanted the enemy to be eliminated, but I did not understand the importance of this desire. Through conversation and reflection, it was revealed that John's desire to "kill them all" was a product of his desire to keep his peers safe. His perception was that his failure to eliminate the enemy was a moral failure as he felt he left his fellow service members in harm's way. Therefore, it can be seen that John's desire to continue fighting was a product of his desire to care for his fellow servicemembers.

This reflective process can be broken into three distant parts: Initial reaction, neutral identification (i.e., bracketing), and subjective appreciation. Within these parts, I was required to identify my reactions as clearly and comprehensively as possible. Once my reactions were identified, I could set them aside and see the passage as it exists as a fact. In this case, this was seeing John's desire to continue fighting without reaction. This lack of reaction then developed into curiosity which concluded in a subjective understanding of the initial passage. In this case, an understanding of John's desire to keep his peers safe emerged as a core meaning.

Methodological Reflexivity. Methodological reflexivity requires the "researchers critically consider the nuances and impacts of the methodological decision" (Olmos-Vega et al., 2022, p. 5). This process is seen through the sections on paradigm assumptions and on the decision to use phenomenological analysis to analyze a narrative data set. Beyond the evidence

that this data set and analysis procedure can produce meaningful results (see Garza, 2004), the choice to pursue this methodological fit was based on the suggestion of my thesis supervisor which was made in good faith. Before taking on this project, I had the privilege of knowing my supervisor as a professor within Trinity Western University and consciously trusted his suggestion that the descriptive phenomenological method by Giorgi and Giorgi (2003) could produce meaningful results with the data set collected by Vaags (2016). This trust offered a meaningful starting point which was developed into a personal belief that this projected would produce meaningful results. This transition from external to internal motivation was developed as a result of the time I have spent with the data set, in the current literature, and in discussion with my supervisor and peers.

Throughout the project my supervisor and I took time to discuss the fit between the data and method. Relevant topics of discussion include, but are not limited to, which portions of the transcripts were included and if we would pursue participant feedback. We discussed the value a more collaborative approach could have developed with participant feedback and additional research assistance, but approach was not pursued. The decision was made with respect to the descriptive phenomenological method which does not require participant feedback (Giorgi & Giorgi, 2003).

Giorgi and Giorgi (2003) have summarized a well-established method within phenomenological inquiry and their decision to omit participant feedback from the research procedure shows that this omission is not detrimental to the quality of the research. Others might assume that participant feedback could offer correction if participants felt that they had been misunderstood in the analysis. However, this same process could invertedly encourage contextual factors to seep through the analysis process. Participants are often highly connected

with their own stories and their contextual understanding of the phenomena, which could distort the process of phenomenological reduction which is core to this method. Giorgi and Giorgi (2003) offer no expectation of participant feedback and the risk of diverting the analysis into contextual factors led me to decide not pursue participant feedback.

Contextual Reflexivity. Contextual reflexivity is the process of positioning the project within its historical and cultural context (Olmos-Vega, 2022). It is beyond the scope of this project to position this research within the historic conversations about warfare as a whole. However, I believe it is important to note the current landscape of thought into which this project enters. The tonal shifts in the public opinion of the war on terror have changed significantly since the beginning of the Afghanistan mission by Canadian forces. I am a member of Gen Z which, by-in-large, appears to be strongly antiwar, and often antiwarrior. At times, I have engaged with this mindset as it reflects some of my own values. However, these presumptions have been consistently challenged throughout this project. It is, therefore, my hope that this project could enter professional literature and help increase empathy for the suffering of veterans who have experienced moral injuries. Admittedly, the likelihood of this effect is low. This is a thesis I am proud of, but it is an master's level thesis which may well have limited reach without being submitted to an academic journal. Rather than rely on the project to speak for itself, it is my desire to live in a way that reflects the results of this study. As I alter my approach to engaging with moral pain to emphasize compassion and curiosity, my hope is that this personal change in behaviour may encourage others to engage with moral injuries with a similar mindset.

Summary of Reflexivity. Reflexivity seeks to address the effects of subjectivity within qualitative analysis. It requires the transparency of the researcher in the project as they explain and put aside their assumptions, expectations, desires, and reactions to the data, participants,

method, and context. Reflexivity was exercised through personal reflection, discussion with my thesis supervisor, and discussion with peers. My responsibility throughout this process was to intentionally engage with reflexivity as it has been described. This process includes honesty about my perspective and openness to alternatives. I have done my best to pursuing effective reflexivity throughout this process. The examples given represent critical points of reflectivity which illustrate how this process unfolded throughout this project.

CHAPTER 4: RESULTS

"Be curious, not judgmental" – Ted Lasso

The following section displays the shared themes throughout the three narratives as well as themes unique to one or two participants. I first give an overview of each participant's moral transgression and how it relates to their values to allow the reader to engage in the subjective experience of each participant (van Manen, 2014). Following the overview of each participant's moral transgression, I organized the themes into a clear structure as described by the previous section on the poststructural analysis (Giorgi & Giorgi, 2003). A final section is given to discuss unique themes.

Participants' Morally Injurious Events

The stories included in this project were from the following participants: John, Luke, and Dante (I assigned each participant a pseudonym to protect anonymity). During their varied life experience, John, Luke, and Dante participated in actions that feel outside of their moral code and suffered negative cognitive, emotional, and social symptoms following their moral transgressions. Each participant's morally injurious event (MIE) was experienced within their active duty while stationed abroad within the Canadian Armed Forces. This section serves as a contextual baseline for each participant's journey.

John

At the time of the interview, John had been acting as a part-time reservist for the Canadian military for roughly 5 years. He noted being on the cusp of the next chapter of his life he titled, "relaxing." Before his part-time position, he had been serving as a full-time reservist for roughly two decades as a pilot in the Canadian military. John has been stationed in numerous warzones around the globe. He identified his role as a pilot as a "support position." During his

interview, he shared, "we were just a support arm ... and we were always there to help [the ground forces] out."

John reports himself as a highly analytical helper. To him, there are always right and wrong answers. The wrong thing to do is to leave others to suffer. This is seen in moments where John feels compelled to stop at traffic accidents to assist in any way he can; even if it means crawling in turned over cars to pull drivers out of their wrecked cars. He laughed, saying it drives his wife crazy as she tells him, "You don't have to help everyone."

John's moral transgression relies on this fundamental desire to help others. While recollecting his departer from Afghanistan he says,

First, I could hardly wait to get home, but I didn't want to leave, because it's like, we weren't done. Like it was kind of a sense of, "why are we leaving? There's still lots of stuff that needs to be done." Like, I don't want to be here anymore, but on the other hand, who's out helping [the other soldiers]?

In this recollection, John began to tear up. Continuing, he said, "I get other guys are coming here, but why isn't everybody coming here!? Why are we not going and killing them all? Why are we not defeating the enemy before we go home?"

John's moral transgression stems from the ending of his contract and his return home, despite him knowing he was leaving behind soldiers that needed defending. John wished to keep protecting his fellow services members but did not when his contract ended. Either implicitly or explicitly, John chose to leave at the end of his contract rather than fighting to stay and protect others. This moral paradox—either leave his deployment or disobey his orders to return home—is in line with those previously referenced by Fleming (2021). In the end. John chose to leave. Within his understanding, he left the job unfinished as there were still ground forces who needed

protection in Afghanistan when he left. This action directly opposed his belief that leaving others to suffer is wrong.

Luke

From the beginning of Luke's military career, his intentions within the army were clear to him. He recounted telling a peer, "I joined to be a peacekeeper. I want to help people. I want to ... defend those who can't defend themselves." Though these intentions were pure, Luke quickly found himself surrounded by moral paradoxes which denied the moral values that initially pushed him towards the military.

Luke was stationed as a mechanic in Afghanistan. Though his work was stressful, he reports being confident in his work and takes pride in how he served others during his deployment. He worked in a hangar that was directly connected to another building with a live feed from active unmanned aerial vehicles (UAVs), which were displayed on huge, coloured TVs. On these TVs everyone could see and hear what the UAVs heard.

During Luke's time as a mechanic, he struggled to control a mice infestation that had taken over his hangar. He requested a Preventative Medicine Technician (PMed Tech) who came in and placed environmentally friendly mouse traps. Luke remembers acting with hostility and confusion at first. He asked the PMed Tech, "what the fuck is this shit?" To which the Technician replied, "Well, we're not here to kill the animals ... We're going to trap them and then we'll release them outside the wire 'cause it's the right thing to do." Shortly after this exchange, Luke walked over to the building with the feed of the UAVs. Five minutes after he was told saving the mice was the "right thing to do," Luke saw a UAV drop a 500-pound bomb on a house full of people Luke believes were innocent. Weeping, Luke exclaimed, "Where's the sense? Save a bunch of stupid fucking mice, but we killed a bunch of people."

At this moment, Luke began to question his role and participation in military service. He remembers asking himself "what am I doing here? Why am I here?" In his mind, he stayed for his friends whom he wanted to keep safe, but this episode continued to cause friction until he eventually left the military. His experience with the mice was a profound disillusionment with the military goals he was supporting with the service. His disillusionment resulted in John seeing the military as a system that causes suffering. Luke was placed in a paradox in which he had to choose to stay in the service to support his fellow service members or leave the system he no longer believed in and leave his fellow service members without his support. He chose to reemphasize his commitment to assisting his fellow service members to rationalize his ongoing participation in the military service. Luke's moral transgression in seen in his ongoing participation in a system he saw doing things he believed were wrong.

Dante

Dante participated in the interview in the comfort of his own home and during the interview he welcomed his 1-year-old daughter to sit with him.

Dante was stationed in Afghanistan and a few other warzones during his time in the military. Regarding his deployment Dante says, "Life happened. A lot of lessons were learned over those 10 years or so." One of those lessons is an episode Dante only directly mentions once but ties together many of his stories.

Dante's daughter really loves a picture of a young girl from Afghanistan that Dante has kept for over 10 years. Dante says, "I got that picture of that little girl and no matter what she does I'll stick her in front of it and she just smiles. Like the minute she sees the photo. It's weird. It's the strangest thing." Dante believes this little girl and his daughter are closely connected and his daughter's reaction to the photo is ongoing evidence of that connection. Dante believes the

connection his daughter shares with the photo is evidence of their connection. The significance of the little girl comes from a painful episode he quickly mentions directly and reflects on throughout the interview.

During his time in Afghanistan, Dante got into a bad firefight. He recounts, "I had a bad incident overseas where we got into a gunfight, things happen and there's a dead little girl."

When first noting the photo, he has of this little girl he says, "I saw her dead and it doesn't matter what background you are. A kid's a kid, person's a person. Man, woman, or child doesn't matter."

In the moment when Dante saw this little girl who had lost her life, there was an immediate understanding of the role that he played. When talking about the death of a child, any responsibility is more than enough to create feelings of guilt, shame, and regret which Dante expresses.

Dante never directly speaks of who could be blamed for the death of the little girl. What is clear is that he participated in the gunfight that ended her life. These two quotes are the only time this girl's death is directly mentioned, but he takes great effort to expand on the effect this death had on him as well as how he felt it was "tied together" by the birth of his daughter. This tying together helps redeem some of the pain Dante believes he caused, but does little to negate the pain itself. His daughter is a continuation of a life that was cut short, and his daughter's connection to the photo of the little girl is evidence that this child's legacy can continue.

Shared Themes

While each participant experienced a moral transgression which was unique in its contextual factors, the participants' lived experiences after the moral injury share a few major themes. The analysis process revealed four themes that were present throughout each participant's stories after their moral injury: loss of old self, feeling misunderstood, commitment

to new purpose, and enhanced acceptance of self. Much like each participant's experience of moral transgression, each story of healing is ripe with contextual factors which illuminate how these themes are lived out.

A timeline of these themes for each participant would include varying degrees of overlap among the themes. What is clear is that these themes can happen simultaneously, and it can be theorized that some feed into each other. The interwoven nature of these themes speaks to the humanity of those who experienced them but complicates the analysis of them as individual ideas. Some questions may arise as a result of understanding one theme that can only be answered by understanding a subsequent theme. It is, therefore, important to understand these themes as a whole, interwoven process and not as pit stops in a person's life journey. Table 1 shows a short demonstration of how each participant connects to each theme.

Shared Theme 1: Loss of Old Self

Each participant shared about a loss of their previous selves following their experience in the military. This disconnect is exemplified by a shift towards a numbness which was experienced as comforting, desire to move away from a "small town" mindset, and/or feeling grief for the lost self. As shown through the theme, this stage involves a form of hitting "rock bottom." The participants, each in their own way, lose connection with the pieces of themselves they once held dearly. Dante notes, "I used to be a pretty happy, fun, social guy, super social, friends everywhere. [I] used to laugh." This experience of loss appears throughout each participant's narrative as their sense of self must alter as they make sense of their participation in moral transgressions.

Table 1
Summary of Themes in Participants

Summary of Themes in I		7 1	D (
Theme Theme	John 1	Luke	Dante
Loss of old self	"Fear, anger, and sadness. That's all I got. So, like I said, out of those, having nothing is okay."	"A lot of my identity of who I thought I was, where I came from, the people that I cared about, really honestly got stripped away in a matter of, literally, in moments actually."	"I don't know. Cause that big chunk that was lost, you lose yourself at some point."
Feeling misunderstood	"No, it was a war, we lost people!"	"Blood, gore, heads popping off. It wasn't. It was the skill set that the good lord, or whoever gave me, I wasn't able to fulfill and because of it, I blamed myself for the deaths of others."	"People don't give you the opportunity to just be yourself or your new self because they always judge."
Commitment to new purpose	"If I still have the ability to give help to other people, then and if I'm afforded the time or opportunity to do that, then I'd obviously want to do that."	"Give yourself time. Give yourself the time It took you 20 years to get to this point. Don't expect that in 3 sessions with your therapist that you're going to be as right as rain."	"My sole purpose of being here now is to is to raise her right."
Enhanced acceptance of self	"Instead of being obsessed with that long-range goal, now my focus is, 'what is my purpose in the moment?' You know, sometimes I hit it, sometimes I don't."	"I think I live a pretty good life It could be better. Of course, it could be. It always could be better. It could be a lot worse."	"You gotta be okay with it."

John. John sees the loss of pieces of himself with a sense of comfort and thankfulness. He says,

I have four emotions left. I have nothing, which to me is good. The nothing is a good one. That's my metric of my success. I don't feel. In spite of using humour, I don't feel happy at any point, regardless. If I won the lottery, I would just go "aww crap, now I have to move." There wouldn't be, there's no joy in the moment. But I'm okay with, sort of just nothing. Fear, anger, and sadness. That's all I got. So, like I said, out of those, having nothing is okay.

John seeks comfort in knowing that when he is numb, he is not in pain. Beyond this desire, there is a tone of sadness and resolve. "The nothing" is good because it is the furthest from pain that John can experience. When the alternatives are uncomfortable or negative emotions, neutrality because desirable. This loss of positive emotions speaks to an ongoing disconnect John is experiencing from his internal experience.

Given John's emphasis on how he does not feel, it is clear that—at some point—he experienced more emotional range. This is most clearly identified by his reports of his previous excitement about becoming a pilot. Unsurprisingly, his tone remains flat throughout his recollection. However, as he comments on his journey towards becoming a pilot, he notes feeling an intense importance around it. He states, "It was like this [sense that] I have to do that." It was not an "I choose to do this." This experienced importance feels inseparable from an experience of excitement and drive, which John no longer has.

Luke. Much like John, Luke notes a distinct difference in his sense of the world following his time in the military. He shares,

I became this new person. ... I had to figure out my new life, I had to figure out who I was again. I'm not a civilian. I'm not military. Where do I fit? Who do I fit and how do I fit?

His shift in character is exemplified in his change from being a small-town individual to his appreciation for broader understanding. Tearing up, he calls this new section of his life a "loss of soul." In returning to his hometown, John recollects feeling that the people around him were so small in their concerns. Their worry about the rain that day or the fields next week felt like nothing to him. He says, "I need[ed] a new home" as he began to understand he is no longer the man he was. As he speaks of this shift, he clarifies that he did not belong in that small-town environment "anymore." This implies that at some point he was able to understand, appreciate, and connect with these concerns. Luke states,

This isn't a continuation of a life I once had. That's a huge difference. There is my life up until April 1, 2006. That life ended. It did. ... When I came home in February of 2007, my life started basically like a newborn, all over again. Everything I've come to know, love, and cherish was gone. It was eliminated.

Speaking of his time in the military again, John says, "A lot of my identity of who I thought I was, where I came from, the people that I cared about, really honestly got stripped away in a matter of, literally, in moments actually." The man who was once dedicated to his small-town experience was lost as he lost his sense of who he was.

Dante. Dante explores the depth of his loss and disconnection from his old self in significant detail throughout his interview. Dante describes himself before the military as a fun,

social, and happy person. After the military, however, he shares that all of those traits were lost. His priorities shifted and he says now, "I don't need anybody, I'm good. And I'm not crazy, not nothing. It's just, I'm good, just by myself and I'm okay with that." However, Dante acknowledges that his life still has difficulties and his desire to be isolated sometimes hurts. This hurt is just better than the alternative. He shares, "it is lonely, but at the end of the day ... it's better than losing your shit multiple times over and over for no reason." The fun, social, and happy man he once was turned into a man who avoids others for fear of becoming agitated and being judged. In this process of avoidance, Dante also notes grieving his previous self and becoming frustrated with himself for the changes that have occurred.

In this midst of this loss, Dante reports feeling frustrated with himself as he learned that is no longer the man he once was. With a low tone he says, "you lose yourself at some point." Continuing later, Dante says, "I don't know what I like anymore." The loss Dante experience is a shift in what he prioritizes, as seen through his claim he does not need anybody, as well as a shift in his engagement with the world. He grieves in this process as he sees that he misses a lot of life he previously would have enjoyed. He calls them "stupid, little daily things" which would have previously been enjoyable for him. Despite knowing they would have been enjoyable in the past, the do not bring him the experience they once did as the man who would have enjoyed those "stupid, little daily things" is lost to the past. In his place, there is the Dante of today who is kind, reserved, careful, and caring.

Summary. John, Luke, and Dante all experienced a profound alteration of their sense of self which cultivates a lost sense of self which stems from a disconnect from their previous sense of self. John only experiences the negative spectrum of emotions and prefers to tune it all out rather than feel such pain. Luke feels a pull towards a broader understanding of the world which

demands the sacrifice of his old, small-town self. In this process, he demonstrates distance from his previous ability to connect with small things that matter to the people around him. Dante experiences a shift in his way of relating to the world around him not only in large ways, such as his relationships with others, but also in simple ways, such as not being sure what things he enjoys anymore. In each, there is the recognition that the old self is lost. This loss painful and left the participants frustrated and confused with themselves as they have to relearn who they are and how they can enter the world.

Shared Theme 2: Feeling Misunderstood

I cannot speak to the intentions of the individuals that caused the participants pain and discomfort through their assumptions and misunderstandings. I can imagine a pure intention of curiosity and hope for understanding, but what often comes out is a painful misrepresentation that leaves the participants feeling misunderstood and unseen. It is stated clearly by Luke who shares people expect, "blood, gore, heads popping off," but was neither his experience nor was it the experience of many veterans. This disconnection between the expectations of civilians and the reality of veterans' experiences leaves ample room for veterans to feel uncared for or silenced as their reality differs from the expected norm.

John. John was the last to leave the aircraft that brought him back to Canada from Afghanistan. In front of him walked an air force logistics officer. To him, these servicemembers were not connected to the real experience of Afghanistan as they maintained a significant distance from the warzone. Attempting to create small talk, the officer said, "so, did you have any fun?" At first, John reports feeling speechless; unsure how someone could so clearly misunderstand the deployment experience. However, this was quickly followed by John exclaiming, "No! It was a war. We lost people!" When speaking of this scene, John notes that he

feels he was hyper-responsive to many stimuli in this time. He states, "I was angry at everything." He refers to his anger being a consequence of feeling constantly overstimulated. Though John's reaction may have been hyper-responsive, the stimuli he was reacting to was still one of poor taste that drastically misrepresented John's experience of his deployment. This misrepresentation left John feeling misunderstood as his experience differed from the experience being presented by the logistics officer. Further, John's exclaiming "we lost people!" shows this event's direct tie to his MIE in which he felt he left his fellow servicemembers in danger. Not only did John not "have any fun," he was still reeling from leaving his fellow servicemembers.

A disconnect between the lived experience of John and a summary like the officer's may be difficult to imagine. The exchange was short, but the backdrop of the logistics officer's comments were John's years of military experience and his active care for his fellow servicemembers. Recalling John's moral transgression, his highest value, which he had just previously betrayed by returning to Canada, was to protect his fellow service members. It is easy to imagine experiences like this happening often in John's life. A short exchange immediately following his deployment is topical and clear. However, if treated as an example rather than a single instance, it would be easy to imagine an ongoing discomfort from similar experiences.

Luke. Luke was misrepresentation and felt misunderstood while working with a psychologist during his postwar treatment. In a session, Luke mentioned having troubling nightmares about his time on deployment. Before Luke was able to explain the extent of his nightmares, he recalls his doctor saying, "oh, it must have been horrible seeing all those dead bodies." John quickly shifted to explain his dreams were contextually relevant to his wartime experience. He was a mechanic. His nightmares were not seeing dead bodies, they were about

him failing to fix vehicles. John explains his nightmares and his subsequent experience as follows:

I am trying to fix a UAV and no matter what I do, this thing won't run. I'm stealing parts off of broken ones, spare ones, and every time we go to launch, this thing won't work. ... It's no different if I told you a doctor is having a dream in which every time he goes into a surgery room, he kills every last one of his patients. No matter what he does, they die. For a doctor, when his job is to save people's lives that is traumatic. It's horrifying. My dream was that I couldn't fix this thing and every time I couldn't fix it, more bodies showed up on ramp ceremonies. I couldn't protect my guys. That was my nightmare, and it wouldn't stop. And I had to put it into context for people to understand it because they're expecting ... blood, gore, heads popping off.

Those who presumed to know Luke's suffering have made it mandatory for him to reexplain his context to be understood.

Given Luke's previously observed disillusionment with the Canadian Military's placement in Afghanistan, he repositioned his focus on assisting his fellow servicemembers. Following his episode of moral transgression, he states, "I'm here because my friends are here, and I want to keep as many of them as safe and as sound as I can." Given his context and reformed values, Luke's nightmare became failing to keep his friends safe. This goal of Luke's, however, appears to go against people's general expectations. To amend this, Luke has had to master offering context to help others understand. Luke says he need to "put [his experience] into context for people to understand." This implies an alternative, which Luke has experienced, in which people fail to understand his experiences and leave him feeling misunderstood. Luke's

ability to quickly and concisely relay a great deal of relevant information allows Luke to avoid feeling misunderstood again.

Dante. Unlike John and Luke, Dante's story of moral transgression is more in line with general cultural expectations. The death of a child feels comparatively easy to understand as a moral conundrum when placed in sequence with Luke and John's moral injuries. It was then extra painful to hear Dante share how he has experienced being misunderstood as people interpret and judge the changes he displays following his warzone experience and moral injury. Dante states, "people don't give you the opportunity to just be yourself or your new self because they always judge." This new self is the one mentioned in the section on the loss of one's old self and references Dante's shift towards a quiet, secluded life.

This "new self" is the same self that saw the death of a child and was not sure what part he played in it. This new self is the same self that sees his daughter's connection to the same child tying together that dark chapter of his life. However, others miss context or assume to fill in gaps and end up causing or bringing out, pain. Dante shares a tendency to avoid social interactions because he expects people to make "dumb comments" or "say stupid things." Things that do not effectively represent his experience with the respect and care it deserves.

Summary. *Ted Lasso*, a popular TV show which began in 2020 recently popularized the quote, "Be curious, not judgemental" (Hunt et al., 2020). I chose to open this section with the quote to emphasize a necessary mindset when sitting with the morally injured. This mindset of curiosity is what was so clearly betrayed in these participants' stories. People viewed John, Luke and Dante's lives and expect them to fit inside a box that meets their preconceived notions of wartime experiences and its consequences. Regardless of these individuals' intentions, the result left the participants feeling boxed in, unheard, and misunderstood. Further, for these participants'

stories to be understood, they were left needing to create space for their narratives by challenging false ideas.

John challenged these ideas through his anger and confusion while Luke offered clinically accurate summaries of his experience with helpful metaphors. Dante, however, had no such strategy and decided to withdraw from social environments which could create the opportunity for him to feel misunderstood. Knowing these false conceptions of his story existed out in the world and knowing they would be pushed upon him, he chooses to stay away from those who could cause this discomfort.

Shared Theme 3: Commitment to New Purpose

Throughout the previous two themes which exemplify great suffering and loss, there are two parallel themes which demonstrate gratitude and acceptance. The first of these two new themes is the commitment to new purpose. This commitment is not the denial or invalidation of old purposes. Rather, it is a demonstration of a new purpose. It has already been shown in this chapter through Luke's statement, "I'm here because my friends are here, and I want to keep as many of them as safe and as sound as I can." Loss and pain is a clear part of the lived experience following a moral injury. Thankfully, however, there is also a clear opportunity for sufferers of moral injuries to experience positive change and gaining.

John. John experiences a commitment to living generously, hoping to help those around him. However, this desire for overall helpfulness is now openly balanced with his desire to care for himself. He says, "there's things I want to do for me, but if I still have the ability to [help] because of my experience in something or my education ... then I'd obviously want to do that."

His new purpose is two-fold. The first aspect of his purpose is a commitment to helping others in whatever ways he can. Though it is not completely new, he offers a recommitment and

enhanced focus on this purpose following his MIE. This first commitment is something that comes into play whenever opportunity arises but is not planned around. Part of the reason John offers for participating in the interview is his desire to help others. Near the end of the interview, John is clear in that his reason for participating in the data gathering was a desire to be a positive example for other individuals with OSIs. He says his experience with OSIs has given him the opportunity "to be there for the people that have OSIs." Additionally, he expresses a personal desire for his participation to bring value to Vaags' project. The second aspect of his purpose is a commitment to care for himself and live well. These two aspects impact each other regularly. He lives well, which improves his ability to help others, which in return encourages him to continue living well. This creates a positive feedback loop in which John is encouraged to live well and live for others.

Following trauma, wartime experiences, and a moral injury there was a shift in perspective as John learned his own capacity for suffering. In this new capacity, John experiences a greater understanding of large-scale suffering and an increased desire to assist others in their depths of suffering. John notices his desire to help those in deep suffering when he sees people experiencing pain from what he calls "first world problems." When he sees these people's suffering, he feels none of the compassion he feels for those in deep places of suffering. This dissonance encourages him to push towards the deep suffering of veterans with OSIs; a group of people who experience profound suffering. Again, in this pull towards the deep suffering of others, there is a pull to care for his own suffering. This balance of helping others and helping himself is a pleasant movement towards kindness, compassion, and ongoing purpose.

Luke. Luke makes the loss of his old life very clear in his narrative. He expands on these narrative pieces throughout his transcript and demonstrates how this loss led to shifts in his life and values. He states his new intention is to find his new life. With what was lost (as described above), Luke turns to find a new way of life through a commitment to a new purpose, which is one of self-acceptance. Luke offers advice to fellow service members that reflects the lessons he has learned following his MIE. He says,

Give yourself the time. You didn't become a soldier in 2 minutes. It took you 20 years to get to this point. Don't expect that in three sessions with your therapist that you're going to be as right as rain. ... Giving yourself a break. Finding out how to love yourself again. This direction for others shows Luke's shift towards being a calmer, more patient man. In these new attributes, Luke demonstrates his desire to pursue wellness, acceptance, and affection for himself. Luke illustrates his purpose by declaring the necessity of intentionally finding people who can support him and letting go of people who are not. This experience of transition can be painful, but it is done to prepare himself for when traumatic memories come back

Like John, Luke also experiences a great deal of pleasure in helping others reach the point of purpose and ongoing acceptance (described below under Theme 4). He states, "when [colleagues] come back and ask for help. It's always a warm, fuzzy feeling and when I get off the phone it's a little happy dance." This purpose requires a high strength of will. He says he does not want to be the person who constantly regrets the things he has done. He reports refusing to regret part of his past. He states, "I keep telling myself I can't regret what I've done because when I look in the mirror, I know who I am. And I'm happy with who I am. So, if I regret it, that means I'm not." His past actions got him where he was at the time of the interview. To regret

them would be to regret where presently was. This commitment, regardless of its direction or effect, is a new approach to life that came out of his experiences in war zones.

Luke's purpose is the product of three desires: live well, live for others, and do not regret what has led you to where you are. His desire to live for others was already present in ways before his deployment. However, the other two aspects note a clear, new purpose. Living well emphasizes his own growth like he has done for others and his movement away from regrets encourages an ongoing appreciation for where he is.

Dante. Dante's commitment to a new purpose is the most straightforward in practice and can easily be summarized in his statement, "I am a dad." For Dante, this purpose emphasizes a new desire to live for people and above all else, live for his daughter. Dante states, "my sole purpose of being here now is to is to raise [my daughter] right." Within this purpose, Dante finds himself accessing old parts of himself he previously had believed were lost. Most noteworthy of these parts is his emotional capacity which he states he can "turn on" for his daughter. In this renewal of his emotional capacity, Dante learned that he was not too far gone to heal. That some part of himself remained alive even if some part of him feels dead.

On the surface, Dante's new renewed purpose in the world is one in which he desires to parent and love his daughter effectively. This, to be clear, is true to Dante and accurate to his lived experience. However, deeper beyond this purpose there is an internal drive to feel normal and alright. This process was first started by his partner who he reports was one of the first people to show him that people still cared for him following his warzone experience. Dante acknowledges that in the future, when his daughter is older, his sense of purpose will need to shift. He expects he is going to have some issues in that time and has already begun planning for that time. Part of his planning is his decision to get a dog to continue occupying his time. What

healing is for Dante remains unclear. One can hypothesize various potential avenues which Dante could take. I would hope to see a trajectory of self-forgiveness that allows Dante to reintegrate with the world and find a new purpose in his life again. For now, however, Dante shows a new commitment to his daughter and to living as fully as he can for her.

Summary. Commitment to new purpose was left intentionally vague as a function of the phenomenological process of analysis. The emphasis of this theme should not be on the purpose itself, but the identification of a shift from an old direction to a new one. The word "purpose" was used to honour the framing of the participants. Each participant's purpose is different. John now works to live well and live for others, Luke shifted away from his "small town" mindset to a new appreciation for broader issues and helping others, and Dante found purpose in raising his daughter and feeling alright. For each of the participants, these new purposes helped them understand the parts of their own stories. Especially following the previously noted loss of the old self, it appears significant that participants begin to shift and choose a direction, regardless of what that direction is.

Shared Theme 4: Enhanced Acceptance of Self

The final theme which was shared by each participant was an experience of enhanced acceptance of self. This theme has already presented itself in small ways throughout each person's narratives and previous themes, but a final space given solely to this theme feels appropriate due to the importance placed upon it by the participants.

At the outset of this project, growth from the experiences of MIE was not expected. I believed that MIEs held the potential to break people beyond repair. I cannot refute the potential for MIEs to cause irreparable damage, but I am pleased to share three counterexamples in which people grew from their experiences.

John. After his time overseas, John decides that it is time to live to the fullest extent possible in honour of those who no longer can. The language he uses to describe this mindset is one of mindful appreciation of his day-to-day life. He states, "I just exist and interact with people and ... instead of being obsessed with that long-range goal, now my focus is, 'what is my purpose in the moment?' You know, sometimes I hit it, sometimes I don't." This is a natural continuation of the last theme in which John has found new purpose in living well and living for others. Beyond the purpose, there is this new acceptance of himself as a person who sometimes succeeds and sometimes does not succeed.

In this process of accepting when he hits or misses his purpose, he illustrates an ongoing theme he has of accepting where he is. When speaking of his mental health, he states he does not struggle to find acceptance for where he is. Within this, there is an acceptance of the factors that led him to his position, what his position currently is, and how he might move forward. In this process of acceptance John finds himself living well and as previously mentioned, seeking to continue to do so.

John spent a significant portion of his life working towards becoming a pilot. He notes the time in which he was first denied from piloting school was one of the most challenging portions of his life. He was a man dedicated to a goal and when this goal was taken away from him, he felt like a failure and was lost. He pursued his goal relentlessly, and when it was missed, he did not know what to do. This same relentless pursuit of his goals is reflected in his desire to kill anyone who could pose a threat to his peers. When this goal was not met, he once again perceived this as a failure and felt lost. However, rather than recommitting to his purpose (like he did with piloting), he turned towards acceptance of his himself and his decision as a new way of holding himself. John learned that goals are not always going to be met and he has the option to

accept these times with kindness and grace for himself. What I most appreciate is his statement, "sometimes I hit it, sometimes I don't," as it exemplifies an open, accepting attitude towards his life regardless of if he reaches his goals or not.

Luke. Near the end of his interview, Luke shares, "I think I live a pretty good life. ... it could be better. Of course, it could be. It always could be better. It could be a lot worse and my life's not over." Luke accepts his current position in the middle. His life is neither fully good nor is it fully bad. He acknowledges the pain he has been through but is continually reminding himself that his life is "pretty good." Additionally, though he is concerned that he may fall back into a place of suffering, he is welcoming to the possibility that things will get better. When sharing the importance of hope in his own life, Luke notes what life would be like without his hope and openness towards things being better. He shares,

Without hope we become desolate. Tired. Not wanting to move on. There's nothing to look forward to. With hope, ... I could win the lottery. I could go on a trip to Vegas. I could get healthy. I could have a family ... I could do anything.

This message is the core of the growth Luke experienced. An increase in the appreciation of hope and the potential it holds despite his acknowledgement that things could also get worse. This hope neither mitigates his suffering, nor does it emphasize his suffering. He shares the story of a woman he knew who died by suicide a couple of years before the interview. Luke states that he finds it likely that she believed the suffering she experienced would never end. That she did not accept that it was possible to move forward and towards healing. In short, she had no hope. Luke shares this story with a tone of empathy while simultaneously noting that hope would have been lifesaving for her.

Continuing to emphasise the importance of personal acceptance, Luke recollects what it was like to find work following his military deployment. He strongly believed it was important to be honest about who he was, what he struggled with, and how it could affect his work. He remembers telling potential employers they would not be getting a guy with 20 years of experiences who was healthy, they would be getting a guy with 20 years of experiences and has significant trauma with him. It is important to Luke was that he share that information honestly as it is the reality of who he is. Luke continues to grow from this experience which was early in his postmilitary career. Fear that things will get worse is continually on his mind, so he continually reminds himself that things can also get better and that right now, he is pleased with where he is at.

Dante. Much like John and Luke, Dante reports a refinement in what matters to him following his own MIE. Dante begins to approach life with an openness to what happens each day. He shares the need to accept whatever comes your way. The phrase he initially used was "you gotta be okay with it," but as he continued to explain, it becomes clear that this acceptance does not deny the pain which comes his way. Instead, Dante has learned to sit in his suffering and accept it as painful, but okay.

Dante's statement, "you gotta be okay with it" was the culmination of a thread in his story about his tendency to feel alone and poorly understood by the world around him. Despite these challenges, he finds the resolve needed to accept where he is. This resolve is founded in the knowledge that things could be better or worse. Even though Dante is adept at shutting off his emotional experience, he can understand what led him to the place he currently is. This understand which has led to acceptance includes the decisions that were in his control and out of his control, which led him to where he is.

Though painful, Dante experiences a transition towards ongoing acceptance of his circumstance so that he can work from where he truly is. Within Dante's MIE, there was little clarity on what took place. Bullets were fired and a child died. What mattered more than the specifics, was the knowledge that Dante participated in the altercation that led to a child's death. In learning to accept his role, Dante has learned to accept the many challenges of life, good and bad, and continue towards an ongoing commitment to healing. Within the interview, Vaags summarize Dante's statements by saying, "it's kind of one foot in front of the other." Dante responds, "yeah ... go with the flow." Dante expands on this concept saying there is no real direction. Instead, Dante works in the moment by taking what is happening and working from it. This is illustrated in Dante's willingness to take days by himself when he recognizes his capacity for engagement is low. The tone of these days is not one of defeat, but of clarity on what Dante needs and a willingness to work within his limitations. This process is difficult and ongoing. Acceptance is not a finish line Dante has crossed and can now ignore, but a continual process of engaging with the truth of his past, his present and his future.

Summary. Each participant demonstrates an ongoing relationship with acceptance of themselves that was enhanced following their experience of moral injury. As Dante states, they have each learned to "go with the flow." Each of them acting with acceptance of their past, current position, and potential futures. Luke emphasises this point by stating his life is not over, despite the room for it to be better or worse. His journey, in his own eyes, is ongoing and worth continuing. As each participant moves forward, they hold a careful awareness of what has happened before as well as what could happen next. John continues toward personal self-acceptance, Luke experiences an increased demand for hope, and Dante learns to accept what comes his way. John states his purpose of caring for others for gives him a direction to move in,

but he is not defeated when things do not work out. As he says, "sometimes I hit it, sometimes I don't." Within both these possibilities, there is the implication that either is acceptable. This acceptance, found in places of pain, encourages John, Luke and Dante to move forward with compassion for themselves and, in special moments, hope things could be better.

Unique Themes

Some themes were not evident throughout each participant's narrative but were expanded upon with such importance by the relevant participants that it felt unjust to leave them out of this project. These can be seen as expansions of the richness of each participant's lived experience following a moral injury. The unique themes were motivations for entering the military, feeling neglected by the military as a veteran, external factors helping healing, and ongoing fears.

Motivation for Entering Military

Only two reasons for entering the military were shared in the interviews: a desire to protect others and a desire to do good. This is in line with research by Thompson et al. (2016) and Zoli et al. (2015) which demonstrate the potential for altruistic motivations in leading individuals into military service.

Feeling Unaided by Military Services

One may hope the Canadian Military would actively work to help those who had been adversely affected while serving in the military. Unfortunately, it seems this is not the experience of some military service members.

John. Initially, John did not seek out help within the military. He was hired as an instructor and worked for 6 months before passing a medical check. When the medical check came, John remembers the doctor saying, "yeah, you're not you. You need to go." From his fragmented story, it appears John went on leave for a short time but was quickly put back on

duty after getting an appointment for advanced screening. He was then moved to a specialty OSI clinic that passed him onto therapy which took 5 months to get him an appointment. He reported being shocked to even get an appointment after not hearing from them for so long, but after he finally got an appointment, his therapist suggested the best course of action was to leave the service. John requested additional time with his therapist to assess this course of action, but the appointment was made 5 weeks after their meeting. At this point, John says, "I'm done. ... I can't take this. So, I went in to work and I actually put in my resignation and gave it to my boss. I said, on the advice of the medical professionals ... I quit." Rather than accepting his resignation, his supervisor significantly reduced his workload and over the course of 6 months, John made significant improvements to his mental state. John concluded this episode by saying, "I'm not going back to the clowns at the clinic because they were of no help. ... I had to discover [healing] on my own."

John's experience is filled with failed attempts to assist him that came far too late. One can only guess the causes of the delays John experiences. What is clear, however, is that the services in place were not enough to assist John.

Dante. Dante notes a more profound disillusionment with the military following his retirement from the service. He speaks of the military service as a mill in which the service takes in individuals and discards them when they are no longer useful. He states, "The government drops you off and the military drops you off. They don't give a shit. They don't." The external help Dante received came primarily from his partner and child who give him the space and time he needs to heal in community. These meaningful connections were anomalies to Dante as his general experience was one of apathy from the military, the government, and the civilian population. He shared, "people think a couple of things here and there is going to help a bunch of

veteran people in transition, and that's not the way it works. Nobody cares after the fact. Nobody gives a shit."

Dante's disillusionment appears to come from a place of painful isolation following his exit from the military service. It cannot be said what volume of resources would have needed to be in place to help Dante, but it is more than what was present.

External Connections Helping Healing

Dante in particular demonstrated the healing potential of external connections helping in the healing process. Dante's wife was a significant factor in Dante's healing journey as she showed him somebody cared about him at a time when he was unsure if that was the case. A story from early in their relationship sees Dante's wife visiting his place and saying, "you're not living like this. This is depressing." From there, she came in and helped him clean his place and created a more homely environment. At times, Dante remembers trying to push his wife away or run from her, but she was persistent in her affection for Dante and showed the value of connection as a resource. Dante says that his wife showed him he could, "get through [his suffering] together." A lesson he felt he needed to learn as he had felt isolated after the military.

It is difficult to say loving connections offer such substantial assistance in one's healing journey as they are not easily accessed by everyone. However, from Dante's experience of practical and emotional assistance, it cannot be ignored that the help of others can go a long way in assisting someone's healing.

Integrative Summary

The four themes discovered in the analysis offer meaningful developments on preexisting theories as well as new perspectives that could be explored in more depth. The value of this work

comes from the rich, descriptive experiences of each participant that offer an enhanced view of the processes Canadian veterans have gone through following moral injuries.

Throughout the participant's Themes 1, 3, and 4 appear to be highly related to each other. There are clear lines that can be drawn between the three factors: first, the participant experiences a loss of their old self which leaves them feeling lost and unsure of what the future holds; second, they find a new purpose to which they commit to (e.g., a child, the desire to protect one's friends, helping others); third, they reflect on their process and find greater empathy for themselves. These factors do not appear to be a trajectory that one completes. Alternatively, these factors are cyclical and interrelated as the participants discover new parts of themselves, find new purposes, and experience greater acceptance.

However, Theme 2, feeling misunderstood, appears to be entirely separate from the other themes and can be considered an external factor that exists throughout the narratives. Theme 2 appears highly related to the previously reported aspects of moral injury (e.g., Rozek & Bryan, 2021) which is generally considered to be social withdrawal. Feeling misunderstood, which can lead into suffering, offers an enhanced view of this social withdrawal as it may offer a cause for the withdrawal. Rather than viewing sufferers of moral injury as withdrawn, it may be more appropriate to see them as avoiding feeling misunderstood (as most clearly seen in Dante's story).

The analysis revealed four themes that were present in each participant's narrative and appear to be core to the experience of healing after an MIE: loss of old self; feeling misunderstood; commitment to new purpose; and enhanced acceptance of self. These themes are tied to preexisting research on moral injury. Multiple, additional themes which were unique to

some participates but were still deemed significant and analysed such as feeling unaided by military services and motivations for entering the military.

CHAPTER 5: DISCUSSION

The purpose of this study was to deepen our understanding of the lived experience veterans following moral injury. This was accomplished using the descriptive phenomenological method outlined by Giorgi and Giorgi (2003). Moral injury continues to be a dynamic, evolving area of research and this study serves to enhance the richness of the existing literature. In this chapter, the results of this analysis are connected to current research on moral injury. Additionally, strengths of the study, limitations of the study, implications for clinical interventions on moral injury, and areas of future research are outlined.

Connections to Literature

The literature at present has significant discussions on the process of moral injury. However, as described in the literature review, there is a lack of thick, experiential descriptions to inform existing conceptualizations. Thick descriptions effectively supplement the emerging understanding of moral injury and create new opportunities for research and understanding. The results of this study offer thick descriptions of some previous research. Additionally, this study contributes some factors relating to living with moral injuries which have not been previously identified.

Findings Convergent with Previous Research

The moral transgressions identified by each participant show the ongoing value of identifying moral injury as a unique form of suffering. This has been shown and understood for some time within literature (Griffin et al., 2021). As thick descriptions become more common, there has been an increase in bridges between theories about individual's experiences and individual's real experiences. Moral injury is seen in the experiences of these veterans through the identification of guilt, shame, social withdrawal, and anhedonia. These symptoms of moral

injuries have been demonstrated in previous conceptualizations like Rozek and Bryan's (2021) as seen in Figure 1.

The findings of this study also converge with Griffin et al.'s (2021) claims that healing from moral injury is possible from multiple avenues. Most present within the aspects of healing identified in this study were the ideas of self-acceptance which was also present in the research by Purcell et al. (2018). They note the process of healing from moral injuries often concludes in an "acceptance of the self" (p. 221). These themes of acceptance and self-forgiveness coincide with this project's revealed theme of enhanced acceptance of self; though, admittedly the theme present in this research is more general than Griffin et al. (2021) or Purcell et al. (2018)

These contributions which converge with preexisting research serve to strengthen the validity of the previous research as well as the validity of this project. Current literature goes beyond the belief that moral injury is a small subset of PTSD. Moral injury is a distinct human experience that can and should be seen as separate from other emotional pains.

Contributions from this Project

These novel or supplementary contributions to the overall literature on moral injury offer an enhanced richness to the previously understood models of moral injury such as Figure 1 by Rozek and Bryan (2021) and Figure 2 by Barr et al. (2022). The information in this study allows us to focus on different facets of these models with increased clarity and understanding. This is clearly illustrated by the increased understanding of how feeling misunderstood can affect veterans who experienced moral injuries and by the changes present within each participant following their moral injury which is also seen the dual process model (Barr et al., 2022).

Suffering due to being misunderstood can be easily connected to the previous research which notes social withdrawal as a symptom of moral injury (e.g., Rozek & Bryan, 2021). This

form of suffering is most clearly represented by Dante who openly shared avoidance of social interaction as he believed he would be set off by others' poor understandings of wartime suffering. The convergence of this theme with previous theory speaks to the overall project's IP and relevance to the specified population. This project has furthered this understanding to show that a potential reason for this withdrawal within moral injury was the participant's aversion to feeling misunderstood. This thick and dense understanding of social withdrawal may help the sufferers and helpers of those suffering accept and understand the suffering of morally injured individuals.

The severity of the loss of one's old self is also a novel contribution to the literature.

Luke is clear when he says,

This isn't a continuation of a life I once had ... There is my life up until April 1, 2006.

That life ended. It did ... When I came home in February of 2007, my life started basically like a newborn, all over again. Everything I've come to know, love, and cherish was gone. It was eliminated.

This sentiment, shared by Dante and John as well, demonstrates a distinct shift in a person's life following moral injuries and wartime suffering. The distinct contextual factors of each participant further imply the existence of this type of loss across other contextually diverse veteran populations. This finding may connect to the conceptual frameworks presented by Atuel et al. (2022) and Barr et al. (2022) who note the distinct character shifts which often take place following a moral injury.

A final contribution to the research is the theme of enhanced acceptance of others following moral injuries. This theme is effectively represented by Luke's acceptance that life could be a lot better or a lot worse, yet he affirms the current life he has is "pretty good." This

process of self-acceptance appears most evidently in research by Purcell (2018) who notes self-acceptance as an aspect of healing form moral injures. It appears that a primary area of growth following a moral injury is an acceptance of self.

I also believe Theme 4 relates to the research by Thomas et al. (2021) who report healing can take place when an individual is able to accept their capacity for evil. Theme 4 may then be an early stage in this process wherein the participants demonstrate an increased level of acceptance about themselves self, but do not yet present full acceptance for their actions. This possibility is seen in a conversation Luke shared with his father in which he was able to accept and rationalize the actions of other soldiers whom his father believed acted immorally. However, he did not explicitly offer himself the same grace towards his actions in the interview. The strength of the data generated by Vaags' and the participants encouraged the creation of specific and dense accounts from each participant. In line with ongoing connection to theory which supplements this project's IP, the participants' dense accounts across a diverse range of contextual factors converging on a theme of acceptance increases the overall IP. This increased IP lends itself to the overall value of these contributions to previous literature on moral injury in veterans.

These novel or supplementary contributions to the overall literature on moral injury offer an enhanced richness to the previously understood models of moral injury such as Figure 1 and by Rozek and Bryan (2021) and Figure 2 by Barr et al. (2022). The information in this study allows us to focus on different facets of these new models of moral injury with increased clarity and understanding. The recent findings by numerous scholars (Atuel et al., 2022; Barr et al., 2022; Rozek & Bryan, 2021) demonstrate an encouraging trend within modern research for moral injury to be seen as a distinct and important aspect of traumatization. It is my hope that the

findings of this study can supplement these models and conceptualizations to further cement moral injury in the current literature.

Implications for Clinical Interventions

Figure 2 by Barr et al. (2022) illustrates the need for values and character-based inventions for those suffering with a moral injury. Within these interventions, the results of this study demand a high degree of curiosity on behalf of the clinicians offering moral injury interventions. Within the participants' recollections of being misunderstood, there are individual choices by others which lead to the misrepresentation of the participants. These misrepresentations- and the subsequent feeling of being misunderstood- could be mitigated by an increased level of curiosity. In clinical practice, this principle can be as simple as asking "what happened?" or "what was that like?" rather than the clinician assuming they already know their client's experience. Luke's experience with his psychologist clearly demonstrates the consequences of making assumptions in clinical practice. Beyond practical implications, for this principle to be lived out effectively, the clinician must cultivate an attitude of genuine curiosity which assumes next to nothing.

Along with the attitude of curiosity, clinicians need to be prepared to offer space for the anger and grief that participants experience as it relates to the loss of their old self. As participant demonstrated, there is a distinct loss of self and in the process of recreating new identity there is grief and frustration.

Clinicians may also benefit from having a heightened sensitivity to tones of acceptance and commitment to new purpose. These themes can be seen as evidence of growth that can be encouraged and fostered.

Strengths, Limitations & Future Research

As with any research project, this study included multiple strengths and weaknesses which must be acknowledge and balanced for the sake of the rigour and validity of the findings. I invite the reader to carefully consider these results and contributions in light of these strengths and weakness. The quality of phenomenological research should be assessed by the results it creates (Giorgi & Giorgi, 2003). The results can be judged by their connections to the data set and the researcher's ability to demonstrate the connections. Readers are encouraged to critically consider the connections of the demonstrated data to the results to assess the validity and rigour of the overall project (Giorgi & Giorgi, 2003).

Strengths

The greatest strength of this project was the phenomenological design. The value of taking a phenomenological stance towards a phenomenon that has mostly been understood through theory and quantitative research cannot be understated. This approach was able to effectively demonstrate core themes within the lived experience following a moral injury that were not previously understood in such detail. This detail helps connect theory to people's lived experiences and enhances the clarity and value of the theory.

The second strength of this study was its focused approach to a specific population: a group of Canadian active-military veterans. This focus allows for an in-depth understanding of the participants lived experience of veterans following a moral injury within this specific cultural group that likely goes beyond what could have been revealed buy a group of participants with varying contexts. An additional aspect of this strength is the varied contextual experiences of the veterans within the study. This varied experience within the specified population helps ensure the results' relevance to the rest of the studied population.

Limitations

The foremost limitation is the lack of a single, conceptually integrative definition of *moral injury*. This limitation was an early justification for the use of descriptive phenomenology as it required that I bracket my own assumptions about moral injury. This bracketing process allowed for the results on moral injury to come directly from the data. It is my hope that these results can help thicken the understanding of moral injury and assist in the process of creating a concise, integrative definition of moral injury. In effect, this weakness encouraged the use of and strength of the descriptive phenomenological method. However, the lack of a clear definition continues to make it difficult to concisely connect this research to other studies on moral injury.

A second limitation was the use of preexisting interviews which were not explicitly focused on moral injury. As previously described, the data's previous purpose was to understand difficulties transitioning out of the military by using a narrative methodology. This approach was expansive enough in its curiosity to offer meaningful connections to moral injury. However, this meant portions of the data were deemed irrelevant to this specific focus for analysis and have been left out. It is my hope that this critical analysis of the relevance of these portions demonstrates an awareness of the overall limitation of using a preexisting data set.

There may also be value in pursuing research on moral phenomena without explicitly stating the moral tone of the research. Previous research (Batson et al., 1997; Mazar et al., 2008) demonstrates that the use of moral language (e.g., "moral," "good/bad," "right/wrong," etc.) can affect the results of research. The focus of the initial interview being on the participants' general life narrative may have opened them up to discussing moral transgressions more candidly and without the defensiveness that is found in other research on moral phenomena (Mazar et al., 2008).

The initial focus when data gathering was performed being on life narratives likely left aspects of MIEs unshared in the interview. Significant volumes of discussion were performed between myself and my supervisor to help clarify the grey areas in which content may or may not be relevant. For areas that were not directly tied to MIEs but were defined as crucial to understanding the experience of some participants, I included a short section on each participants contextual factors as well as a section on unique themes. These themes were deemed crucial as a result of the personal significance the relevant participants noted in their recollection of the unique themes.

A third limitation was the analysis decision to focus on moral transgressions perpetrated by the participants. The rationale for this decision was stated previously, but for authors studying moral injury, this may appear to be a narrow focus. This limitation can be mitigated by performing additional research with a similar focus on moral injuries perpetrated by someone other than the research participants.

A fourth limitation was the ongoing nature of the participants' experience following moral injury. It is unclear when this process is finished, and therefore any cut-off point has the potential to be premature. This limitation was present due to the limitations of cross-sectional analysis for exploring developmental processes. This may be an area for future research as I discuss below.

Future Research

The following are potential areas of future research that could supplement the content of this study or mitigate some of its limitations.

First, there would be significant value in a researcher, or team of researchers, creating a conceptually integrative, precise definition of moral injury. This challenge may require

significant investment or oversight and would extend beyond the scope of phenomenological analysis. The clarity that may be contributed to the overall literature by a conceptually integrative, precise definition would guide and simplify a great deal of future work on the topic.

Second, additional research on each theme identified within the analysis process would be beneficial for enhancing the richness of the understanding of these themes. Particular areas of interest would be the suffering which emergences following experiences of misrepresentation as this appears to be the least understood feature in previous literature. Additionally, some emphasis could be placed on the unshared themes for future research as they may be more common than was represented in this specific context shared by participants in this study. Levitt et al. (2018) describe the importance of understanding phenomena from multiple contexts as a function of rigorous qualitative research. Therefore, there would be value in exploring life after moral injuries in other people groups through phenomenological analysis

Conclusion

This descriptive phenomenological study demonstrated common themes found in the lived experience of Canadian armed forces veterans following their experiences of moral injuries in active warzones. The three participants were male veterans who had previously experienced a difficult transitioning to civilian life after their retirement from the Canadian armed force. The analysis revealed four themes central to the experience of healing in moral injury: loss of old self, feeling misunderstood, commitment to new purpose, and enhanced acceptance of self. Emphasis was made on offering rich, thick descriptions of the participants lived experience following a moral injury. Additional research on the peoples lived experience of moral injuries with participants from different contexts could offer valuable insight that enhances the findings of this study. Implications for clinical interventions include the necessity of curiosity in

clinicians seeking to help those who have experienced a moral injury. It is my hope that these results increase the depth of previous conceptualizations of moral injury. Additionally, these results may encourage those suffering from moral injury by showing the potential for growth, healing, and comradery within their experiences.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
- Atuel, H. R., Barr, N., Jones, E., Greenberg, N., Williamson, V., Schumacher, M. R., Vermetten, E., Jetly, R., & Castro, C. A. (2021). Understanding moral injury from a character domain perspective. *Journal of Theoretical and Philosophical Psychology*, 41(3), 155–173. https://doi.org/10.1037/teo0000161
- Barnes, H. A., Hurley, R. A., & Taber, K. H. (2019). Moral injury and PTSD: Often cooccurring yet mechanistically different. *Journal of Neuropsychiatry and Clinical Neurosciences*, 31(2), 98-103. https://doi.org/10.1176/appi.neuropsych.19020036
- Barr, N., Atuel, H., Saba, S. & Castro, C. A. (2022). Toward a dual process model of moral injury and traumatic illness. *Frontiers in Psychiatry*, 13, 1-11. https://doi.org/10.3389/fpsyt.2022.883338
- Batson, C. D., Kobrynowicz, D., Dinnerstein, J. L., Kampf, H. C., & Wilson, A. D. (1997). In a very different voice: Unmasking moral hypocrisy. *Journal of Personality and Social Psychology*, 72(6), 1335–1348. https://doi.org/10.1037/0022-3514.72.6.1335
- Beck, A. T., & Haigh, E. A. (2014). Advances in cognitive theory and therapy: The generic cognitive model. *Annual Review of Clinical Psychology*, 10, 1–24. https://doi.org/10.1146/annurev-clinpsy-032813-153734
- Bock, N. A., Hall, M. E. L., Wang, D. C., & Hall, T. W. (2021). Spiritual self-awareness as a moderator between attachment to God and evangelical Christians' appraisals of suffering. Spirituality in Clinical Practice. Advanced online publication. https://doi.org/10.1037/scp0000223

- Borges, L. M., Bahraini, N. H., Holliman, B. D., Gissen, M. R., Lawson, W. C., & Barnes, S. M. (2019). Veterans' perspectives on discussing moral injury in the context of evidence-based psychotherapies for PTSD and other VA treatments. *Journal of Clinical Psychology*, 76(3), 377–391. https://doi.org/10.1002/jclp.22887
- Brinn, A. J., & Auerbach, C. F. (2015). The warrior's journey: Sociocontextual meaning-making in military transitions. *Traumatology*, 21(2), 82–89. https://doi.org/10.1037/trm0000030
- Bruner, J. (1986). Actual minds, possible worlds. Harvard University Press.
- Bryan, A. O., Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2014). Moral injury, suicidal ideation, and suicide attempts in a military sample. *Traumatology*, 20(3), 154–160. https://doi.org/10.1037/h0099852
- Canadian Counselling and Psychotherapy Association. (2020). *Code of ethics*. https://www.ccpa-accp.ca/wp-content/uploads/2020/05/CCPA-2020-Code-of-Ethics-E-Book-EN.pdf
- Coulthard, J., Sudom, K., & Born, J. (2022). Predictors of self-reported health and psychological distress among recently released Canadian Armed Force veterans. *Military Psychology*, 34(6), 722–731. https://doi.org/10.1080/08995605.2022.2057789
- Currier, J. M., Holland, J. M., & Malott, J. (2014). Moral injury, meaning making, and mental health in returning veterans. *Journal of Clinical Psychology*, 71(3), 229–240. https://doi.org/10.1002/jclp.22134
- Currier, J. M., McDermott, R. C., Farnsworth, J. K., & Borges, L. M. (2019). Temporal associations between moral injury and posttraumatic stress disorder symptom clusters in military veterans. *Journal of Traumatic Stress*, *32*(3), 382–392. https://doi.org/10.1002/jts.22367

- Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D. R., DeBlaere, C., Worthington, E. L., Jr., & Westbrook, C. J. (2015). Forgiving the self and physical and mental health correlates: A meta-analytic review. *Journal of Counseling Psychology*, 62(2), 329–335. https://doi.org/10.1037/cou0000063
- Dekel, R., Solomon, Z., Elklit, A., & Ginzburg, K. (2004). World assumptions and combatrelated posttraumatic stress disorder. *The Journal of Social Psychology, 144*(4), 407–420. https://doi.org/10.3200/SOCP.144.4.407-420
- Drescher, K. D., & Farnsworth, J. K. (2021). A social–functional perspective on morality and moral injury. In J. M. Currier, K. D. Drescher, & J. Nieuwsma (Eds.), *Addressing moral injury in clinical practice* (pp. 35–52). American Psychological Association. https://doi.org/10.1037/0000204-003
- Fleming, W. H. (2021). Moral injury and the absurd: The suffering of moral paradox. *Journal of Religion and Health*, 60(5), 3012-3033. https://doi.org/10.1007/s10943-021-01227-4
- Garza, G. (2004). Thematic moment analysis: A didactic application of a procedure for phenomenological analysis of narrative data. *The Humanistic Psychologist*, *32*(2), 120–168. https://doi.org/10.1080/08873267.2004.9961749
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology:*Expanding perspectives in methodology and design (pp. 243–273).

 https://doi.org/10.1037/10595-013
- Goss, R., & Klass, D. (2005). *Dead but not lost: Grief narratives in religious traditions*.

 AltaMira Press.

- Griffin, B. J., Cornish, M. A., Maguen, S., & Worthington, E. L. Jr. (2021). Forgiveness as a mechanism of repair following military-related moral injury. In J. M. Currier, K. D.
 Drescher, & J. Nieuwsma (eds.), *Addressing moral injury in clinical practice* (pp. 71–86). American Psychological Association. https://doi.org/10.1037/0000204-005
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., Villierme, C., Walsh, J., & Maguen, S. (2019). Moral injury: An integrative review. *Journal of Traumatic Stress*, 32(3), 350–362. https://doi.org/10.1002/jts.22362
- Groll, D. L., Ricciardelli, R., Carleton, R. N., Anderson, G., & Cramm, H. (2020). A Cross-sectional study of the relationship between previous military experience and mental health disorders in currently serving public safety personnel in Canada. *The Canadian Journal of Psychiatry*, 65(5), 330–337. https://doi.org/10.1177/0706743719895341
- Hachey, K. K., Sudom, K., Sweet, J., MacLean, M. B., & VanTil, L. D. (2016). Transitioning from military to civilian life: The role of mastery and social support. *Journal of Military Veteran and Family Health*, *2*(1), 9–18. https://doi.org/10.3138/jmvfh.3379
- Haidt, J., & Kesebir, S. (2010). Morality. In S. T. Fiske, D. T. Gilbert, & G. Lindzey (Eds.), *Handbook of social psychology* (5th ed., Vol. 2, pp. 797–832). John Wiley & Sons, Inc. https://doi.org/10.1002/9780470561119.socpsy002022
- Hale, E. D., Treharne, G. J., Kitas, G. D. (2007). Qualitative methodologies II: A brief guide to applying interpretative phenomenological analysis in musculoskeletal care.
 Musculoskeletal Care, 6(2), 86–96. https://doi.org/10.1002/msc.113
- Hall, N. A., Everson, A. T., Billingsley, M. R., & Miller, M. B. (2021). Moral injury, mental health and behavioural health outcomes: A systematic review of the literature. *Clinical Psychology & Psychotherapy*, 29(1), 92–110. https://doi.org/10.1002/cpp.2607

- Hunt, B. (Writer), Lawrence, B. (Writer), Lowney, D. (Director), & Sudeikis, J. (Writer). (2020).
 The Diamond Dogs (Season 1, Episode 8) [TV series episode]. In B. Lawrence
 (Executive producer), Ted Lasso. Warner Bros. Television Studio; Apple TV.
 https://tv.apple.com/ca/episode/the-diamond-dogs/umc.cmc.eaaizh8wdtnjuohaebw843ft
- Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalis, M., & Dykstra, R. E. (2015). Does it hurt to ask?

 A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*,

 40, 40–56. https://doi.org/10.1016/j.cpr.2015.05.004
- Jakupcak, M., Tull, M. T., McDermott, M. J., Kaysen, D., Hunt, S., & Simpson, T. (2010).

 PTSD symptom clusters in relationship to alcohol misuse among Iraq and Afghanistan war veterans seeking post-deployment VA health care. *Addictive Behaviors*, *35*(9), 840–843. https://doi.org/10.1016/j.addbeh.2010.03.023
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. The Free Press.
- Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective.

 *Traumatology, 22(2), 122–130. https://doi.org/10.1037/trm0000069
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, 73(1), 26–46. https://doi.org/10.1037/amp0000151
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation*. SAGE Publications.

- Lincoln, Y. S., Guba, E. G., & Lynham, S. A. (2011). *The SAGE handbook of qualitative research* (4th ed.). SAGE Publications.
- Lipka, M. (2019, July 1). 5 facts about religion in Canada. Pew Research Center. https://www.pewresearch.org/fact-tank/2019/07/01/5-facts-about-religion-in-canada/
- Litam, S. D. A., & Balkin, R. S. (2021). Moral injury in health-care workers during COVID-19 pandemic. *Traumatology*, 27(1), 14–19. https://doi.org/10.1037/trm0000290
- Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress*, 32(3), 341–349. https://doi.org/10.1002/jts.22405
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009).
 Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695–706.
 https://doi.org/10.1016/j.cpr.2009.07.003
- MacLean, M. B., Van Til, L., Thompson, J. M., Sweet, J., Poirier, A., Sudom, K., & Pedlar, D. J.
 (2014). Postmilitary adjustment to civilian life: Potential risks and protective factors.
 Physical Therapy, 94(8), 1186–1195. https://doi.org/10.2522/ptj.20120107
- Malterud, K., Siersma, V., Guassora, A. D. (2021). Information power: Sample content and size in qualitative studies. In P. M. Camic (Ed.), *Qualitative research in psychology:* Expanding perspectives in methodology and design (pp. 67–81). American Psychological Association. https://doi.org/10.1037/0000252-004
- Mazar, N., Amir, O., & Ariely, D. (2008). The dishonesty of honest people: A theory of self-concept maintenance. *Journal of Marketing Research*, 45(6), 633–644. https://doi.org/10.1509/jmkr.45.6.633

- McAdams, D. P. (1993). The stories we live by: Personal myths and the making of the self.

 Guilford Press.
- McAdams, D. P., & Logan, R. L. (2006). Creative work, love, and the dialectic in selected life stories of academics. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 89–108). American Psychological Association. https://doi.org/10.1037/11414-000
- McCuaig Edge, H. J., Lee, J. E. C., & Dursun, S. (2022). Correlates of perceived military-to-civilian transition challenges by medical release: An analysis of the Canadian Armed Forces transition and well-being survey. *Military Behavioural Health*, *10*(1), 37–48. https://doi.org/10.1080/21635781.2021.2007183
- Meis, L. A., Erbes, C. R., Polusny, M. A., & Compton, J. S. (2010). Intimate relationships among returning soldiers: The mediating and moderating roles of negative emotionality, PTSD symptoms, and alcohol problems. *Journal of Traumatic Stress*, 23(5), 564–572. https://doi.org/10.1002/jts.20560
- Mertens, D. M. (2015). Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods (4th ed.). SAGE Publications.
- Murray, M. (2003). Narrative psychology and narrative analysis. In P. M. Camic, J. E. Rhodes, L. Yardley, *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95–112). American Psychological Association. https://doi.org/10.1037/10595-006
- Nash, W. P. (2019). Commentary on the special issue on moral injury: Two models for understanding moral injury. *Journal of Traumatic Stress*, *32*(3), 465–470. https://doi.org/10.1002/jts.22409

- Nickerson, A., Schnyder, U., Bryant, R. A., Schick, M., Mueller, J., & Morina, N. (2015). Moral injury in traumatized refugees. *Psychotherapy and Psychosomatics*, 84(2), 122–123. https://doi.org/10.1159/000369353
- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE guide no. 149. *Medical Teacher*, 1–11. https://doi.org/10.1080/0142159X.2022.2057287
- Osran, H. C., Smee, D. E., Sreenivasan, S., & Weinberger, L. E. (2010). Living outside the wire:

 Toward a transpersonal resilience approach for OIF/OEF veterans transitioning to

 civilian life. *Journal of Transpersonal Psychology*, 42(2), 209–235.

 https://www.atpweb.org/jtparchive/trps-42-10-02-209.pdf
- Paré, J. (2013). Post-traumatic stress disorder and the mental health of military personnel and veterans. Library of Parliament.
 https://publications.gc.ca/collections/collection_2011/bdp-lop/bp/2011-97-eng.pdf
- Peck, M. S. (1983). People of the Lie. Simon & Schuster.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, *52*(2), 126–136. https://doi.org/10.1037/0022-0167.52.2.126
- Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2001). Combat trauma: Trauma with highest risk of delayed onset and unresolved posttraumatic stress disorder symptoms, unemployment, and abuse among men. *Journal of Nervous and Mental Disease*, 189(2), 99–108. https://doi.org/10.1097/00005053-200102000-00005
- Public Broadcasting Service. (n.d.). Ambush in Mogadishu: Interview, specialist Jason Moore.

 Frontline. https://www.pbs.org/wgbh/pages/frontline/shows/ambush/rangers/moore.html

- Purcell, N., Griffin, B. J., Burkman, K., & Maguen, S. (2018). "Opening a door to a new life":

 The role of forgiveness in healing from moral injury. *Frontiers in Psychiatry*, 9, Article
 498. https://doi.org/10.3389/fpsyt.2018.00498
- Richardson, L. K., Frueh, B. C., & Acierno, R. (2010). Prevalence estimates of combat-related post-traumatic stress disorder: Critical review. *Australian & New Zealand Journal of Psychiatry*, 44(1), 4–19. https://doi.org/10.3109/00048670903393597
- Richardson, N. M., Lamson, A. L., & Hutto, O. (2022). "My whole moral base and moral understanding was shattered": A phenomenological understanding of key definitional constructs of moral injury. *Traumatology*, 28(4), 458-470. https://doi.org/10.1037/trm0000364
- Rozek, D. C., & Bryan, C. J. (2021). A cognitive behavioral model of moral injury. In J. M. Currier, K. D. Drescher, & J. Nieuwsma (Eds.), *Addressing moral injury in clinical practice* (pp. 19–33). American Psychological Association. https://doi.org/10.1037/0000204-002
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907.
 https://doi.org/10.1007/s11135-017-0574-8
- Schramme, T. (2014). Being amoral: Psychopathy and moral incapacity. MIT Press.
- Shay, J. (1994). Achilles in Vietnam: Combat trauma and the undoing of character. Atheneum.
- Smith, M. W., Schnurr, P. P., & Rosenheck, R. A. (2005). Employment outcomes and PTSD symptom severity. *Mental Health Services Research*, 7(2), 89–101. https://doi.org/10.1007/s11020-005-3780-2

- Stillman, T. F., Baumeister, N. M., Lambert, N. M., Crescioni, A. W., DeWall, C. N., and Fincham, D. F. (2009). Alone and without purpose: Life loses meaning following social exclusions. *Journal of Experimental Social Psychology*, 45(4), 686–694. https://doi.org/10.1016/j.jesp.2009.03.007
- Thomas, E. D., Weiss, N. H., Forkus, S. R., & Contractor, A. A. (2021). Examining the interaction between potentially morally injurious events and religiosity in relation to alcohol misuse among military veterans. *Journal of Traumatic Stress*, *35*(1), 314–320. https://doi.org/10.1002/jts.22682
- Thompson, J. M., Van Til, L. D., Zamorski, M. A., Garber, B., Dursun, S., Fikretoglu, D., Ross, D., Richardson, J. D., Sareen, J., Sudom, K., Courchesne, C., & Pedlar, D. J. (2016).
 Mental health of Canadian Armed Forces Veterans: Review of population studies.
 Journal of Military Veteran and Family Health, 2(1), 70–86.
 https://doi.org/10.3138/jmvfh.3258
- Thorne, S. (1994). Secondary analysis in qualitative research: Issues and implications. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 263–279). Sage.
- Vaags, T. (2016). Stories that shape us: Military life stories of deployment and traumatization [Unpublished manuscript]. Faculty of Graduate Studies, Trinity Western University.
- van Manen, M. (2014). Phenomenology of practice: Meaning-giving methods in phenomenological research and writing. Routledge.
- Vasile, C. (2013). An evaluation of self-acceptance in adults. *Procedia Social and Behavioural Sciences*, 78, 605–607. https://doi.org/10.1016/j.sbspro.2013.04.360
- Webb, J. R., Bumgarner, D. J., Conway-Williams, E., Dangel, T., & Hall, B. B. (2017). A consensus definition of self-forgiveness: Implications for assessment and

treatment. *Spirituality in Clinical Practice*, *4*(3), 216–227. https://doi.org/10.1037/scp0000138

- World Health Organization. (2019). *International statistical classification of diseases and* related health problems (11th ed.). https://icd.who.int/
- Zoli, C., Maury, R., & Fay, D. (2015). *Missing perspectives: Servicemembers' transition from service to civilian life.* Institute for Veterans & Military Families. https://ivmf.syracuse.edu/wp-content/uploads/2019/11/MissingPerspectivesACC_03.02.18.pdf

LIFE AFTER MORAL TRANSGRESSIONS

99

APPENDIX A: THE LIFE STORY INTERVIEW

Dan P. McAdams

The Foley Center for the Study of Lives Northwestern University

Revised: February 2008

Introduction

This is an interview about the story of your life. As a social scientist, I am interested in hearing

your story, including parts of the past as you remember them and the future as you imagine it.

The story is selective; it does not include everything that has ever happened to you. Instead, I

will ask you to focus on a few key things in your life – a few key scenes, characters, and ideas.

There are no right or wrong answers to my questions. Instead, your task is simply to tell me

about some of the most important things that have happened in your life and how you imagine

your life developing in the future. I will guide you through the interview so that we finish it all in

about two hours or less.

Please know that my purpose in doing this interview is not to figure out what is wrong with you

or to do some kind of deep clinical analysis! Nor should you think of this interview as a "therapy

session" of some kind. The interview is for research purposes only, and its main goal is simply to

hear your story. As social scientists, my colleagues and I collect people's life stories in order to

understand the different ways in which people in our society and in others live their lives and the

different ways in which they understand who they are. Everything you say is voluntary,

anonymous, and confidential.

I think you will enjoy the interview. Do you have any questions?

A. Life Chapters

Please begin by thinking about your life as if it were a book or novel. Imagine that the book has a

table of contents containing the titles of the main chapters in the story. To begin here, please describe very briefly what the main chapters in the book might be. Please give each chapter a title, tell me just a little bit about what each chapter is about, and say a word or two about how we get from one chapter to the next. As a storyteller here, what you want to do is to give me an overall plot summary of your story, going chapter by chapter. You may have as many chapters as you want, but I would suggest having between about 2 and 7 of them. We will want to spend no more than about 20 minutes on this first section of the interview, so please keep your descriptions of the chapters relatively brief.

[Note to interviewer: The interviewer should feel free to ask questions of clarification and elaboration throughout the interview, but especially in this first part. This first section of the interview should run between 15 and 30 minutes.]

B. Key Scenes in the Life Story

Now that you have described the overall plot outline for your life, I would like you to focus in on a few key scenes that stand out in the story. A key scene would be an event or specific incident that took place at a particular time and place. Consider a key scene to be a moment in your life story that stands out for a particular reason – perhaps because it was especially good or bad, particularly vivid, important, or memorable. For each of the eight key events we will consider, I ask that you describe in detail what happened, when and where it happened, who was involved, and what you were thinking and feeling in the event. In addition, I ask that you tell me why you think this particular scene is *important* or significant in your life. What does the scene say about you as a person? Please be specific.

1. High point. Please describe a scene, episode, or moment in your life that stands out as an especially positive experience. This might be *the* high point scene of your entire life, or else an

especially happy, joyous, exciting, or wonderful moment in the story. Please describe this high point scene in detail. What happened, when and where, who was involved, and what were you thinking and feeling? Also, please say a word or two about why you think this particular moment was so good and what the scene may say about who you are as a person.

- 2. Low point. The second scene is the opposite of the first. Thinking back over your entire life, please identify a scene that stands out as a low point, if not the low point in your life story. Even though this event is unpleasant, I would appreciate your providing as much detail as you can about it. What happened in the event, where and when, who was involved, and what were you thinking and feeling? Also, please say a word or two about why you think this particular moment was so bad and what the scene may say about you or your life. [Interviewer note: If the participants balks at doing this, tell him or her that the event does not really have to be the lowest point in the story but merely a very bad experience of some kind.]
- 3. Turning point. In looking back over your life, it may be possible to identify certain key moments that stand out as turning points -- episodes that marked an important change in you or your life story. Please identify a particular episode in your life story that you now see as a turning point in your life. If you cannot identify a key turning point that stands out clearly, please describe some event in your life wherein you went through an important change of some kind. Again, for this event please describe what happened, where and when, who was involved, and what you were thinking and feeling. Also, please say a word or two about what you think this event says about you as a person or about your life.
- **4. Positive childhood memory.** The fourth scene is an early memory from childhood or your teen-aged years that stands out as especially *positive* in some way. This would be a very positive, happy memory from your early years. Please describe this good memory in detail. What

happened, where and when, who was involved, and what were you thinking and feeling? Also, what does this memory say about you or about your life?

- **5. Negative childhood memory.** The fifth scene is an early memory from childhood or your teen-aged years that stands out as especially *negative* in some way. This would be a very negative, unhappy memory from your early years, perhaps entailing sadness, fear, or some other very negative emotional experience. Please describe this bad memory in detail. What happened, where and when, who was involved, and what were you thinking and feeling? Also, what does this memory say about you or your life?
- 6. Vivid adult memory. Moving ahead to your adult years, please identify one scene that you have not already described in this section (in other words, do not repeat your high point, low point, or turning point scene) that stands out as especially vivid or meaningful. This would be an especially memorable, vivid, or important scene, positive or negative, from your adult years. Please describe this scene in detail, tell what happened, when and where, who was involved, and what you were thinking and feeling. Also, what does this memory say about you or your life?

 7. Wisdom event. Please describe an event in your life in which you displayed wisdom. The
- episode might be one in which you acted or interacted in an especially wise way or provided wise counsel or advice, made a wise decision, or otherwise behaved in a particularly wise manner. What happened, where and when, who was involved, and what were you thinking and feeling? Also, what does this memory say about you and your life?
- **8. Religious, spiritual, or mystical experience.** Whether they are religious or not, many people report that they have had experiences in their lives where they felt a sense of the transcendent or sacred, a sense of God or some almighty or ultimate force, or a feeling of oneness with nature, the world, or the universe. Thinking back on your entire life, please identify an episode or

moment in which you felt something like this. This might be an experience that occurred within the context of your own religious tradition, if you have one, or it may be a spiritual or mystical experience of any kind. Please describe this transcendent experience in detail. What happened, where and when, who was involved, and what were you thinking and feeling? Also, what does this memory say about you or your life?

Now, we're going to talk about the future.

- C. Future Script 1. The next chapter. Your life story includes key chapters and scenes from your past, as you have described them, and it also includes how you see or imagine your future. Please describe what you see to be the next chapter in your life. What is going to come next in your life story?
- **2. Dreams, hopes, and plans for the future.** Please describe your plans, dreams, or hopes for the future. What do you hope to accomplish in the future in your life story?
- 3. Life project. Do you have a project in life? A life project is something that you have been working on and plan to work on in the future chapters of your life story. The project might involve your family or your work life, or it might be a hobby, avocation, or pastime. Please describe any project that you are currently working on or plan to work on in the future. Tell me what the project is, how you got involved in the project or will get involved in the project, how the project might develop, and why you think this project is important for you and/or for other people.

D. Challenges

This next section considers the various challenges, struggles, and problems you have encountered in your life. I will begin with a general challenge, and then I will focus in on three particular areas or issues where many people experience challenges, problems, or crises.

- 1. Life challenge. Looking back over your entire life, please identify and describe what you now consider to be the greatest single challenge you have faced in your life. What is or was the challenge or problem? How did the challenge or problem develop? How did you address or deal with this challenge or problem? What is the significance of this challenge or problem in your own life story?
- **2. Health.** Looking back over your entire life, please identify and describe a scene or period in your life, including the present time, wherein you or a close family member confronted a major *health* problem, challenge, or crisis. Please describe in detail what the health problem is or was and how it developed. If relevant, please discuss any experience you had with the health-care system regarding this crisis or problem. In addition, please talk about how you coped with the problem and what impact this health crisis, problem, or challenge has had on you and your overall life story.
- **3. Loss.** As people get older, they invariably suffer losses of one kind or another. By loss I am referring here to the loss of important people in your life, perhaps through death or separation. These are *interpersonal* losses the loss of a person. Looking back over your entire life, please identify and describe the greatest interpersonal loss you have experienced. This could be a loss you experienced at any time in your life, going back to childhood and up to the present day. Please describe this loss and the process of the loss. How have you coped with the loss? What effect has this loss had on you and your life story?
- **4. Failure, regret.** Everybody experiences failure and regrets in life, even for the happiest and luckiest lives. Looking back over your entire life, please identify and describe the greatest failure or regret you have experienced. The failure or regret can occur in any area of your life work, family, friendships, or any other area. Please describe the failure or regret and the way in which

the failure or regret came to be. How have you coped with this failure or regret? What effect has this failure or regret had on you and your life story?

E. Personal Ideology

Now, I would like to ask a few questions about your fundamental beliefs and values and about questions of meaning and morality in your life. Please give some thought to each of these questions.

- 1. Religious/ethical values. Consider for a moment the religious or spiritual aspects of your life. Please describe in a nutshell your religious beliefs and values, if indeed these are important to you. Whether you are religious or not, please describe your overall ethical or moral approach to life.
- **2. Political/social values.** How do you approach political or social issues? Do you have a particular political point of view? Are there particular social issues or causes about which you feel strongly? Please explain.
- **3. Change, development of religious and political views.** Please tell the story of how your religious, moral, and/or political views and values have developed over time. Have they changed in any important ways? Please explain.
- **4. Single value.** What is the most important value in human living? Please explain.
- **5. Other.** What else can you tell me that would help me understand your most fundamental beliefs and values about life and the world? What else can you tell me that would help me understand your overall philosophy of life?

F. Life Theme

Looking back over your entire life story with all its chapters, scenes, and challenges, and extending back into the past and ahead into the future, do you discern a central theme, message,

or idea that runs throughout the story? What is the major theme in your life story? Please explain.

G. Reflection

Thank you for this interview. I have just one more question for you. Many of the stories you have told me are about experiences that stand out from the day-to-day. For example, we talked about a high point, a turning point, a scene about your health, etc. Given that most people don't share their life stories in this way on a regular basis, I'm wondering if you might reflect for one last moment about what this interview, here today, has been like for you. What were your thoughts and feelings during the interview? How do you think this interview has affected you? Do you have any other comments about the interview process?