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Impact of Moral Injury for Ethnic/Racial Minority Male Veterans

A Clinical Dissertation Presented to

The University of San Francisco
School of Nursing and Health Professions
Department of Health Professions
Clinical Psychology PsyD Program

In Partial Fulfillment of the Requirements for the Degree
Doctor of Psychology

by
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December 2020
Dedication:

To my Dad and his best friend Moses
Abstract

Trends in demographics of post-9/11 veterans (deployments to the Middle East after 2001) describe this group as having higher survival rates, increased service-connected disabilities, and more racially diverse (NCVAS, 2018; Schnurr et al., 2009; Tanelian & Jaycox, 2008). Additionally, their deployment experiences include combat-related experiences that contradict personal moral beliefs, later named “moral injury” (MI) (Litz et al., 2009). Currier, Holland, and Mallot (2015) describe MI as intense emotions of shame, guilt, and anger alongside maladaptive behaviors emerging after “witnessing and/or participating in warzone events that challenge one’s basic sense of humanity” (p. 231).

The research on MI continues to analyze factors increasing the risk of MI. Wisco et al. (2017) found that ethnic/racial minority veterans are more susceptible to MI, yet this finding lacks evidence. To fill this gap, this study analyzed perspectives of ethnic/racial minority male veterans impacted by MI via qualitative methodology. Themes from interviews suggest the salience of recognizing moral values informed by cultural norms, such as collectivism, and how this influences the etiology of MI. Collectivism put participants at greater risk of experiencing moral transgressions engendering increased tension due to dissonance between collectivist values (i.e. social harmony) and military values. These moral transgressions followed participants home impacting reintegration due to impaired self-schemas and maladaptive behaviors. Additionally, participants unique descriptions of racism and discrimination represent violations of trust by military and trusted others adding dimension on how betrayal is experienced within MI for ethnic/racial minority veterans.
Key Words: Trauma, Moral Injury, Race, Ethnicity, Minority, Veterans, Reintegration, Collectivism, Culture, Moral Development
Identification of the Problem

In 2016, the National Center of Veterans Analysis and Statistics (NCVAS) revealed 3.9 million (19%) of the total population of veterans (also referred to as cohorts) fought in a post-9/11 conflict including: Operation Enduring Freedom (OEF, October 2001 – December 2014), Operation Iraqi Freedom (OIF, March 2003 – March 2011), and Operation New Dawn (OND, September 2010 – December 2011); 23% of this population self-identified as an ethnic/racial minority and 83% (5 out of every 6) were male (NCVAS, 2018; Sayer, Carlson, & Frazier, 2014). In comparison to other veterans, post-9/11 veterans are more ethnically/racially diverse and have experienced multiple deployments. They also have higher survival rates from combat injuries and are at greater risk (1 out of every 3) for having a service-connected disability (NCVAS, 2018; Schnurr et al., 2009; Tanelian & Jaycox, 2008). A unique characteristic of the post-9/11 cohort is the increased risk of experiencing a service-connected disability such as Post Traumatic Stress Disorder (PTSD), anxiety disorder, substance use, depression, or physical injury.

Researchers have found that a contributor to service-connected disabilities is the distinctive characteristics of post-9/11 war-zone experiences. These characteristics include the urban combat setting, guerilla warfare tactics employed by combatants, and the ambiguity of correctly identifying whom the combatant is (Jinkerson, 2016; King et al., 1999). The nature of this type of combat results in diverse combat experiences (e.g. shooting their weapon at a combatant, being responsible for killing, or responsible for the death of a noncombatant) that researchers suggest are experienced as a moral violation (Hoge et al., 2004). Veterans experiencing these morally troubling events may end up
feeling moral pain and suffering (Currier et al., 2018), referred to in psychology as Moral Injury (MI).

Recently, researchers have begun to expand the construct of trauma to include this phenomenon of MI. Litz et al. (2009) coined the term “moral injury” to describe the unique signs and symptoms that veterans experience when combat-related behaviors contradict ordinary moral beliefs and expectations. Currier, Holland, and Mallot (2015) provide a concise definition describing the self-handicapping emotions of shame, guilt, anger, and behaviors that emerge after “witnessing and/or participating in warzone events that challenge one’s basic sense of humanity” (p. 231). The phenomenon of MI continues to be researched and the field continues to study its impact on veterans.

Empirical research has linked MI to multiple cohorts (i.e. Vietnam, post-9/11). Wisco et al. (2017), who defined MI as including experiences as killing, betrayal, and transgressions, indicates that approximately 25% of the post-9/11 cohort are impacted by MI. In their research around measuring MI experiences in relation to combat severity, Wisco et al. (2017) found that most “white, college-educated, and high-income veterans had lower scores” on the Moral Injury Events Scale (MIES) in comparison to other groups of veterans; additionally suggesting that ethnic/racial minority veterans and veterans with lower socioeconomic status are more susceptible to experiencing MI.

Despite recent recognition of MI impacting the post-9/11 cohort, there is limited research examining the ways in which ethnic/racial minority males experience MI. The goal of the present study is to examine the lived experiences of ethnic/racial minority male veterans impacted by MI via qualitative methodology. Focusing specifically on ethnic/racial minority male veterans aligns with current demographic trends and the
increased risk for experiencing MI. Themes redacted from semi-structured interviews will diversify the research on this phenomenon and provide clinicians with much needed data to better conceptualize and treat veterans impacted by trauma and MI.

**Research Aims**

Aim 1: Describe the experiences of ethnic/racial minority male veterans impacted by MI.

Aim 2: Provide an understanding of the intersection between MI and ethnic/racial minority identities.

Aim 3: Discover how ethnic/racial minority male veterans cope with MI.

**Proposed Research Design**

The Thematic Analysis framework (Braun & Clarke, 2006) will be utilized to examine the experiences of ethnic/racial minority male veterans impacted by MI. Thematic analysis will be used to identify, analyze, and report themes within a data set that enrich the research on a specific construct or phenomena, in this case MI. The themes found in the data will tell the narrative of how ethnic/racial minority male veterans experience and are impacted by MI.

**Connection to the University of San Francisco**

The proposed study is well situated within the University of San Francisco’s (USF) Jesuit mission and values focusing on social responsibility and the intention that research should “create, communicate, and apply” knowledge to the world. Exploring the lived experiences of ethnic/racial minority male veterans impacted by MI adds to the gaps in the research about this new construct intersecting with cultural identities. Findings from this study engender awareness about the impact deployment has on ethnic/racial minority male veterans both during and after deployment.
Secondly, the USF Jesuit mission discusses how humans make significant choices that could impact how they exist in the world. Recent literature has shown that MI has a negative impact on veterans’ spiritual and moral identities (Harris et al., 2015). This proposed study will contribute to the literature by describing the phenomenon of ethnic/racial minority male veterans impacted by moral transgressions giving rise to diverse dimensions to the construct of MI.

Finally, the USF Jesuit mission highlights the importance of developing all communities and that no group or individual should prosper at the expense of others. First and foremost, this research develops a better understanding of the uniqueness of ethnic/racial minority male veterans impacted by MI. Because of the lack of representation of ethnic/racial minority veterans in the literature, this research will fill the gap. Secondly, the heterogeneity of the experience of MI creates multiple symptoms and possible pathologies. This research will help to diversify the research to include various communities and individuals who are underrepresented in the research on MI.

**Literature Review**

The understanding of trauma, specifically the phenomenon of MI, continues to evolve. In exploring the construct of MI, this review will describe the current research on the psychopathology of MI, the sequelae of symptoms related, and highlight what makes MI distinct from other mental health concerns impacting veterans. The review will include current models in the field (Currier, Holland, & Malott, 2015; Kopacz et al., 2016; Jinkerson, 2016) that are extensions of the original by Litz et al. (2009). The review will present information on how researchers differentiate MI from PTSD, describe the unique symptoms veterans may experience as a result of MI, and summarize the
impact of MI on veterans’ overall health. The study’s focus potentially highlights differences across ethnic/racial groups in the experience of this phenomenon. Findings will additionally add needed diversification of research on MI, deliver different dimensions to how researchers think about MI, and help fill in gaps pertaining to how we conceptualization and define this phenomenon.

The proposed research will build upon the existing literature to explore MI and help clinicians better understand the impact of this phenomenon. Furthermore, this study will equip clinicians to modify treatment modalities to better address the needs of veterans experiencing the deleterious symptoms related to MI.

*Moral Injury*

The current literature has multiple definitions of MI describing it as a constellation of symptoms resulting from experiences during deployment. The heterogeneous symptomatology is the result of veterans comparing their experience to their sense of morality or value system (Harris et al., 2015). These experiences during deployment vary and researchers have defined these in a variety of ways. One concise definition of these experiences is potentially morally injurious experiences or PMIEs (Currier, McCormick & Drescher, 2015; Vargas et al., 2014). This dissonance between the “appraisal of possible warzone trauma and veteran’s guiding moral beliefs” (Currier, McCormick & Drescher, 2015, p. 231) creates discourse and internal conflict because the PMIE and one’s moral system don’t align (Lancaster, 2018; Vargas et al., 2014). Others have described MI as “damage done to an individual’s core morality or moral worldview” (Yan, 2016, p. 451). This internal experience and constant comparison between the PMIE and values may lead to the development of dysphoria, maladaptive
attempts to manage emotions, and existential concerns as the veteran must reconcile this experience with their sense of what is right and wrong (Currier, McCormick, & Drescher, 2015; Kopacz et al., 2016). Consequential symptoms of MI have also been shown to impact a veteran’s physical and mental health.

Jordan et al. (2017) suggest that symptoms of MI can impact a veteran’s physical and psychological health, social functioning, spirituality, and development of maladaptive behaviors suggesting that the experience of MI has a negative impact on veterans. Veterans may have emotional reactions such as shame, anger, self-condemnation, despair, depression, guilt, and a lack of meaning in life (Kopacz et al., 2016). If unresolved, these symptoms chronically impact veterans’ lives, leading to alienation, feeling demoralized, losing of faith in self or others, grief, and interpersonal problems (Drescher et al., 2011; Jinkerson, 2016; Litz et al., 2009; Nash & Litz, 2013; Vargas et al., 2014). The impact of MI is different from other mental health pathologies and can cause powerful experiences that are insidious for veterans.

The process of evaluating one’s moral code creates discomfort and an experience that is unique to each veteran (Currier et al., 2018; Harris et al., 2015; Wisco et al., 2017; Yan, 2016). Some have described this as an “assault on what is in our nature, our essential humanism” (Antonelli, 2017, p. 407). Within the construct of MI, veterans may face a host of changes in their sense of morality where their “moral compass and basic sense of humanity” (Currier et al., 2018, p. 475) are challenged, possibly resulting in the debilitating symptoms mentioned above.

To better understand the pathology of MI, researchers continue to search for a concise description of the initial event prior to the development of MI. Some have named
these PMIEs as transgressive acts or morally injurious experiences (Drescher et al., 2011; Frankfurt & Frazier, 2016). Currier, McCormick, and Drescher (2015) suggest that MI can occur through direct experience or witnessing; others suggest that MI can also happen through “betrayal of what’s right by someone who holds legitimate authority” (Shay, 2014, p. 183). Research suggests that a common theme among these experiences is that the consequences and dissonance between PMIE and MI results in a pathology that is heterogeneous and culminates in distress for veterans. For the purpose of this study, the MI definition used by Currier, Holland, and Malott (2015) will be employed: the veteran’s reaction to witnessing or participating in events during deployment that challenge veteran’s basic sense of humanity and create emotional reactions such as shame, guilt, and anger as well as behavioral reactions that are self-handicapping.

*Potentially Morally Injurious Experience (PMIE)*

Researchers continue to better understand what experiences constitute a PMIE. Some studies focused on experiences during combat or deployment while others specifically examine times when veterans experience a moral or ethical challenge. Researchers have described this phenomenon as a constellation of events that challenge a veteran’s sense of humanity (Currier, Holland, & Malott, 2015). The research suggests then that a PMIE is an event or experience that has the potential to lead to the experience of MI. PMIEs can affect the etiology of mental health problems because of such acts as killing, stressors from witnessing human suffering, or failing to prevent immoral acts (Currier, Holland, & Malott, 2015; Kopacz et al., 2016). The empirical research seems to vary in regard to the various events and behaviors that qualify as a PMIE as well as how terms are used to describe these experiences.
**Transgressive Acts**

Drescher et al. (2011) used the term *transgressive acts* to describe behaviors that were inhumane and cruel that caused pain, suffering, or the death of others. These behaviors may become morally injurious experiences because they may create an array of problems related to the veteran’s spirituality, psychological health, and social engagement (Drescher et al., 2011). Frankfurt and Frazier (2016) also used transgressive acts to describe how certain behaviors or experiences in combat have the potential to violate a veteran’s expected behavior and may contradict the veteran’s moral belief system. They describe transgressive acts as an experience that involves the “violation – or transgression – of accepted boundaries of behavior” (Frankfurt & Frazier, 2016, p. 2).

The terms “transgressive acts” and “PMIEs” are used interchangeably throughout the research and are similar in their description of an event, behavior, or experience that leads to the experience of MI (Drescher et al., 2011). For this study, the term PMIE will be used to describe the event, behavior, or experience that leads to the development of MI.

**Killing During Deployment**

Killing during combat was one of the first deployment experiences researchers examined as having the potential to be names as a PMIE (Maguen et al., 2010). Researchers have consistently found that the act of killing has become more prevalent in Vietnam and post-Vietnam era conflicts because of the propensity for guerilla and urban warfare (Grossman, 2009; Jinkerson, 2016). More recent studies (Hoge et al., 2004; Maguen et al., 2010) have found that between 48 – 65 % of OIF soldiers reported killing a combatant during their deployment. Veterans had a high percentage of experiences
related to shooting or directing fire at combatants (77 – 87%), being shot at or receiving small-arms fire (93 – 97%), receiving incoming artillery, rocket, or mortar fire (86 – 92%), or being responsible for killing an innocent person (14 – 28%) (Hoge et al., 2004). Maguen et al. (2010) suggest that certain factors create more susceptibility of killing combatants and noncombatants: proximity of the enemy, indistinctiveness of enemies, chaos of urban environments, and the ambiguity of following the rules of engagement (Jinkerson, 2016; Maguen et al., 2010). According to these studies, this increase in killing in comparison to pre-Vietnam cohorts correlates with an increased risk of veterans experiencing moral conflicts, possibly leading to the experience of MI. Researchers continue to suggest that this experience of killing has the potential to develop into debilitating symptoms impacting the veteran’s health.

Killing in combat is correlated with such mental health concerns as PTSD, Major Depressive Disorder (MDD), and substance use concerns (Fontana & Rosenheck, 1999; Hoge et al., 2004; Maguen et al., 2009). Researchers suggest that the experience of killing also results in symptoms such as shame, guilt, alienation, substance use, depression, concerns over psychosocial functioning, relationship difficulties, anger, and anxiety (Hoge et al., 2004; Maguen et al., 2010). The literature suggests that killing elicits a unique pathology that is not captured by current constructs of mental health.

Although killing during deployment is correlated with current psychiatric diagnoses (i.e. PTSD, MDD), the impact of this experience seems to go beyond these theoretical models because of the cognitive dissonance between the experience and one’s moral system (Fontana & Rosenheck, 1999; Maguen et al., 2009). For example, Maguen et al. (2009) found that the cognitive dissonance resulting from killing does not fit within
the conceptualization of PTSD because the act of killing created a moral conflict resulting in such emotions as shame and guilt, which are not captured by the current construct of PTSD. This suggests that the impact of killing could be more detrimental to veterans as these unique symptoms created dissonance and functional impairment distinct from other syndromes (Fontana & Rosenheck, 1999; Maguen et al., 2009). Other phenomena were also examined as possible antecedents to MI leading the research towards an understanding of how unique MI’s symptomatology was and how these symptoms created greater risk for veterans’ overall health.

Other Events, Behaviors, and Experiences

Researchers have suggested that beyond killing, other events related to deployment and military culture may also be a risk factor for veterans experiencing MI. These include personal life threats, exposure to death or severe injury, civilian death/disproportionate violence, within-ranks violence, and the inability to fulfill certain duties (Jordan et al., 2017; Shea et al., 2017; Vargas et al., 2014). Researchers suggest that these events include making challenging decisions, seeing others behave in ways that are deemed violent or brutal, or mistreating a civilian or combatant (Held et al., 2018; Jinkerson, 2016; Kopacz et al., 2016). Hoge et al. (2004) found that OIF veterans reported seeing dead or seriously injured Americans (65 – 75%), handling human remains (50 – 57%), participating in demeaning operations (34 – 38%), or seeing ill or injured women or children whom they were unable to help (69 – 83%). Researchers have found that between Vietnam and post-Vietnam cohorts, veterans endorsed such experiences as betrayal within-ranks, disproportionate violence, and loss of trust as events, behaviors, and experiences all of which may be considered a PMIE (Vargas et al.,
Beyond looking at antecedents, researchers further analyzed what factors may contribute towards the experience of PMIEs.

**Factors and Circumstances of PMIEs**

Jordan et al. (2017) highlighted certain factors that better explained the spectrum of PMIEs. They constructed two types of a PMIE: perpetration or betrayal. In their definitions, *perpetration based PMIEs* described veteran’s participation or behaviors that generated symptoms related to MI or challenged the veteran’s sense of humanity (Jordan et al., 2017). Their addition of *betrayal based PMIEs* as a factor to consider added a new perspective to the definition of a PMIE. Here, a veteran may experience or be involved with a moral transgression by a trusted peer or leader, resulting in a dissonance of the veteran’s view of this trusted individual. Also impacted is the veteran’s moral code possibly leading to the experience of MI (Jordan et al., 2017). Shay (2014) further clarified this experience suggesting “betrayal of what’s right by someone who holds legitimate authority in a high stakes situation” (p. 183) can be an impactful experience. He suggested that because someone’s trust is broken, social relationships may become problematic for veterans.

Currier, McCormick and Drescher (2015) presented qualitative data detailing various circumstances resulting in the experience of a PMIE. Their analysis of themes found four circumstances as potential factors in experiencing a PMIE: organizational, environmental, cultural, and psychological. Organizational circumstances related to the structure of the military and how the hierarchical system created opportunities for a PMIE. These include combat operations that are based on inaccurate information from leadership, leadership perceived as uncaring, small units engendering vulnerability, or
lack of training of veterans to manage ethical and moral challenges (Currier, McCormick, & Drescher, 2015; Kopacz et al., 2016). Environmental circumstances related to the chaotic circumstances veterans find themselves in during combat or deployment. These may include difficulty appraising the combatant’s behaviors, persistent chaos, needing to make major decisions within a split-second, trouble identifying combatants, and unpredictable civilians (Currier, McCormick, & Drescher, 2015; Kopacz et al., 2016). Cultural circumstances describe views on violence within units as well as relational factors that impacted how the unit functions. These include dehumanization of the enemy, developing hateful attitudes toward noncombatants, lack of trust in other unit members, or the pressure to belong to the unit at times using violence to create bonds. Psychological circumstances relate to symptoms that influence or are risk factors for veterans experiencing a PMIE. These include anger as a result of retribution, grief over losses, enjoyment in aggressive acts, persistent fear, sense of helplessness, hopelessness in the inability to return home, or changes in identity (Currier, McCormick, & Drescher, 2015). The list of factors and circumstances above present a broad range of considerations when understanding the impact PMIEs have on veterans.

Overall, the research suggests a relationship between PMIEs and the development of emotional, cognitive, and behavioral reactions, many of which are consistent with the definition of MI. For example, many have discussed the relationship between PMIEs creating emotional reactions of shame and guilt (Jordan et al., 2017; Litz et al., 2009). Others have shared that PMIEs can potentially create painful and bothersome emotions because of the maladaptive thought processes that are invoked when veterans attempt to make sense of the PMIE by comparing it to their moral code (Currier et al., 2018;
When the disparity between the PMIE and moral code is large, veterans may begin to think that they failed to live up to their own moral code (Maguen & Litz, 2012). They may react by questioning their personal expectation about humanity because they behaved in ways that go against their personal sense of right and wrong (Vargas et al., 2014). The cognitive dissonance that ensues can create chronic moral pain, self-hatred, and experiencing of spiritual or existential crisis; ultimately leading to emotional and behavioral dysfunction including self-harming behaviors (i.e. suicide), general psychiatric distress, substance use, or social isolation (Currier et al., 2018; Maguen & Litz, 2012; Vargas et al., 2014; Wisco et al., 2017). Taken together, PMIEs and their resulting symptoms increase the risk of veterans developing mental health concerns and impacting their general health.

**MI, PMIE, and Race/Ethnicity**

Of specific note for this study is the claim by Wisco et al. (2017) suggesting that ethnic/racial minority veterans are at greater risk for experiencing PMIEs during their military service. Research suggests that when considering how we define trauma or experience trauma symptoms, cultural identity is used as a benchmark to better understand the trauma (Wilson, Drozdek, & Turkovic, 2006). Research has suggested that how we define events are based upon the formation of an individual’s identity through the lens of their cultural upbringing (Wilson, 2007). The intersection between culture and trauma is best described as how cultural norms seem to elicit various coping mechanisms to manage the stress response to the trauma (Wilson, 2007). Smith, Lin, and Mendoza (1993) discuss how humans inherently try to make sense of their experiences, especially when trauma is involved. The process of explaining these experiences is
highly influenced by culturally shaped beliefs and attributions. These standards then inform cultural practices and behaviors used as protective factors towards managing or coping with distress and defines social roles and structures about how to cope with trauma experiences (Wilson, 2007). Essentially, our interpretation and coping mechanisms used to manage the many types of trauma is highly influenced by our cultural beliefs.

Additionally, within MI is the layer of morality and how culture impacts our moral development. Kohlberg and Hersh (1977) discuss how moral development is influenced by cultural values, through interactions with our culture, our maintenance of meeting the expectations of family, and our ability to conform to cultural norms. Moral development is highly influenced by our social and environmental interactions. Nasir and Kirshner (2003) discuss their perspective that the development of morality is inherently engrained within our social and cultural upbringing. For example, our parents tell us how to behave in certain situations based upon cultural norms and how they define what is right or wrong. This interaction begins to establish our moral foundation. Essentially, our cultural definitions of trauma and the process of moral development are innate processes influenced by our upbringing rather than an instinctual or biological response.

If we assume that moral code is influenced by culture, the misalignment between the veteran’s cultural values and their PMIE creates tension. The tension may impact veterans’ ability to function during deployment, make decisions during deployment, and function in the combat theatre (Kopacz et al., 2016). This possibly explains the claim by
Wisco et al. (2017) possibly suggesting that cultural and social circumstances may be risk factors for PMIEs.

The First Working Model of Moral Injury

In 2009, Litz et al. conceptualized a working model of MI because they recognized the unique experiences of veterans confronted by moral and ethical challenges during their deployment. The authors focused on the aftermath veterans experienced from these moral and ethical challenges and what impact the negative experiences had on their lives. This model provided an understanding of MI and its pathology. Litz et al. (2009) coined the term PMIE to describe the initial event(s) veteran’s experience as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 700). They described a process by which veterans must determine how the PMIE corresponds to their moral code or value system. Dependent on the degree of incongruence between the veteran’s fundamental belief system and their act of transgression, the experience of a PMIE can develop into physical or mental health impairments (Litz et al., 2009). For example, in qualitative work by Held et al. (2018), one veteran described needing to move the convoy he was part of out of danger. Doing so meant that he had to run over children. The veteran described replaying this incident thinking of how he could have done things differently. These experiences illustrate the cognitive dissonance prevalent in MI.

After recognizing the discrepancy, Litz et al. (2009) suggests that veterans begin to evaluate and analyze what impact this experience has on their identities: spiritual affiliations, cultural identities, ethnic/racial identities, or other aspects of identity that provide foundational pieces of their moral code (Litz et al., 2009). This working model,
together with other research, suggests that the outcome of a PMIE may be MI (shown in the figure below).

Figure 1: Working model of MI (Litz et al., 2009)

Litz et al. (2009) primarily focused on the outcome of MI resulting from the experience of a PMIE. This experience is exhausting and impacts the veteran’s ability to function (Currier, Holland, & Malott, 2015). Veterans experiencing MI face an increased risk of poor mental and physical health. What Litz et al. (2009) provide is a working model that breaks down the process from PMIE to the experience of MI. The researchers suggest three key parts to the model: a veteran’s PMIE or transgression, their awareness of dissonance, and if the dissonance is salient enough, pathways to a process of reconciliation and the chronic experience of MI.

Other Prominent Models and Theoretical Foundations

Three newer models in addition to the original model by Litz et al. (2009) provide foundational findings in understanding MI. These models provide new information about the construct, create more in-depth understanding of the pathology of MI, and suggest a syndrome to better conceptualize and treat MI.
Currier, Holland, and Malott (2015) further explored the construct of MI by examining what attributions veterans use to make sense of their PMIE. The researchers argue that one of the coping strategies central to whether a PMIE develops into a MI is the use of appraisals or attributions to evaluate the PMIE and their correlation with the veterans’ moral code. In their model, veterans who reappraise their PMIE to fit their moral code may successfully adapt and balance both components so that the veteran does not experience MI (Currier, Holland, & Malott, 2015). Should the veteran not be able to reconcile the dissonance between PMIE and moral code, the veteran may experience MI. The researchers argue that veterans tend to use two meaning systems (i.e. attributions or appraisals), global and situational to adapt their moral code to fit the PMIE. In order to determine the potential impact, the PMIE on the veteran, they utilize either the global or situational system proposed.

The global meaning system refers to a veteran’s “fundamental beliefs, values, goals, and subjective sense of purpose” (Currier, Holland, & Malott, 2015, p. 3). This meaning system provides veterans with schemas or attributions to determine what is considered morally just or what is the veteran’s purpose in life. Counter to the global meaning system, the situational meaning system refers to a specific interpretation of an experience and the contextual factors specific to events. For example, veterans may use their global meaning system when they use norms from their spiritual faith as attributions to make sense of their PMIE. Veterans using situational meaning systems may utilize the unique aspects (i.e. environmental factors or people involved in the experience) as attributions to make sense of the PMIE.
Currier, Holland, and Malott (2015) found a correlation between the experience of MI and poorer mental health when the veteran’s global meaning system was impacted or compromised. The negative impact on this meaning system suggests that when global attributions do not align with the PMIE, there is greater dissonance, creating an increase in tension felt by the veteran (Currier, Holland, & Malott, 2015; Drescher et al., 2011; Litz et al., 2009). This tension, cognitive dissonance, and inability to reconcile the chasm create poorer mental health outcomes and higher likelihood of MI.

This model by Currier, Holland, and Malott (2015) suggests that clinicians need to be aware of how veterans use specific attributions or meaning systems to understand a PMIE. Understanding the source of attributions or meaning systems (i.e. cultural or spiritual norms) used by veterans can help clinicians better assess the level of dissonance experienced and what impact the PMIE has on the veteran and the likelihood of MI.

In 2016, Kopacz et al. developed a model for describing the pathology of MI. In this model, the researchers suggest that morality and how veterans make moral choices tends to be intuitive and based upon the veteran’s relevant social community. Besides the negative impact of MI on veterans, other subsequent challenges include veterans returning from deployment facing the discrepancy between their PMIE and the moral choices made during their deployment and their community’s (i.e. ethnic/racial communities or spiritual communities) moral code. Kopacz et al. (2016) model describes a cognitive process utilized by veterans after experiencing (either direct or observed) a PMIE in which the veteran utilizes attributions, schemas, and appraisals to make sense of the dissonance between the PMIE and the veteran’s community moral code. Following
this model, the veteran then experiences moral emotions (e.g., shame & guilt) and negative cognitions perpetuating the sense of feeling “stuck.”

![Diagram]

**Figure 2:** Understanding the process of MI (Kopacz et al., 2016)

Symptoms resulting from these experiences of PMIEs potentially become chronic and negatively impact the veteran’s ability to function (Kopacz et al., 2016). Overall this model highlights the etiology of MI and pinpoints the influence of attributions as well as the dissonance between the veteran’s PMIE and moral code negatively impacting veterans. The model also highlights the possible role of culture and the veteran’s community moral code on the cognitive process by which veteran’s make sense of their PMIE.

Jinkerson (2016) is the final prominent model which moved the field of psychology towards further distinguishing MI from other mental health diagnoses (e.g. PTSD). He proposed that MI is a unique syndrome and described the dissonance between PMIE and moral code, core symptomatic features, secondary symptomatic features, the relationship between core and secondary symptomatic features, and criteria to identify MI.

The first key aspect of Jinkerson’s (2016) description of MI is the impact of psychological, existential, behavioral, and interpersonal issues emerging after a PMIE
(Jinkerson, 2016). He describes MI as a phenomenon in which the moral dissonance, especially if veterans are unable to reconcile this, creates a set of core symptoms: guilt, shame, spiritual/existential conflict, and a loss of trust on multiple levels. These core symptoms can then lead to a secondary set of symptoms such as depression, anxiety, anger, re-experiencing the moral conflict, self-harm, and social problems (e.g. alienation and interpersonal challenges). Finally, Jinkerson (2016) suggests three key aspects that help clinicians to identify the experience of MI: exposure or history of exposure to a PMIE, the experience of guilt, and at least two symptoms in either the core or secondary symptomatic features.

Overall, these models help strengthen the model by Litz et al. (2009) by providing characteristics and descriptions such as the use of attributions, the pathology of MI, and a syndrome to better delineate MI from other mental health presentations.

*Differentiating MI from PTSD*

In the early research on MI it was difficult to differentiate this phenomenon from Post Traumatic Stress Disorder (PTSD). Researchers recognized that both phenomena had similar symptom presentations, however further analysis showed that distinctions between PTSD and MI exist in the etiology of symptoms, type of trauma, the function of symptoms, and the veteran’s role in the trauma experience (Bryan, Bryan, Roberge, Leifker, & Rozek, 2018; Currier et al., 2018; Kopacz et al., 2016).
Bryan et al. (2018) examined the differences between PTSD and MI, specifically discussing the etiology of symptoms. In their analysis, PTSD tends to elicit emotions and symptoms as a natural reaction to the trauma experience (e.g. fear, anxiety, sadness). These biological stress responses are activated through such systems as the hypothalamic/amygdalic-pituitary-adrenal axis (Jinkerson, 2016). In MI, the etiology of these emotions (e.g. guilt and shame) and symptoms are manufactured reactions because the veteran is interpreting the trauma experience through the lens of morality and whether the experience is right or wrong (Bryan et al., 2018). This moral conflict creates cognitive dissonance and can shift how veterans view humanity and can impact their self-esteem (Jinkerson, 2016). Where the etiology of symptoms in PTSD is a natural or biological reaction to trauma, the etiology in MI is instead a manufactured or cognitive reaction to trauma.

Figure 3: Comparison of PTSD and MI (Bryan et al., 2018)
Currier et al. (2018) argued that the distinction between PTSD and MI is based on two elements: type of trauma and function of symptoms. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013) utilizes a criteria system to diagnose individuals with PTSD. The first criteria consider trauma as “exposure to actual or threatened death, serious injury, or sexual violence” (APA, 2013, p. 271). These types of trauma tend to be considered as fear-based and encompass physiological reactions to a traumatic event. This criterion does not include the type of trauma consistent with MI. When describing trauma related to MI, researchers tend to use concepts as betrayal, ethical violations, or serious inner conflicts causing moral dissonance (Currier et al., 2018; Maguen & Litz, 2012). Maguen and Litz (2012) suggest that although PTSD is a mental health concern that requires a diagnosis, MI is more of a “dimensional problem” that manifests itself at various times, to varying levels of severity, and is expressed through a heterogenous set of symptoms.

PTSD and MI share such symptoms as anger, depression, avoidance, anxiety, and arousal (Currier et al., 2018). The function of these symptoms is the domain in which researchers have begun to make distinctions between these two phenomena. For example, a veteran chooses to avoid certain situations because it reminds them of their trauma. The veteran struggling with PTSD may avoid these situations because of safety concerns or avoidance of reactive symptoms due to a biological reaction being triggered. In contrast, the veteran struggling with MI may avoid the situation because they are “driven by self-protective attempts to avert shame or concerns about morally contaminating the larger social group” (Currier et al., 2018, p. 476). The function of a symptom in PTSD is concerned with safety, whereas the function of a symptom in MI is
in relation to the inner conflict a veteran may experience or the self-condemnation a veteran may feel.

In a final distinction between MI and PTSD, Kopacz et al. (2016) describes the role the veteran plays in the trauma. In PTSD, the veteran may be the victim or be the witness of a life-threatening event. In MI, the veteran may be responsible for causing the trauma experience, thereby creating symptoms related to inner conflict and shifts in self-esteem (Kopacz et al., 2016). Essentially, what role the veteran plays in the PMIE may influence the trajectory of symptoms related to MI.

*Moral Emotions: Shame and Guilt*

Experiencing a PMIE is hypothesized as the main pathway to MI. Researchers have identified shame and guilt as prominent emotions that impact veterans’ mental health, especially when experiencing MI (Bryan et al., 2018). These moral emotions are largely a result of the veteran’s negative self-appraisal following a PMIE (Dombo, Gray, & Early, 2013). Research suggests that these moral emotions lead to other symptoms related to social withdrawal, avoidance symptoms, and diminished social support systems (Frankfurt & Frazier, 2016). Essentially, Farnsworth et al. (2014) suggest that there is a purpose to these functions, as shame and guilt cues veterans to realize the dissonance they experience between PMIE and their moral code.

In their review of the literature, Tangney, Stuewig, and Mashek (2007) found that both shame and guilt are “evoked by moral lapses and cause intrapsychic pain” (p. 348). In their discussion they focus on how these emotions provide feedback to the individual regarding their acceptability within moral and social norms. The salience of shame and guilt impacts our behaviors and Tangney, Stuewig, and Mashek (2007) suggest that these
emotions also make us more vulnerable to experiencing moral emotions consistently and profoundly.

Researchers actively include shame and guilt when talking about the outcomes of a PMIE or of MI (Held et al., 2018, Litz et al., 2009; Vargas et al., 2014). Vargas et al. (2014) argued that shame and guilt are important aspects defining MI while other researchers (Jordan et al., 2017) have suggested that moral emotions elicit memories that initiate avoidance behaviors to minimize the experience of these powerful emotions.

**Shame**

Shame is a negative evaluation of the global self and is the result of the individual comparing themselves to social norms or beliefs (Lewis, 1971). Shame is considered an internally painful emotion because of its effects on the personal self. Individuals experiencing shame may evaluate themselves as being worthless or feeling powerless. Shame can result in varying emotional experiences and its expression is dependent on the individual’s interpretation of shame (Tangney, Stuewig, & Mashek, 2007). Others have described shame as a self-conscious emotion eliciting thoughts of the individual feeling “defective, damaged, or fundamentally flawed” (Crocker et al., 2016, p. 520; Lewis, 1971; Tangney & Dearing, 2003). Litz et al. (2009) argues that shame is more of an integral part of MI because of its internal process. The results of this painful experience may leave individuals feeling less empathy toward others, less motivation to be socially active, have negative outcomes in mental health, verbal and physical aggression, poor self-esteem, concerns over affect regulation, and impulsivity (Crocker et al., 2016; Farnsworth et al., 2014; Hibbard, 1994; Velotti, Elison, & Garofalo, 2014). Thus, the
research seems to suggest the salient and profound experience of shame as a consequence of the experience of a PMIE.

For veterans, Leskela, Dieperink, and Thuras (2002) suggest that veterans with PTSD commonly experience the emotion of shame and that this is a risk factor for further mental health difficulties. Shame in veterans may result from internal comparison of the standards of military culture to their own cultural norms (Leskela, Dieperink, & Thuras, 2002). The research on shame suggests that, when veterans have a negative global evaluation of themselves (e.g. using religious values or cultural values), they are more vulnerable to mental health concerns (Litz et al., 2009). Shame can have a major impact because of its inherently egocentric focus on the veteran feeling that they are “bad” (Tangney, Stuewig & Mashek, 2007). Veterans may have negative cognitions of themselves and of the traumatic event because they have developed maladaptive attributions or developed negative schemas towards their self-worth, self-esteem, and moral value (Lee, Scragg, & Turner, 2001). The intersection between shame and trauma has also been shown to amplify the experience.

In relation to the experience of trauma, veterans may experience shame as a result of incongruence between the actual experience and the veteran’s interpretation. This incongruence can generate a sense of humiliation, sadness, anger, or rage; suggesting to the veteran that they did something wrong (Wilson, Drozdek, & Turkovic, 2006). When describing their sense of self, veterans in a state of shame may experience stigma, embarrassment, weakness, degradation, scorn, disgrace, contempt towards self, having a loss of status, feeling of self being attacked, or see themselves as personally flawed (Lee, Scragg & Turner, 2001; Wilson, Drozdek, & Turkovic, 2006). Veterans may describe
their lived experience of shame as a loss of face, hanging their head, feeling of isolation, wanting to disappear, avoidance, being withdrawn, secretive, or a sense of feeling small (Lee, Scragg & Turner, 2001; Wilson, Drozdek, & Turkovic, 2006). Shame has been shown to be a challenging emotion for veterans and one that clinicians working with veterans must be mindful of when struggling with mental health concerns, especially MI.

**Guilt**

Contrary to shame, researchers have described guilt as a more focused evaluation of a specific behavior that is associated with negative behavioral, social, and psychological outcomes (Jordan et al., 2017). Litz et al. (2009) propose that a response to feeling guilt may lead veterans towards a more corrective response to the PMIE, where they see themselves wanting to reconcile their perceived wrongdoing. Although guilt can be a painful emotion, Litz et al. (2009) suggest that this emotion motivates veterans to “make things right” or to seek actions to correct a perceived wrong (Dombo, Gray, & Early, 2013). We can interpret this as guilt being an adaptive response to undue something wrong.

Research with civilians has described guilt as the experience of tension created when an individual perceives that they have violated their own code of conduct or cultural norm due to their perceived misbehavior (Tagney, Stuewig, & Mashek, 2007). The research suggests that guilt is the result of an individual feeling responsible for causing harm or hurting others when there was no intention to do so. Guilt tends to focus more on a specific behavior creating intrapsychic pain for the individual, eliciting a reflection of the consequences of their behavior (Jordan et al., 2017). As the individual feels guilt, they may feel “tension, remorse, and regret over the ‘bad thing done’”
Subsequently, the individual may experience rumination over the guilty memory or evaluation and may find it important to make amends (Lee, Scragg, & Turner, 2001). In military populations, research has shown that guilt may have an adaptive purpose.

For example, guilt may help encourage the veteran to reconcile their behaviors and take the next step towards reparative actions (i.e. confessions, apologizing) (Litz et al., 2009). Farnsworth et al. (2014) suggest that combat-related guilt is “associated with lower psychological well-being in military populations” (p. 251). Marx et al. (2010) studied the effect of combat-related guilt experienced when veterans participated or observed abusive violence during combat. Their analysis looked at the correlation between guilt and the development of PTSD or MDD and found that guilt was associated with participation in or observance of abuse during combat. They further argued that the experience of guilt influences how veterans feel if their actions were wrong and they subsequently experience self-condemnation. Marx et al. (2010) conclude that guilt elicits a negative appraisal of the traumatic event and that the “response to guilt evokes prolonged and intense emotional reactions that then interfere with daily functioning” (Ehlers & Clark, 2000, p. 292; Marx et al., 2010). Similar to shame, guilt has the potential to develop into a constellation of symptoms.

In a state of guilt, veterans may focus more on their “failed enactment of behavior rather than failed judgments of self-propriety” (Wilson, Drozdek, & Turkovic, 2006, p. 134). A veteran in this state may feel regret, remorse, or become apologetic for their actions. Individuals may attribute their actions as “acting badly” (Wilson, Drozdek, & Turkovic, 2006, p. 134). Lee, Scragg, & Turner (2001) suggest that guilt leads to
individuals constructing meaning of their traumas if they have behaved in a manner that is a departure from their norms. Veterans in a state of guilt may describe themselves as faulty, having a sense of wrongdoing, or being reprehensible (Lee, Scragg, & Turner, 2001).

Distinguishing shame and guilt allow clinicians to better understand the constellation of symptoms an individual may experience. Guilt tends to elicit proactive behaviors geared towards connection with others, whereas shame creates more distance and separation from connection (Farnsworth et al., 2016). Shame and guilt become essential clinical components for clinicians to assess when discussing MI.

*Sequelae of Mental Health effects of MI*

Beyond the moral emotions stated above, other effects of MI have also been identified including dissonance, varying psychological concerns, and soul wounds.

*The Experience of Dissonance*

Litz et al. (2009) described dissonance as a violation for veterans in their interpretation of what is right and wrong in relation to the PMIE. Others have described this process as a conflict between the PMIE and the veteran’s sense of moral worth and their interpretation of goodness in the world (Frankfurt & Frazier, 2016). If the veteran is able to integrate their experience within their schemas, they do not experience MI (Currier, Holland, & Malott, 2015). If the dissonance is too salient and the veteran cannot accommodate the PMIE with their sense of goodness or moral worth, then the result is shame, guilt, anxiety, and possibly lingering distress “due to frequent intrusions” about this dissonance (Litz et al., 2009).
Kopacz et al. (2016) suggest that dissonance represents this struggle for meaning as the veteran experiences MI. Researchers have described this dissonance as an inner struggle that is self-reflective and forces veterans to be conscientious of their actions (Antal & Wining, 2015). The outcome of this dissonance becomes a loss of meaning in life and shifts important attributions used to make sense of the world (Currier, Holland, & Malott, 2015).

The experience of dissonance can be the most damaging because veterans must endure lasting changes to their self, their view of others, and must find ways to accommodate their moral violation into their life. Overall this leads to the development of such symptoms related to PTSD, self-injurious or self-handicapping behaviors (i.e. substance use, behaviors that limit performance), depression, experiences of existential/spiritual crisis, moral emotions, and demoralization (Frankfurt & Frazier, 2016; Kopacz et al., 2016; Litz et al., 2009). In following the Litz et al. (2009) model, this dissonance has the potential to give rise to feelings of shame and guilt, other psychological concerns, and soul wounds.

Other Psychological Concerns

The chronic re-experiencing of dissonance and moral emotions has the possibility of destabilizing some veterans and creates a pathway towards a constellation of psychological pathology. Overall, researchers suggest that the experience of these various psychological symptoms resulting from MI is associated with lower life satisfaction and wellbeing (Currier, Holland, & Malott, 2015; Frankfurt & Frazier, 2016; Hoge et al., 2004; Schnurr et al., 2009).
There is a substantive amount of research regarding psychological concerns related to mood, self-harm, maladaptive coping strategies (i.e. substance use, isolation), feelings of anhedonia, dysphoria, hopelessness, helplessness, and demoralization (Drescher et al., 2011; Frankfurt & Frazier, 2016; Harris et al., 2015) among veterans. The chronic impact of these mood states manifests into lower self-esteem, the fear of being judged, and the development of hatred toward self (Frankfurt & Frazier, 2016; Litz et al., 2009; Wisco et al., 2017). These varying symptoms tend to engender a secondary set of symptoms among veterans including recklessness, poor self-care, and substance use, all of which tend to be attributed to the etiology of MI.

Additionally, these symptoms can lead to changes in understanding right and wrong, developing into inner conflicts that create susceptibility for self-harming behaviors. Studies have shown a greater risk for veterans who experience MI of developing self-loathing thoughts and feelings resulting in behaviors such as poor self-care, substance use (i.e. alcohol), severe recklessness, and suicidal behavior (Bryan et al., 2018; Bryan et al., 2014; Held et al., 2018; Litz et al., 2009). Other researchers have noted veterans seeking isolation and increasing their withdrawal from others in order to manage their experience of MI (Held et al., 2018). These varying psychological concerns limit social engagement, impair functioning, and perpetuate the impact of dissonance whereby veterans are unwilling to reconcile or address the impact MI has on their life (Bryan et al., 2014; Held et al., 2018; Jinkerson, 2016; Litz et al., 2009). One unique description of a consequence of MI is how these symptoms engender soul wounds for veterans.

*Soul Wounds*
The research and pathology of MI suggests not only a mental health component, but also includes soul disorders or soul wounds (Tick, 2013). Antal and Winings (2015) describe this experience as a pervasive wound exacerbated by a reflective and self-conscious process whereby soldiers contemplate the dissonance between one’s behavior (or lack thereof) in relation to their morality; causing guilt, shame, and anguish (Lettini, 2013). Others have found that the result of the dissonance in MI is the inability to forgive oneself, having souls in anguish, or that MI as a whole is a wound suffered by a reflection on the harshness of war and killing (Antal & Winings, 2015; Litz et al., 2009). By not being able to process or assimilate the PMIE into one’s moral code, a chronic process of re-experiencing and re-evaluating creates the symptoms discussed earlier (i.e. anhedonia, self-handicapping behaviors) (Litz et al., 2009). Nakashima-Brock and Lettini (2012) described this chronic effect of MI as veterans having “souls in anguish” (p. 51). The literature seems to suggest that soul wounds are the result of veteran’s being unable to reconcile their PMIE, or moral dissonance (Hodgson & Carey, 2017). The wounds become chronic because veterans may feel demoralized, helpless, in despair, and having a lack of meaning in life (Frankfurt & Frazier, 2016).

To better understand the phenomenon of soul wounds, researchers have tried to find the source of this existential pain. Some have suggested that spirituality plays a role in this experience of soul wounds. For example, Harris et al. (2015) suggest that spiritual distress can cause veterans to abandon their spiritual identity, creating more symptoms related to PTSD and poorer mental health outcomes (Ben-Ezra et al., 2010; Harris et al., 2008). Other researchers have found that spirituality decreased the symptoms of MI and may be a mediator for managing the effects of this moral conflict (Koeing et al., 2018).
While in some cases spirituality may be a protective factor, for others this may be an identity that creates more tension in the veteran’s ability to reconcile this dissonance. Current research seems to suggest that veteran’s use of spirituality to make sense of their PMIE could potentially create soul wounds, especially if the dissonance is salient.

In looking at the source of soul wounds, Antal and Winings (2015) suggest that the process of moral disengagement is part of the military culture and may have implications for how clinicians can aid most effectively in the process of recovery for those suffering from MI. The researchers discuss how this disengagement can develop into poorer social relationships, increased isolation, and social discordance, further amplifying the effects of MI and increasing the experience of a soul wound (Antal & Winings, 2015; Bandura, 1999).

Held et al. (2018) found that at times, veterans tended to use their spiritual identity to make sense of their PMIE, especially in times when the PMIE is due to the ambiguity of combat. The combat experience in recent conflicts (OIF, OEF, and OND) has shifted, instead of using the rules of engagement to make decisions, ambiguous situations have forced veterans to rely on their own moral code or spiritual identity to make sense of their experience or to make a decision (Jinkerson, 2016). Vargas et al. (2014) suggest that veterans face a broad spectrum of experiences during deployment, some of them eliciting ethical and moral challenges. This ambiguity in decision-making engages the veteran’s moral and spiritual identity to make sense of this challenge (Vargas et al., 2014; Yan, 2016). The result of this process is that veterans continuously re-experience the PMIE, creating a self-evaluative process that makes soul wounds so
impactful because it complicates the meaning making process proposed by Currier, Holland, and Malott (2015).

Research is limited in the description of the experience of soul wounds. Some researchers have discussed that when a veteran finds that they are not living in a way that is consistent with their spiritual identity or moral standard, they may experience a loss of trust with self, social problems, psychological symptoms, and self-deprecation (Drescher et al., 2011; Vargas et al., 2014). This inability to trust oneself as well as the possibly spiritual crisis can significantly impact veterans’ ability to function (Yan, 2016).

In sum, the research suggests that soul wounds are an attack on the self. What makes the experience of a soul wound impactful is that the inner self is damaged because the PMIE has shifted how veterans see themselves. In a study by Held et al. (2018), veterans discussed how they interpreted their actions during a PMIE and equated them to being “monsters.” Veterans viewed themselves as “less human” because their actions were inconsistent with their values (i.e. spiritual identity or moral value system) and also described themselves as uncontrollable and potentially dangerous (Held et al., 2018).

Research suggests that the experience of soul wounds may create distress and mental health concerns. Veterans are at greater risk of depression, general anxiety, dispositional shame, poor psychological functioning, and possible self-punishment when experiencing MI (Litz et al., 2009). Much like soul wounds, the experience of MI elicits a lingering process (Kopacz et al., 2016; Yan, 2016) of negative effects where veterans face despair, shame, guilt, aggression, self-harm, self-condemnation, and an inner struggle that impacts their daily life.

**Limitations of Current Research**
The present study’s focus on MI among ethnic/racial minority male veterans will allow for an exploration of how shame and guilt are influenced by cultural norms. In thinking across cultures, the expressions and impact of moral emotions may vary by culture. How veterans process and evaluate their trauma experiences may begin to determine what cultural schemas or attributions influence how they make sense of their trauma. Therefore, this study may help to better understand how the experience of MI may vary based on veteran’s self-described cultural identities.

The contemporary models and relative research on MI have brought MI to greater visibility and prominence in the field of psychology. However, there is limited focus on contextual factors that could mitigate or impact the symptoms of MI. Essentially, the models and research do not consider the heterogeneous experience of culture, community, or group identification and how this may modify the experience of MI. For example, veterans from a collectivist culture who value their role in their community and look towards the greater good of all may experience MI differently from a veteran from an individualistic culture who values individual processes and how experiences like MI impacts them. Further, these models do not include the impact of distress veterans may experience from sociocultural factors (i.e. discrimination) concurrently with their experience of MI. The data collected from this study may help bring to light contextual information that could change how clinicians conceptualize MI by specifically collecting data about the experience of ethnic/racial minority male veterans impacted by MI.

Of the current qualitative studies on MI, Vargas et al. (2014), Currier, McCormick, and Drescher (2015), and Garcia (2018) have samples that include participants who identify as ethnic/racial minorities. Other studies (Vargas et al., 2014;
Currier, McCormick, & Drescher, 2015) included ethnic/racial minority participants yet did not prioritize the ethnic/racial minority perspective in relation to MI. Garcia (2018) solely focused on Mexican American veterans. The three studies suggest that MI is a construct that accurately describes the phenomena of a veteran experiencing a moral or ethical violation. Guilt and shame continue to be prominent moral emotions experienced by veterans impacted by MI. Vargas et al. (2014) suggests that the symptoms resulting from MI appear to be chronic and iterative in nature. Garcia (2018) studied twenty-one Latino combat veterans to analyze their wartime experiences and determine if they experienced a PMIE. He found that discrimination experienced by ethnic/racial minorities may also be considered a PMIE. The findings also suggest that culture may be a protective factor when the PMIE is a betrayal due to Mexican Americans’ tendency to have an in-group orientation. However, Garcia’s (2018) sample does not represent the ethnic/racial demographic nature of the veteran population and provides one communities perspective on the intersection of culture and the experience of MI.

These qualitative studies and others (Appendix A) begin to lay the foundation for further research to enrich the data on MI. This study distinguishes itself from these and other studies by focusing more on the intersection of culture and MI. Conducting semi-structured interviews with ethnic/racial minority male veterans impacted by MI will gather data that may shed light on how a veteran’s cultural identity may influence how they experience MI. The themes gathered will help to explore how MI may be a heterogeneous experience for veterans.

Methods

Study Design
This study employs a cross-sectional, qualitative design gathering themes from semi-structured interviews in order to conduct a thematic analysis (Braun & Clarke, 2006) on the experience of ethnic/racial minority male veterans who experience MI. The interviews engage participants in sharing their stories of how MI impacts their life.

**IRB Approval Status**

IRBPHS approval was granted from the University of San Francisco on September 10, 2019.

**Recruitment**

Recruitment sampling methodology included convenience and venue-based target sampling (Lemp et al., 1995). The original methodology of snowball sampling (Atkinson & Flint, 2001) did not result in any additional participants. From September 2019 to May 2020, the focus was on recruitment via convenience sampling: personal connections, social media posts, and reaching out to various organizations who primarily work with veterans. Venues included community veteran organizations, college campus Veteran Resource offices, and various Facebook groups dedicated to supporting Veterans.

The recruitment process was challenging despite efforts to connect on varying levels. Organizations were willing to aid in the recruitment process either by reaching out to veterans, posting a flyer, or agreeing to post on social media. These efforts were met with little response or instances where respondents who were willing to participate, were sent the screener and did not meet the criteria (answering yes to two questions on the screener by Currier et al. (2018)) or once sent the screener did not respond.

Qualifying for the study included a fourteen-question screener collecting demographic information, conflict deployed to, branch and role within the military, and
seven questions from Currier et al. (2018) Expressions of Moral Injury Scale (MIS). Screeners were sent to potential participants via email. The criteria for the study were to meet demographic standards, have deployed during a post-9/11 conflict, and answer “yes” to two questions within the MIS.

Low participation could be the result of many factors. Cheney et al. (2018) suggest veterans encounter reluctance when engaging in mental health services, specifically in research focusing on trauma. Veterans potentially worry of possible stigmatization bestowed as they share their trauma experience during participation (Cheney et al., 2018). Additionally, veterans experience mistrust with health care systems and academia as their vulnerability in sharing their personal story may be misused or their privacy becomes jeopardized (Cheney et al., 2018). Compounded with this are historical events in which racial/ethnic communities have been harmed by the field of psychology causing communities to be suspicious of our field. Veterans from these communities may be impacted by these historical traumas influencing their willingness to engage in research. These factors as well as the March 2020 COVID-19 shelter in place orders, where Bay Area counties were placed in lockdown due to concerns over the spread of the COVID-19 virus, impacted the original goal of recruiting fifteen to twenty participants. The factors impacting recruitment also eliminated the process of finding saturation of the data. Despite these possible influences, the current analysis does show a diverse set of themes on the experience of MI from the perspective of ethnic/racial minority male veterans.

Participants (Sample)
The first participant was recruited in November 2019 through convenience sampling methodology. From December 2019 to February 2020 convenience sampling resulted in recruitment of three participants. In March 2020, convenience and venue-based recruitment resulted in four participants. By April 2020, seven interviews were completed, two of which were in-person and five held on secure video conferencing technology (Zoom) due to the lockdown orders from the COVID-19 pandemic. In total fourteen participants were recruited of which four did not meet the criteria for participation in the study and three did not return the screener after initial contact. Screeners and documentation of participants who did not meet criteria were shredded and emails were deleted.

The seven participants were a diverse set of veterans ranging in ethnicity/race, age, deployment, branch of military, and role in military. Of the seven, three identified as African Americans, one identified as Hispanic, one identified as Native American and Hispanic, one identified as Filipino and Native Hawaiian, and one identified as multiethnic (Spanish, Scottish, Irish, and Mexican). Their ages ranged from 25 to late 49 with all participants deployed during OIF, OEF, and/or OND. Participants’ role during deployment included: Army Chaplain, Army Counterintelligence, Marine Machine Gunner, Army Military Police, Army Combat Military Police, Navy Medic, and Army Judge Advocate General’s Corps (JAG).

<table>
<thead>
<tr>
<th>Participant Demographics</th>
<th>Total</th>
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<tbody>
<tr>
<td>Age at interview:</td>
<td></td>
</tr>
<tr>
<td>20s</td>
<td>1</td>
</tr>
<tr>
<td>30s</td>
<td>4</td>
</tr>
<tr>
<td>40s</td>
<td>2</td>
</tr>
<tr>
<td>Ethnicity/Race:</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1</td>
</tr>
<tr>
<td>Black/African American</td>
<td>3</td>
</tr>
</tbody>
</table>
Multiethnic 3*
Military Branch:
  Army 4
  Marine Corp 2
  Navy 1
Military Occupational Specialty:
  Judge Advocate General Corp 1
  Combat Military Police 2
  Machine Gunner 1
  Chaplain 1
  Counterintelligence 1
  Corpsman 1
Number of combat tours:
  One 5
  Two 1
  Three 1
Theatres:
  OIF 1
  OEF 2
  OND 2
  Multiple Deployments 2

Figure 4: Demographic information
* One participant identified as: Native Hawaiian and Asian; One participant identified as: Latino and Native American; One participant identified as: Latino and Caucasian

Responses to the screener showed that all participants agreed with the statement “The moral failures I witnessed during my military service have left a bad taste in my mouth” (Currier et al., 2018). Additionally, five out of the seven participants agreed with “I feel guilt about things that happened during my military service that cannot be excused” (Currier et al., 2018) and “Things I saw/did in the military have caused me at times to lose faith in the basic goodness of humanity” (Currier et al., 2018). All participants met the criteria needed for the study suggesting that they had experienced some form of MI during their deployment.

During the interview process, participants shared various experiences related to MI. Some experienced betrayal from leadership, betrayal from fellow peers, witnessed
gruesome combat experiences, killing a non-combatant, racism from within their unit, and all participants experienced some form of questioning their sense of humanity.

*Procedures and Interviews*

Participants who completed the screener and qualified for the study were provided a brief overview of the additional parts to the study (interview and post-interview process) and generally what the interview would entail. Once participants determined they would voluntarily participate in the study, emails were sent promptly that included the recruitment packet: a brief description of the study, expectations of participation, resources participant can utilize (Appendix D) (i.e., a list of support groups), and a copy of the informed consent document. Completed screeners were kept under locked file cabinet and pseudonyms were used to aid in de-identifying any personal information. To better ensure that qualified participants would follow through with the study, interviews were scheduled shortly after the participant agreed to do the interview. Additionally, a licensed psychologist was made aware of the interview to remain on standby should the participant become dysregulated during or after the interview.

Before March 2020, two interviews were held in person and two were held over video conferencing due to participants located in Hawaii and in South Korea. Due to the COVID-19 pandemic, the additional three interviews were moved to secure video conferencing (Zoom). All interviews began with a discussion regarding what the interview was going to be about, a review of the informed consent document, discuss the audio-recording process, and time for the participant to ask any questions. During this initial part of the interview, many of the participants did not have any questions and all
participants agreed to proceed with the interview once having reviewed and having given their informed consent.

During the interview, the participant’s pseudonym was used to safeguard and secure the de-identification of data. To ensure accuracy of data collection, two Sony ICD-ux560 recording devices were used to ensure quality of the data and that the devices are capturing the responses. These devices created opportunity for the researcher to give undivided attention to the participant. Participants were given instructions ahead of time reminding them of the process during the interview, that a pseudonym would be used throughout the interview, and a copy of their informed consent form. Recording of the interviews began with the first question which was related to their role within the military, how the participant decided to enlist, and a discussion about an artifact the participant brought that represented their deployment experience. Responses to initial questions varied dependent upon the comfort of the participant engaging in the interview.

As participants eased into the interview, questions focused on their deployment experiences, emotions felt during their time away from home, how these experiences have impacted them currently, what their reintegration process was like upon returning home, and a discussion regarding the definition of MI and how they might have experienced this phenomenon. Below is the schedule of questions:

<table>
<thead>
<tr>
<th>Schedule of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What got you into the military?</td>
</tr>
<tr>
<td>Tell me about the artifact you chose to bring in.</td>
</tr>
<tr>
<td>When you think about your combat or deployment experience, is there a specific story that comes to mind?</td>
</tr>
<tr>
<td>Could you describe some of the emotions you experienced during your combat or deployment experience.</td>
</tr>
<tr>
<td>What caused the emotions? How did you cope with the emotions?</td>
</tr>
</tbody>
</table>
• What was the most challenging emotion you had? Why?
• How has this emotion impacted your life?
• What was the most challenging experience you had during combat or deployment?
• How has this experience impacted your life?
• What was your experience coming back home after your deployment? What was your relationship like with your family? Community?
• After reading this description of MI, what are your thoughts?
• Can you think of an experience that you were involved with or witnessed that possibly represents this definition? Would it be okay for you to describe it?
• Are there things that you keep from others? Did you have any experience that you don’t tell others that are hard to talk about?
• Where do you see yourself in 5 to 10 years?

Figure 5: Schedule of Questions

During the semi-structured interviews additional questions were asked depending upon the participants’ response. Typically, participants began sharing their challenging experiences during combat or deployment and questions were asked to deepen the understanding of how this experience impacted who they are now, possibly changed their perspective on life, or how that experience has reshaped their view on the military. Overall these additional questions were made in order to better capture the participant’s experience and to provide rich data for the analysis.

After the conclusion of the final question and the recording had been stopped, additional time was provided to debrief about the interview. Participants were also given information about what the next steps would be, specifically the member-check process and were asked if they knew of any other veterans or soldiers who might be interested in participating in the study. Finally, participants were thanked for their willingness to share his story and to be vulnerable. Field notes were completed after the interview which helped capture the researcher’s initial reflections of the experience and any reactions to the interview process.
From visual observation of the researcher, the demeanor of participants varied from somber, reminiscent, sad, or reflective. Some participants shared at the amazement of what they were sharing throughout the interview. Despite concern over the modality of interviews (i.e. videoconferencing) influencing the dynamics between researcher and participants, it appeared to help elicit more comfort and trust for deeper exploration of combat and deployment experiences. Another factor influencing participant’s comfort in the interview may have been the researcher’s increased confidence in approaching the interview. As a result, none of the participants showed any distress warranting the need for a consult to a licensed psychologist and all interviews moved on to the member-check (post-interview) process.

Field notes were completed after each of the 7 interviews to help position the researcher’s emotional reactions and reflect on any thoughts and reactions the researcher may have had during the interview. Four aspects of field notes were primarily focused on: setting, participants, interview, and critical reflection (Phillippi & Lauderdale, 2017). Field notes provided space for the researcher to reflect on the location of the interview, the appearance of the participant, on the subjective experience with the participant, on the participant’s response to the interview, any nonverbal behaviors, any shifts in interview questions, the participant’s reactions to questions, the researchers reactions to the participant’s responses, and discussing any pertinent details impacting the interview.

Member-Check

A member-check began soon after the completion of each individual interview. A member-check offers participants an opportunity to ensure that the themes collected during their interview are accurate and representative of their experience (Cho & Trent,
This form of transactional validity involves the participant in the analysis process by which to provide accuracy to data collected (i.e. facts, feelings, experiences) and helps deepen the process by exploring other perspectives of the data (Cho & Trent, 2006). Therefore, this study’s member-check included the transcription of the interview, an initial coding process, and a post-interview meeting with the participant to review themes and accuracy of the data collected.

All participants participated in the member-check and were asked to provide feedback about the themes created and the interpretations made from the data by the researcher. Those member-checks that occurred over the phone ranged from 10 to 15 minutes and there was no audio recording. Two member-checks were completed via email in which the researcher received responses back from the participant. None of the participants had any discrepancy with their themes, some provided more clarification, while others felt that the themes captured truly represented their combat or deployment experience.

Transcription Procedures

Because of the small sample size and the intimacy suggested by the plan of analysis, transcribing the interviews helped immerse the researcher in the data. A research assistant was not used due to the small number of participants. This process was completed generally one month after the interview. Interviews were played through a VLC Media Player and transcription was completed using Microsoft Word. The transcription process occurred in two phases, an initial transcription to type responses of the participants and a second phase where the researcher reviewed the first phase of transcription to ensure accuracy of the datum. During the process of transcription, the
researcher continued to reflect on the data and experience of the interview and wrote analytic memos to better supplement exploration of themes. The transcription process also allowed the researcher to recognize subjective experiences that resonated during the interview and to explore how the datum from interviews related to the question and goals of the study. By May 2020, all interviews were transcribed, and double checked for accuracy.

Data Analysis Plan

Thematic analysis (Braun & Clarke, 2006) allowed for exploration of the various themes emerging from participants' stories. It permits an interpretation of the data by identifying macro-level themes and patterns describing one's experience of a phenomenon. The researcher engaged in the 6-step process outlined by Braun and Clarke (2006) to capture the lived experience of participants impacted by MI. This analytic approach compliments this study's research question because themes and patterns found in the data will enrich the literature on MI and fill the void of the current literature, specifically adding perspectives of how MI impacts ethnic/racial minority male veterans.

Step 1: Become familiar with the data

The researcher began the iterative process of familiarizing themselves with the data by transcribing all seven interviews through Microsoft Word affording the researcher opportunities to find abstractions that highlight the powerful experiences and reactions of participants (Saldana, 2015). Other practices were used such as the continuous checking of accuracy (i.e. replaying the recording) and multiple readings of the interview (i.e. rereading the transcriptions) offering further absorption of the data. Field notes raised awareness of the researcher’s initial interpretations of the interview
resulting in developing the researcher’s reflexivity to the data. Additionally, activities such as listening to music, yielded deeper creativity to the researcher’s interpretation of the interviews. For example, the researcher read “My War Gone By, I Miss it So” by Anthony Lloyd, a book detailing the experience of a writer’s journey through war torn Bosnia during the battle between Serbs, Croatians, and Bosnian Muslims as one of the participants suggested that the researcher read the book to better capture his experience during deployment. The activity allowed the researcher to discover other manners in which veteran’s experiences of combat were described inspiring the researcher to think liberally about the data. Analytical memo writing birthed initial ideas about the data in more complex realms informing how themes might be defined. Further research was conducted on various coding strategies to maximize the involvement of the rich descriptions of participants lived experiences in the final results and findings.

After multiple iterations of immersing themselves in the data, the researcher began an initial concept coding (Saldana, 2015) process instrumental in completing the member-check process used as a modality to increase trustworthiness in the data. The outcome was macro level themes based on the researcher’s familiarity with the data collected. The researcher used lumping with larger stanzas of data to transcend the particular and contextual parts of the data towards more broad concepts of the data (Saldana, 2015). Color markers, note taking, and highlighting brought forward these “bigger picture” patterns which were then individually presented to the participant during the member check. All participants agreed that these broad themes captured their experience therefore creating trust and validation of the researcher’s analytic process.

Step 2: Generate initial codes
A second round of coding utilized an in vivo coding process whereby the researcher prioritized the participants’ voices to direct the coding process (Saldana, 2015). This style was selected as it best captured the meanings and experiences of MI inherent in participant’s experiences and preserved the participants’ perspectives on how MI has impacted their life (Charmaz, 2014). The researcher attuned themselves to parts of the interview that are worth recognizing because of their relevance to the research question or because of their salience to the participant, creating codes that root themselves in what words and phrases were used by participants.

This process began in late June 2020 using paper copies of the transcription that were formatted to include space for the researcher to label initial codes and to make notes about the data. The data was reviewed line by line resulting in each line receiving a code. At times, the researcher provided a code that summarized stanzas from the interview. Colored pens and highlighters helped emphasize parts of the data that were important in achieving the aims of the study and perspectives vital towards answering the research question. Each interview was reviewed in two days and analytic memo writing captured the researcher’s thoughts, feelings, and reactions to the interview. This gave opportunity for the researcher generate initial thoughts on larger themes and labeling common codes arising from the seven interviews. The in vivo coding process ended June 29, 2020 soon after codes were written on post it notes to begin the iterative process of generating larger themes from the over 500 codes.

Step 3: Search for themes

Moving the 500 codes into more overarching and generalized ideas allowed the researcher to combine and develop themes pertaining to the research question. As
suggested by Braun and Clarke (2006), this step of analysis begins to look for the various relationships (i.e. similarities, differences) between codes and themes that help answer the research question.

The codes being on post it notes permitted movement of codes that were succinct and consistent while also promoting creatively shifting codes into different themes that best captured the participants’ experiences. The third step began in early July 2020 on three different days where post it notes were placed in various themes, then reorganized, and then reorganized again to ensure consistency with the voices of participants as well as the goals of the research study. After the researcher was satisfied with the categories and theoretical saturation of the data, nine themes were generated from this initial search. Themes were labeled from actual quotes from the participants and were organized in charts that included codes and themes.

To develop reliability between codes and themes, the researcher recruited two research assistants (RA) to analyze groups of passages from an unbiased stance. They were tasked with independently analyzing nine groups of passages redacted from the interviews. The charts had no coding nor any themes in order to preserve the RAs unbiased analysis and development of original themes. The researcher elected to have one RA was from the field of psychology while the other was not in order to gain more range in perspectives and interpretations about the codes. After applying original themes to the groups of passages, RAs submitted them to the researcher at which point themes were compared to what the researcher had generated themselves. The researcher themselves looked for consistency between themes and also showed the themes generated by the researcher to the RAs. Independent discussions with RAs provided space for
further discussion on how themes were consistent and time for clarification about themes. Themes were deemed consistent if they shared similar meanings. For example, one theme discusses the experience of reintegration. Both RAs used “returning back from war” or “assimilation” to describe this group of passages. To determine consistency, the two RAs and researcher’s themes had to be consistent.

After comparing all nine groups of passages with original themes, there were no inconsistencies between RAs and researchers. This process permitted analysis of how consistent the researcher’s interpretations were to the codes and additionally helped diversify and deepen the description of themes.

*Step 4: Review Themes*

The nine unrefined themes went through another cycle of coding in order to further define, differentiate, and strengthen them. Kahneman (2011) suggests emotion coding as a process that raises awareness of the intrapersonal and interpersonal experiences of participants. Naming the emotions experienced by participants elicits deeper insight into perspectives of participants and uncovers hidden facets of the phenomenon being studied (Kahneman, 2011).

Initial codes and themes were organized in early July 2020 at which point the meticulous process of emotion coding began. Each code was assigned based on the subjective experience of the participant as well as the researcher. In order to remain consistent, codes followed Rosenberg and Chopra’s (2015) “Feelings Wheel”. Additionally, codes included synonyms of the emotion given broadening interpretations of the emotions and strengthening the researcher’s understanding of the experiences of participants and the contextual aspects of the themes. Emotion coding was completed in
a week and because of this deeper immersion into the data, the researcher developed a thematic map to show relationships between themes and a story of how participants describe their experience of being impacted by MI.

Emotion coding elicited greater awareness of how themes related to each other and how themes differentiated. Adding emotions to the themes allowed for themes to be more descriptive and nuanced. After further analysis and in beginning develop thorough descriptions of themes, six salient themes emerged as best describing the participants’ experiences of MI.

*Step 5: Define themes*

A final coding process was used to further define and reinforce the six themes. Boeije (2009) suggests that axial coding specifies the properties and the dimensions of themes, further differentiating them from each other and illuminating their relationships. This refinement additionally determines dominant and less salient codes used to represent the themes.

Boeije (2009) suggests that researcher look at the contexts, the conditions, the interactions, and the consequences of each theme. The contexts relates to setting and boundaries in which the process occurs, the conditions reference routines and situations that happen, or do not happen, within the contexts, the interactions reflect types, qualities and strategies of exchanges between people within the contexts and conditions, and the consequences explain the outcomes of the contexts, conditions, and interactions (Boeije, 2009). The researcher used analytic memo writing to define these dimensions streamlining how codes aligned with themes and strengthening the definition of themes by providing contextual aspects. Highlighting dominant codes and eliminating
redundancy for each of the six themes enhanced clarity and distinction. Additionally, codes from each participant were used within each of the six themes representing the prevalence of themes answering the research question.

The final product was the creation of tables that distinguished the six themes from each other. Tables included input from the RAs, important notes from analytic memo writing, and descriptions of the four dimensions suggested by Boeije (2009). These tables would be used to inform the results section and to ensure succinct descriptions of each theme.

**Step 6: Write up**

In the final step Braun and Clarke (2006) task the researcher with telling a compelling story on how themes from the data answer the research question. This researcher’s approach was to ensure that the participants voices were highlighted, and their perspectives gave an in-depth look at how they were impacted by MI.

The write up includes a results, reflexivity and discussion section. In the results section, themes are described following the flow chart created by the researcher and RAs reflecting the linear experience of deployment described by participants. Each theme has 10 to 15 direct quotes capturing the essence of the theme and its relation to the research question. Using direct quotes eliminates any misrepresentation or misinterpretation of the experiences from participants (Onwuegbuzie & Leech, 2007) while also emphasizing the voices of participants. Tables additionally facilitate how the direct quotes represent the themes. Summaries of the direct quotes are also used to cohesively tell the story eliminating redundancy and promoting a logical understanding of how themes were generated from codes. The write up of each theme also includes discussions on the
properties of each theme generated from the analytic memo writing. Having both direct quotes, representation of quotes through tables, summaries of quotes, and portions of the analytic memos meaningfully tells the story of participants lived experiences of MI.

Following the results section, a reflection of the researcher’s lens is provided to recognize that the researcher is a social being and is an active participant during analysis. This section includes a reflexive evaluation of the researcher’s agenda, biases, and description of self-reflection during the study (Dowling, 2006; Lamber, Jomeen, & McSherry, 2010). This explanation positions the researcher in the study and gives the consumer of the study a subjective experience of the researcher throughout all facets of the study. Summaries of field notes from interviews and analytic memo writing are provided to help bracket the researcher’s position and process amidst the analysis process (Fischer & Mansell, 2009). Disclosing this information guides the reader to better understand the approach of the researcher, reasons for the study, and rationale for selecting the analysis process. Ultimately by disclosing this information, themes become credible.

The discussion section of the write up highlights findings from the themes that are missing from the current literature on the experiences of MI from the perspective of ethnic/racial minority male veterans. Findings have a central theme of the intersection of cultural values and the possible influence they may have on a veteran’s experience of MI. The findings generate potential conditions and contextual information needed for mental health clinicians to effective treat MI. Additionally, prior research is integrated with findings to highlight the complexity of MI adding other dimensions to the experience of MI. Implications from the findings also inform future research on how specific
ethnic/racial minority veterans are impacted by MI and how other professions (i.e. health care providers) may also experience such a phenomenon.

**Results**

In total, 65 passages were selected out of the seven semi-structured interviews forming six themes that describe participants’ experience with MI. Themes organically formed into a narrative about participant’s journey through pre-deployment, deployment, and post-deployment. “I needed to do something, and the military offered me an easy way out” describes the many reasons for enlistment into the military and how the military instilled a new sense of identity for participants. After months of training and adjusting, participants were then deployed to various parts of the middle east where they described various experiences. In “I was a human first before I was a soldier” participants shared opportunities where they could express their sense of empathy and altruism aligning with their cultural values. Other experiences were described by participants through the theme of “I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life” where they discussed conflicts arising from disagreement with military protocols, dissent with behaviors of fellow service members, experiencing racism, or having to abide by the immoral directives given by supervisors. Following enlistment and the many experiences during deployment, their story discussed three themes: “I’ve known my mother my whole life, she was foreign to me”, “It’s like living two lives, putting on a mask”, and “I started questioning a whole lot of things” as participants described the process of returning home having been impacted by these various situations. They noted shifts in their perspectives and how reintegration impacted their relationships with their community and family members. Many described how this
insidious process resulted in constant self-reflection and persistent questioning of their own identity.

This narrative is described in six main themes with one of them ("I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life") having three subcategories. Each theme is supported by various passages and analytic memo writing used to define the dimensions of each theme including contextual factors, situations, exchanges or interactions, and consequences of each theme. Presenting these dimensions alongside direct quotes guides an understanding of the participants’ experiences and highlights their voices describing the impact MI has had on their lives. Before each theme is discussed, a figure provides the dimensions of it giving the reader important contextual information to better understand its applicability to the research question.

“I needed to do something, and the military offered me an easy way out”

<table>
<thead>
<tr>
<th>Theme</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I needed to do something, and the military offered me an easy way out”</td>
<td>Context: Young Adults are encouraged to enlist in the military Conditions: Enlisting potentially comes with a better life because of the various benefits the military grants service members. With limited resources, ethnic/racial minority males or males from low-income communities may see the military as the feasible option amongst others. More specifically, immigrants to the United States are encouraged to enlist as their citizenship becomes expedited. Interactions: True for all genders that enlisting involves not knowing the risks involved: going to war or how deployment impacts a soldier’s physical and mental health. Not having all the details limits one’s ability to determine if enlisting is the feasible option. The military could be actively under this auspice that certain communities have limited resources making enlisting the most sustainable.</td>
</tr>
</tbody>
</table>
Consequences: Enlisting may lead to death or drastic changes to a soldier’s identity. These in turn impacts the families and communities from which these service members come from.

Figure 6

Enlisting in the military comes with opportunities and benefits that for some are extremely attractive including financial stability, citizenship, a signing bonus, or money for college. These benefits coupled with the structured environment and unique experiences of the military potentially develop new identities for young adults who may have been seeking this fulfillment or purpose in life. Reasons for joining was heterogenous for participants, yet one central theme was the salience of this change identity whether expected or unexpected. All spoke to how this decision seemed to impact and eventually changed their core sense of self:

Paul: “I joined for no reason whatsoever other than the fact that I needed to do something, and the military offered me an easy way out”

John: “As a teenager I think I was looking for that identity. Thinking back and looking at my history, I was trying to find who I was”

Pat: “Because the Marine Corp or the military, they take whoever they have anyway, and give you a new identity, you don’t have much of an identity to begin with and it’s probably an easier transition for you”

This salient change in a soldier’s life can have many implications (i.e. career trajectory, financial stability). As Henry, an Army Counter Intelligence Officer put it, enlisting was a “tremendous opportunity” because the $2500 signing bonus would help financially to move beyond his “marginal” upbringing and it gave Henry an identity that was influenced his current work with veterans needing such services as housing.

Henry’s circumstances sheds light on how the military can become one of the few viable options a young male from a vulnerable community has in order to accomplish certain goals in his life. The active recruiting of individuals from ethnic/racial
communities was mentioned by participants due to the limited resources available to young males coming out of high school or because of financial strain experienced within these communities. The military’s promise of benefits potentially creates scenarios of the military exploiting these conditions to recruit ethnic/racial minority males. Discussing this phenomenon was Pat, a Military Police Officer who served during OEF and Paul, a Navy Corpsman who served in OIF and OEF:

Pat: “I did notice that the military does I don’t want to say take advantage, but they do end up getting a lot of low income minorities, that part I noticed you get a lot of basic educated, like just your high school diploma, minorities probably from a lower income level that seems to be their bread and butter”

Paul: “If your parents can’t afford to pay outright (college), then you’ve got to figure out a way, me figuring out my way was well, I might as well join the military, at least that way they will give me money for school”

Ethnic/racial minority males choosing to enlist in the military are promised these alluring benefits. Additionally, immigrant communities are also promised expedited citizenship, which was the experience for Brad, who was an Army Chaplain who deployed to OIF. He shared how some of the soldiers “aren’t Americans, some of them are people who immigrated here, and they needed their citizenship”. Enlistment potentially becomes the way towards employment as Mark, an Army Police Officer who deployed to OEF, explained that:

“I continued ROTC in college, so with that experience, I just went ahead and enlisted. After my first year I enlisted I had the experience, it was hard for me to find a found that after college it was challenging to find a job, I didn’t have any work experience prior.”

The decision to enlist having many opportunities can also have lasting implications on a soldier’s life. Participants shared how one of these consequences is leaving their home or community and how joining a new community results in the development a new identity
and new perspectives on life, some of which can have a negative impact. As Pat describes:

“They go home, I needed to do something, and the military offered me an easy way out they were just kids and now, they come home, and I assume they went through the same thing I did after everybody didn’t care anymore. Lot of them didn’t turn out very well.”

Service members may potentially enlist sometimes unaware of what comes with joining the military or are unknowing of the remarkable changes that could happen to their sense of self. These identity changes were sometimes informed by how the military treated service members. Tom, an Army Judge Advocate General Corp (JAG), shared how during the recruitment process the military gives their perspective on a soldier’s worth: “They tell you, that you are just another body, you’re easily replaceable”. Beyond the military’s value of service members, Paul suggested that the active recruitment of young adults from vulnerable communities is because other privileged communities are exempt from this process:

“It’s not for people that are educated, it’s not for people that are well off, like if you’re in that higher tax bracket, you don’t allow your kids to just go into the military and serve as cannon fire because that’s basically what it is”

These consequences can be felt beyond the individual soldier, whereby this decision can also impact a soldier’s family. As Paul described:

“We’ve taken your son away from you, he is gone, that’s it, thank you for your sacrifice, thank you for your service, here’s the money from his life insurance, and life goes on, and here he is, you know 18/19 years old, hasn’t experienced anything, he’s a baby”

Highlighted within this theme are the attractive benefits that come with enlisting that can be vital for individuals from vulnerable communities. These benefits can be necessary for one’s livelihood such as citizenship and financial stability. Enlistment can
also provide important training opportunities that lay the foundation for further professional goals. These benefits can be an attractive choice so much so where individuals are so drawn to these benefits without considering the potential consequences to this decision. As Paul described when making an informed decision about enlisting “you want to be a part of this full on knowing what it entails and the sacrifice you make”. These consequences or sacrifices can include noteworthy shifts in identity, death, or a sense of self-worth changed that can have broader implications for not only the soldier enlisting but their families.

“I was a human first before I was a soldier”

<table>
<thead>
<tr>
<th>Theme</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I was a human first before I was a soldier”</td>
<td>Context: Service members are sent on missions during deployment</td>
</tr>
<tr>
<td></td>
<td>Conditions: Service members encounter intense experiences were they must analyze the situation and behave accordingly taking into account military values and their own, while also thinking of themselves and others.</td>
</tr>
<tr>
<td></td>
<td>Interactions: Service members who value altruism think and behave in ways that are less self-serving and more externally focused. They operate from a mindset that their actions will impact others.</td>
</tr>
<tr>
<td></td>
<td>Consequences: The altruistic service member feels fulfilled because their actions align with their values of selflessness and their sense of duty to others become strengthened whereby comradery within units grow stronger.</td>
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</tbody>
</table>

Depending upon whether the United States finds itself needing to utilize its military forces, deployment is not always guaranteed for service members. For this study, this was a part of the selection criteria, therefore all participants experienced one of three deployments: OEF, OIF, or OND. Participants described a variety of deployment
experiences which were nuanced to their specific role within the military. In their
descriptions, participants shared stories of their experience of being on various missions
or described how their personal values and other factors became informants in how they
behaved in certain deployment experiences. For example, some shared thinking of others
before themselves while others discussed their sense of duty superseding their own self-
interest. This theme highlights salient values used by participants to make sense of their
deployment experiences.

Henry’s upbringing within a 10-sibling family was foundational in how he made
decisions while deployed. Beyond the military becoming a steppingstone for his career
in Intelligence, he found deployment and more specifically his missions as rewarding
because it provided him opportunities to be a “human first before he was a soldier” and
promoted his ability to be “compassionate” towards others. Henry’s duty was to interact
with Iraqis in order to gather counterintelligence that became vital in protecting the assets
of the United States military. One specific value that he found helpful in achieving this
goal was utilizing his empathetic mindset in order to build lasting relationships with the
Iraqi people. For example, a salient memory for him was saying goodbye to an informant
he had been working with for months:

“I will always remember one of the guys that had, he probably had the most
information and did the most craziest things to get that information, in the
end whenever I was leaving this was a grown man and I was just telling him
I’ll be leaving, I’m gonna leave so, and these other guys are gonna be taking
over and I want you to help them as much as you helped me and thank you
for everything you’ve done and of course I’m saying this through an
interpreter, but he was crying.”

Henry’s mindset of “I always treated people as I felt they needed to be treated” wasn’t
unique to him. Other participants shared this sentiment of empathy being a key aspect
when building relationships while on deployment. Pat shared how knowing his soldiers personally was vital in informing his leadership style as he was driven to create a unit culture that fostered a human approach:

“I also had guys who I knew they had bad home lives so I had to go to them and just me showing that concern and talking to them, I was able to gain their trust and their loyalty because I wasn’t just a guy saying, hey, be on the truck at 05, I conformed to whatever they needed from me as a leader that’s what I had to become.”

Mark shared a similar mindset in his leadership style reflected in his sense of responsibility for guiding other soldiers toward being the best they can be:

“As a manager, you take on the workload of the people below you, or if the situation came up, you don’t become a manager, you kind of like, it’s all your fault, you take the blame, you take all of this . . . If I steer you the wrong way, you can’t excel, if I teach you ill intentions or the wrong thing, you can’t excel”.

Brad’s role as an Army Chaplain required that he provide pastoral counseling to enlisted service members while on deployment. He described his role as being the spiritual counselor to officers or leadership and being the moral advocate for the unit. Of the many personal stories, he shared, one incident struck him because of the vast differences he saw between how he approached the situation, versus other fellow officers. Brad shared how other service members and officers were mocking a fellow soldier who was struggling with his mental health. The passage below demonstrates his use of counseling to support this struggling soldier:

“I walked in and I said can I take this guy can I take him to my own room. I took him to my room, and we talked for a very long time. There were so many factors that were present, just making life miserable for this guy and as a result he had some chemical imbalance in his brain, and I tried to explain to him, it is not your fault, you’re not a bad guy.”
These stories personify the importance given to building relationships on a human level. These stories represent experiences outside of what might be expected during deployment (i.e. killing, gruesome fire fights) and instead indicate the value placed on empathy for participants when engaging in various experiences during deployment. Tom’s description of his decision-making process, encapsulates this important phenomenon of how service members utilize salient cultural values to inform their next steps:

“But I tend to think like how will this act or action, effect this person, and collectively, everyone else? It’s definitely a value that my mom would, who is part Hawaiian, a value that she taught me. And, I think about it at times, it’s like, well eating the last piece of cake. Something as simple as that, you don’t want to be the fucking asshole that does it when you know, it’s other people are gonna be like fuck that, it’s my cake, maybe there’s somebody there that is more hungry, maybe they missed chow, or maybe I don’t need that piece of cake. Maybe I fucking had too many pieces of cake in my life.”

The decision to perform selfless acts represents the value placed on collective consciousness by participants. When this alignment occurs between actions and core values (i.e. empathy, altruism) service members are comforted knowing they have done the right thing.

These meaningful relationships and the ability to engage consistently with one’s cultural value of empathy became vital aspects to the stories that represents examples of prosocial behaviors necessary for participants to accomplish their mission or to fulfill their duty. Participants’ embodiment of these important values appeared to evolve into a sense of responsibility towards others that additionally became a protective factor necessary for survival. Because of this phenomenon, relationships and bonds with other service members became vital for participants building into a strong sense of comradery not experienced outside of the military. Pat and John, described it as:
Pat: “Like there are certain things that happen in life that they kind of just bond you in a relationship forever, you can go months without talking with that person, and the moment you see them you’re like, oh yea, you know what I’m talking about like. That’s just how it is.”

John: “It’s the closeness you can just be exposed, and you still feel safe, that your brothers got your back. And that can be expressed in many ways.”

These bonds with peers were a consistent message for all the participants. Tom additionally shared that these relationships were key in being able to manage the deployment experience away from his home and family:

“Like, the comradery, that I had with those guys, it’s like I would fucking always take a bullet for them . . . To see how we could come together, given the shitty situation that we were in, and just bond, that was the biggest thing.”

With empathy, compassion, and comradery being both a motivators and protective factors for participants, there were instances described by participants where these values became inflection points of vulnerability whereby this sense of responsibility towards others resulted in intense self-reflection, especially when participants were unable to act in ways consistent with these values. As John described his experience after returning home from deployment:

“I blame myself for years, I felt responsible for not doing things that could have been done different and that’s one of the things that I didn’t talk about with my wife until about a year ago. This happened 15 years ago, and I barely open up.”

Paul, a senior corpsman, provided medical care for a unit who was doing their first sweep for improvised explosive devices (IEDs). He remembers while on patrol a young soldier was hit by an IED and he had to step in to provide urgent medical care:

“We tried everything we could to save him, just didn’t work out, it wasn’t in the plan, but I wear this (KIA bracelet) as a constant reminder of where I’ve been and what I’ve been through, some of the things I’ve seen, and like I said, I haven’t take this off since 2006.”
Not being able to save this service members life impacted Paul on many levels, most saliently he began to realize the sacrifices service members made when leaving their families to deploy. He became overwhelmed by the loss of this young soldier and when watching his family say goodbye, it spurred this internal reflection about whether the military was really for him:

“He’s bright eyed, bushy tailed, and there was no answer for him. We get back do they do a memorial service for him, they bring his parents in from Texas and they’re immigrants, little to no English, and just seeing his mother lose it, while his father is trying to be stoic about it, it’s just like, at the end of the day, we’ve taken your son away from you, he is gone. It hit me hard because he was 18 or 19. He was a baby.”

These stories highlight the role empathy, compassion, and comradery play in how participants make sense of their deployment experience. For some, the expression of compassion towards others was a vital in fulfilling their role as a human being before their role as a soldier. For others, their sense of empathy for fellow service members or peers created important bonds essential for their survival during deployment which then developed into life-long friendships after deployment. On the other hand, participants shared experiences where these values of empathy and compassion became points of vulnerability whereby participants described the chronic distress experienced after being unable to live up to these important values. In other stories, participants shared the death of a fellow soldier impacted them so much so that it questioned their willingness to remain in the military.

“I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life”

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“I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life?”

**Context:** Service members are sent on missions during deployment

**Conditions:** Service members encounter intense experiences where they must analyze the situation and behave accordingly considering military values and their own, while also thinking of themselves and others.

**Interactions:** At times service members may disagree with the actions or directives by other service members or the larger military system. These disagreements can occur within one’s unit or with supervisors who exist in this rank structure. Service members have various reactions to these conflicts.

**Consequences:** The result of trying to make sense of this is dissonance between one’s value system and the value system used by others or the military. Reactions can include anger, frustration, or disgust. Service members can experience shame and guilt because they did not stand up against these problematic directors or actions. In order to make sense of the experience some may make concessions and self-reflect on their own value system.

Although these salient experiences of compassion and comradery were meaningful aspects of participants’ deployment experience, they also discussed variations of conflicts resulting in many forms of distress. These conflicts included disagreements with directives from the military, differing opinions with supervisors, and experiences of racism or discrimination. The consequences of these instances were physical arguments, emotional distress, or intense intrapersonal self-reflection to make sense of the dissonance. This theme details deployment events contrary to the prior theme and describe the ways in which participants were perpetrated against or experienced dissonance with their value systems. The three subthemes are organized in system level conflicts and interpersonal conflicts. In the systems level conflicts, the impact of a “task-oriented” mentality conflicts with participants personal values of empathy or compassion.
towards others leading to symptoms of distress. Additionally, the rank structure embedded within the military became a system level conflict appearing to perpetuate supervisors’ behaviors that harmed other service members. Finally, there were interpersonal conflicts experienced by participants through racism or discrimination from fellow peers or supervisors.

“Task-Oriented” Mentality:

Participants discussed the military’s emphasis on service members remaining focused on the mission despite the emotional impact due to situational factors or experiences present on these missions. This directive reinforces a pattern where service members quickly accept what is present in any mission and remain attuned to the goal of each mission. Unfortunately, this minimized awareness of the consequences of the mission leaving little room for service members to reflect on what just happened. By quickly moving to the next task, service members can potentially become more callous towards their reactions or the situations they find themselves in. Without this time to process their intense reactions, service members tended to bottle up reactionary emotions potentially turning into future distress and having health implications. Paul described this mentality as:

“It’s just like you can’t dwell on it, you gotta move on, because the mission has to move on, we can’t stop the mission because Tommy Boy got both his legs blown off, it’s just one of those things, it’s like you can’t dwell on it, it happens, you do what you can in that moment . . . or we just keep it locked away . . . and then you go on, and that’s where a lot of veterans when we get back, we have to attack these things, and we can’t unpack them with a profession, a lot of us have to unpack ourselves.”

Paul’s description of pushing aside thoughts or feelings to intense experiences highlights the lack of effective management necessary after intense experiences. Pat also described
how he had to just move on from an intense experience where during a mission, his unit
had killed a non-combatant:

“It was a lot of commotion, and then after we left, I realized God, we just
killed somebody’s son, we just destroyed a family, we probably just made
some more terrorists, not intentionally, but like that just happened, and you
can’t take that away and then it just ended up being a report, I just had to
write a report about it, and then the next day we went on another mission, I
felt like, wow, that was a big deal, nothing stopped, it just kept going, we
drove away after we just killed somebody”

These experiences highlight the discourse during deployment where service members
face death, inhumane treatment, or gruesome circumstances yet must accept these
situational factors and remain focused on the task at hand. As Henry put it in his
experience of shutting down his internal reactions:

“All I could do is just turn a blind eye to what was happening, I know that
he was exposed, but basically had to shut off my emotions in terms of what
I did personally as an intelligence agent . . . I just basically had to shake my
head and say, well it’s fucked up, but nothing I could say about it”.

This mentality tasks service members to set aside any reactions that are counter to the
mission and internally bury them until a later time. What appears to be an even more
impactful consequence from this “task oriented” mentality is the conflict between this
callous approach and the inability for service members to tap into important values such
as empathy and compassion. This dissonance caused participants to question themselves
and develop negative self-evaluations feeling worthless, guilty, or anger. As John and
Brad described, this conflict can have serious implications for service members:

John: “You try to turn your life around but it’s hard, a lot of guys get in
trouble and get kicked out of the military because they were getting drunk
cause they couldn’t deal with their issues and they weren’t getting the
support from their command.”

Brad: “I started questioning things because this was a Christian and I am
a Christian too, and he’s a Christian and I am a Christian, I question how
why a Christian would do something like that . . . I’m supporting an organization that would even be carefree when they take like, that’s life.”

On top of the already intense deployment experience, service members must manage being away from home, adapting to a new environment, and shifting their mentality to this “task-oriented” style has implications on a soldier’s mental and physical health. As John shared:

“I became an alcoholic, I was just drinking every day, trying not to think, I was trying to bury memories, things that happened, anger, dealing with a lot of anger, to include feeling suicidal”

Perspectives from participants describe a conflictual phenomenon where their personal values are in direct conflict with the military’s training. This resulted in potential maladaptive or self-handicapping processes to somehow manage these acute and vivid reactions. Beyond conflicts at more system levels, participants also described interpersonal conflicts.

Rank Structure Conflicts

During interviews, it became clear that the rank structure of the military was potentially an avenue of distress for service members due to various orders or behaviors from their supervisors. Participants described instances where this structure engendered not speaking up against any orders or promoting behaviors or actions that were in direct conflict of one’s values. As Mark, an Army Military Police (MP), described:

“The stigma of being in the military you don’t speak unless spoken to, or you don’t speak against somebody higher than you, whether it’s right or wrong. They want you to take the punishment, and just run with it, so people have that mentality.”

The encouragement of complying with orders and obeying the rank structure left room for instances where those in higher positions who abused their power, created conflicts
with the service members below them as they were unable to speak up and question their supervisor’s authority. As Tom described “It’s hard to work for someone when you know they don’t have your back” as he described incidences where service members lower in the rank structure were being harshly punished when their commanding officer, who did the same behavior, had very little consequences for their behavior:

“When the soldier got in trouble, the commander took his rank . . . then the commander gets in trouble for the same thing for drinking. And he gets a slap on the wrist. Not even a slap on the wrist, and what was hard, I am only an advisor, so all I can do is say, these are what your options are. I just facilitate the process. But it was tough to see because these kids were young. They were young, and they were right out of college, high school, some of them just getting crushed . . . there’s this power structure in the military, and soldiers did some stupid shit, but you fucking 18, 19, 20, 21 years old, up until that point in your life, everything you’ve done was dumb and that was I think the hardest part.”

Participants also witnessed higher commanding officers engage in behaviors that conflicted with their personal value systems, causing distress for them in knowing that these unjust behaviors were happening to fellow soldiers or to innocent people. As Brad, Henry, and Mark described:

Brad: “For them to treat that soldier that way, I can’t counsel you, I can’t talk to you and the reason is because their religion is against it? I don’t really know if these are Christians, I don’t know where they are finding these passages, but not in the bible that I read.”

Henry: “I worked with people that didn’t give a damn and they went to people’s houses and destroyed things and roughed up old people and intimidated young people”

Mark: “This higher up one night came into my room picking a fight with me. So, for you to be in that position, and you say I’d rather live by a certain code and morals, but you pick a fight with somebody that’s lower than you? Was rough”

The result of these nuanced conflicts within a rank structure lead Mark to say, “I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life”. In
some cases, participants were given orders from this rank structure that created worries and concerns of whether they could even fulfill their duty. Consequently, participants had mixed emotional reactions to witnessing or even participating in these perpetrations that they did not agree with. Additionally, these experiences within a rank structure coupled with the “task-oriented” mentality, lead participants to have negative interpretations of the military. As Pat, John, and Paul describe:

Pat: “I remember praying a whole lot, I remember trying to get my squad all trained up, and you get two weeks to train for something you’ve never trained for, that was a lot of fear when that mission came along.”

John: “There were mixed emotions. These was this kind of excitement, fear, there is fear not at the moment when you are fighting, but there is fear after when things calm down. You also feel like you are doing something wrong at times, you know little bit of guilt.”

Paul: “So that’s the mentality that they kind of force you to adopt, but then when you look at it, it’s like damn, it’s very callous.”

Juxtaposed against the prior theme of empathy and compassion, these experiences within the rank structure become even more salient for participants because of certain military values of remaining quiet, being compliant, and staying “task-oriented.” These stories also detail the reactions to these system level conflicts leading participants to have various emotional and physical reactions.

**Racism and Discrimination**

Conflicts with other service members adds a different dimension to the deployment experience because service members must continuously interact with those they don’t agree with. The closeness in proximity can potentially expose soldier’s true personality or biases. As Mark, shared about his perspective on unit relationships:

“We still talking about people come from around regular civilian normal American lives and just put in a different pond, a different pool, you’re just
Mark’s explanation of relationships with his peers highlights his experience as a Black soldier. He and Brad shared their experiences with racism throughout his deployment impacting his mental health:

Mark: “For me to be the only Black person in his team, at the time? I could see how things wouldn’t, I had observed a couple of things you know, I see how he would treat me compared to other people. And a lot of times it was unfair.”

Brad: “I was shocked because I didn’t really know what I did, the one time the guy said well you are African. And I thought Sir, this is racist, and he said, well I’m gonna show you racism, I’m gonna deal with you as we move along.”

According to Brad, these experiences weren’t only limited to Black soldiers, but also other ethnic groups “You see you have Asians who were also mocked and ridiculed, the kind of food they would eat, so I didn’t like that and I thought that was just not right.”

On top of needing to remain focused for life or death missions and the conditions of being deployed, ethnic/racial minority service members may also be managing the dissonance and internal reactions to experiences of discrimination or racism, especially when these are from fellow peers or supervisors. As Brad discusses, having to manage this experience becomes another layer of work that other service members, who identify as white, may not have to endure:

“The unit that I deployed with was mostly Caucasians, if you are a different ethnicity, you will be tagged with something, so let’s say for example you are Black, and you are having some pain and you go to the medical folks, for them to take care of you, they see you walk in, and they would say “oh he’s coming for pain meds that he’s gonna use as a drug”. They would already tag you with something that is not good so that when they start experiencing you, you try to now really prove to them that you are not those things so I think that’s wrong, you have to keep doing things consciously,
always trying to prove to them instead of living your regular life, you are always conscious of I don’t want to do this because they already see me as a bad guy.”

The consequences of racism and discrimination can lead to an intrapersonal process where Brad and Paul described how witnessing or experiencing these transgressions impacted their emotional health.

Brad: “I feel somewhat worthless, I’m worth nothing to these folks, to these folks I am basically nothing, and they would in order to gratify themselves and whatever it is they are doing, they didn’t mind hurting me emotionally. They didn’t mind not listening when I was telling them look, this is impacting me so seriously, can you just give me a little break.”

Paul: “I find a lot of people that are impoverished or come from those communities, especially for non-citizens, they join the military and they are made promises of expedited citizenship and the military will provide this and that and other things, while the military does do all that, they also could be the end of your life, and what happens at that point, so it just angered me, I wish I could really put to words how much it like angered me, like turned me off from the military. I wasn’t super patriotic, but I had a sense of duty, it got to a point where it was just like, it angered me so much, like to this day that I tell myself that I would not want my kids to join the military.”

Experiencing racism while deployed didn’t just end upon returning home. Brad shared that this experience followed him home at “that’s when those things had affected me, I tried to make sense of what had happened, you cannot hate someone just because he’s African.” Not only did the racism impact participants during their deployment, it became an insidious process that remained present even upon returning home.

Whether it be conflicts in values or conflicts with peers, these accounts of hyper-focused on tasks, remaining compliant despite disagreeing, and racism added more complexity to participants stories of deployment. In turn, a variety of strategies were used to try and soothe from the distress, yet participants found themselves in more negative emotional states, engaging in more maladaptive coping styles, and turned their
distress inwards feeling conflicted with themselves or questioning how others could be so callous. In the end participants shared a spectrum of experiences during deployment. On one end participants developed companionship and deeper bonds necessary to survive such a unique experience while others shared stories of feeling fulfilled knowing that they did good for others within their role capacity. On the other end of the spectrum though, accounts of disgust and anger due to both system and interpersonal conflicts, paints a picture of the challenges faced by participants and the resulting consequences that impacted their physical and mental health. These consequences became further complex and chronic as participants returned home having experienced this spectrum of deployment, to their families and communities.

“I've known my mother my whole life, she was foreign to me”

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<td>Context: Upon finishing their deployment, service members return home to their community and are tasked with readjusting to civilian life</td>
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<td>Conditions: Service members may feel as if their lives have changed and must readjust to knowing what they have done during deployment and how to deal with it within the context of home. Reintegration can become a challenge as some may not understand the experience of deployment therefore impacting how a service member engages with others.</td>
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<td>Interactions: The service member returning from deployment may need to manage an internal conflict where they had to readjust their core values, make sense of an intense moral experience, manage emotional responses to these experiences, and return to civilian life after being away for months to a year.</td>
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<td>Consequences: These shifts in support systems, perceptions of others, and how to operate within their community can become isolating and consequently may lead to the service member engaging in problematic coping strategies as they experience distress from deployment while also adjusting to civilian life.</td>
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The portrayal of enlistment to deployment by participants illustrates the ups and downs a soldier potentially goes through during their tenure in the military. For the ethnic/racial minority soldier joining the military may have been the most feasible option at a better life and soon after must now deploy to face a plethora of experiences. Included in this are intense missions, risks of death, times of friendship and empathy, or conflicts running from larger value conflicts to smaller interpersonal ones causing dissonance. With all these experiences, participants described an additional experience of readjusting to their community after coming home having experienced such an intense deployment. Their stories describe how upon returning home, many factors became influential in how they operated, so much so that home became a foreign place for them. John, Mark, and Tom described this phenomenon of coming back to what seemed to be an “abnormal” world:

John: “It just feels different, and especially coming home, it feels very abnormal, being back home, many guys tried to go back right away, and that was the case for me.”

Mark: “I don’t think people understand that the circumstances or conditions that we are in can alter a lot of people’s mindsets.”

Tom: “It’s like things didn’t move or things weren’t how they were supposed to be or how I was used to, and that was the most difficult time, adjustment was hard.”

One of these factors was just how deployment shifted participants’ mindsets, specifically in how they operated within their respective communities. These shifts included perceptions of the world or changes in how they related to others within their community:

Paul: “You are so used to operating at a high intensity that when you get back, you’ve gotta constantly remind yourself that you are no longer in a high danger environment . . . I’ve gotta constantly standing and assessing
threats that aren’t there, so that was the hardest part, was adjust to being back amongst civilians that weren’t out to kill you”

Mark: “I think it was the first or second day, me and my buddies went out to get some food and there was a little kid that ran right past me and I freaked out, like I almost kicked the kid, what are you, like what are you, who are you.”

Shifts in perceptions additionally began to impact participants’ outlook on life as some noticed visible changes in their personality or how they related to people. Participants shared reluctance in engaging with others and finding trouble in relating with family members, for example Tom shared how “I’ve tried to talk to my mom, to my sister, but it’s hard, it’s like talking about a different culture.” With changes in relating to one’s community, participants began to reflect on how their typical mechanisms of managing distress was by connecting with friends and family pre-deployment, yet now noticed during post-deployment that this coping mechanism was no longer used as John reported:

“I came home, I would have shared with my friends about this and that happening but now, I didn’t, so that was probably the hardest thing, you’re not used to keeping everything to myself, and I’m sure I would have received support you know, but I was not interested in that sharing.”

Tom shared a similar sentiment of how deployment shifted his connections with his family, so much so that their presence as a coping strategy was instead replaced by fellow service members who were the only ones to really understand:

“Coming back, after our ceremony, I had all my family there and they wanted to go eat at a restaurant. We sit down and everyone’s talking and there’s just so many things going on, like it’s crazy to me because prior to deployment, no problem, fucking we go to eat, no issues . . . but sitting in that restaurant (after returning home), it was tough, it was really tough . . . I tried to talk to my sister, but it’s hard you know, it’s like talking about a different culture to someone, they don’t understand and the only people that do are the buddies I deployed with.”
Another factor in the post-deployment adjustment became further complex was the attention given to them from others. In some accounts, the attention was plentiful at the beginning as Pat shared “like a couple of days, when you get back, everybody shakes your hand, they’re all happy to see you and then after that they lose interest.” At times this can be rewarding, yet in other experiences, as was described by John, being recognized came with the potential burden of remembering how one was unable to live up to certain standards or maybe didn’t fulfill his responsibility. He describes this when being recognized as a veteran at various events:

“They tell everybody who’s been in the military to stand up, cause everybody wants to clap their hands, say thank you, I never stood up, I always stayed down, my wife tried to push me to stand up and I was like no, I don’t stan up, and the reason is because I didn’t feel or I still don’t feel deserving of that treatment, I feel like my friend that lost his life, who saved some lives . . . if somebody else worked for something and I’m the one who is collecting the fruits just didn’t feel right.”

These responses of being recognized or being asked questions about deployment can result in more complex distress as the emotional reactions from describing or remembering these intense experiences can elicit many feelings, like guilt and shame, which in turn further impacts the reintegration process. Brad described this experience by saying:

“You know the shame of that makes me say why share with people, because they will judge me, even my own wife will judge me too, so I don’t share with her some of the things that I experienced.”

By denying any discussion about certain deployment experiences, participants were able to suppress any further distress to an already intense readjustment process, as Henry discussed “You didn’t talk too much about it because then you opened it up to the dark side.” Pat further described this process of only telling certain parts of his deployment experience with his ex-wife:
“I think my ex-wife said that I was different when I came back, she wanted me to talk about what happened over there a lot, and I shared with her a little, I didn’t tell her the gross and nasty stuff that happened, so I would just tell her the funny stuff that happened, the fun stuff with the people I met, the good things.”

An additional factor making readjustment tricky was participants account of engage in unusual behaviors sometimes resulting in further complications to themselves or family members. As Brad described, these uncharacteristic behaviors not only impacted himself but those around him:

“I at one point, I just snapped, and I threw my phone away, I normally didn’t do stuff like that, and I thought well, I’m gonna either hurt you or hurt myself right, and as I was going down the stairs, something in me I believe is God, says, just call the police and that’s what I did (in order to keep himself safe from hurting himself or his family).”

Paul additionally described how this unusual behavior caused an impact within his own relationships and influenced how he expressed his emotional reactions:

“Just in terms of relationships, just not being able to effectively communicate like frustrations that you may have with your partner or that’s what I find myself at because it’s like my immediate go to is to explode to kind of get my point across.”

Ultimately these various factors created an environment where participants felt like they were in a foreign place. Tom’s account of this best personifies the potential isolation and discomfort that occurs because of these various factors impacting the reintegration process:

“But sitting in that restaurant with them, it was just tough because yea it’s my family, it’s my mom, I’ve known her my whole life, she has loved me her whole life, but she was foreign to me, like my son was foreign to me, I had facetime him pretty much every day, and I couldn’t be around him at first . . . that was the most difficult time.”

The readjustment to civilian life can be influenced by multiple factors, some of which can impact how comfortable a soldier feels within their own community. These factors
include shifts in mindsets due to the influence of being in intense situations while on deployment to the reluctance in sharing stories about deployment for fear of judgment or reexperiencing intense emotional and physical reactions. Some accounts reported that these strategies of relating to others were different for them causing uncharacteristic behaviors that had consequences to participants surrounding family members or themselves. The impact from these various factors resulted in participants having various reactions and struggles towards reintegrating to this foreign place.

“It’s like living two lives, putting on a mask”

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<td>Conditions: The intense experiences have now created distress for the service member. In order to cope, some service members have separated into two selves: one hides the shame resulting from these experiences where their values came into question. And the other part of self that is presentable to others in public and doesn’t show the distress.</td>
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<td>Interactions: Managing these two selves becomes exhausting and maladaptive coping strategies begin to create more distress. The inability to cope and adapt to these intense experiences impacts how they relate to others, their social interactions, and their overall health.</td>
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<td>Consequences: Managing this shameful aspect leads some to isolate from others to hide their distress or become overwhelmed resulting in further neurosis. Additionally, the insidious self-reflection begins to develop into self-hatred creating problematic behaviors and a sense that the soldier is losing themselves.</td>
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Figure 10

In order to cope with the many factors impacting soldier’s readjustment home, participants described having to separate parts of themselves. One part presents a sense of self managing the transition well, presents with little distress, and embodies strength
and resilience. This sense of self does not endorse any bad experiences and returns to their civilian life unscathed. The other part includes everything that continues to bottle up from intense deployments experiences where participants felt shameful, fearful of sharing any perceived wrongdoing, and hiding the internal struggle of reintegration to society. John described this process as:

“I would just pretend, wear a mask, pretend I’m the same guy as before, I was losing my mind, I was thinking that, but they knew something was off, so it was hard because I had to put a different image . . . it’s like living two lives, you hide the things that would get you in trouble so you don’t lose your job, you put on a mask. You put a mask on for society, for your job, for your family.”

The choice of keeping feelings and emotions away from others or minimizing the actual experiences during deployment became a protective factor for participants, which potentially fed into this development of “wearing a mask,” as John said. Various participants account for this hiding of emotions and experiences because it minimized their experience of emotional pain:

Mark: “Definitely holding back from expressing myself, besides happiness and anger, as far as when it comes in terms of being like sad or depressed or anything, that was definitely kept away from people.”

Tom: “I keep feelings from other people, I don’t tell people what or how I’m thinking or feeling because to a certain degree its rough.”

John: “I didn’t want, it was fear of dealing with it. I didn’t want to deal with it. I didn’t want to feel that I had a lot of guilt and I just didn’t want to accept it or I didn’t know how to hide it and I didn’t want to bring it up.”

This strategy potentially becomes problematic as we see from accounts described by participants. Their hiding of experiences engendered feeling out of control or having this sense of losing oneself. Brad described this phenomenon:

“You shut down emotionally, and your whole body is just there. Then sometimes I would stand still, just being one place and not move at all until
that whole process would just pass and I would catch myself; I felt really emotional, I felt very depressed and sometimes I would just be crying and shedding tears without even controlling that until when I’m okay with whatever I was feeling and then I realized wow, that’s a lot of tears, its like life ends and then after the whole time it begins again.”

Losing oneself was also expressed by participants adding another layer to this theme of having various dimensions of identity or differing parts of self. Pat relayed the concept of changing identity becoming so salient for some of his squad members explaining that for some service members “this was the biggest thing they had done in their life, and maybe some of them was probably the biggest thing they’ll ever do.” Remarkable changes in identity was a consistent theme amongst participants. Some found that the result of this shift was becoming more comfortable with being deployed and operating at such high levels of intensity that potentially impacted their reintegration into civilian life.

As Paul and John shared, being deployed was a catalyst for shifting aspects of oneself:

Paul: “I’m doing one deployment after the next and each deployment, I’m like losing more and more of myself, from just being out there and experiencing some of these things, seeing all of these things.”

John: “That’s why I was attuned to go back. It was kinda like my normal place to be was looking for that adrenaline. I don’t know how to explain it, it was just crazy when you think about it. But that’s what felt comfortable.”

Both experiences reiterate how deployment and the experiences that came with impacted participants’ identity, further adding dimensions of the self. In some stories, participants shared how their role in the military additionally influenced their identity by giving them purpose and meaning in life. This new identity was so engrained that participants grew accustomed to functioning within their role making the transition home even more challenging. Pat shared his experience of saying goodbye to this important identity:
“I have a great job but it’s not like heroic, I’m not chasing bad guys, I’m not kicking doors down, I’m not flipping on my siren and taking over a whole road, I’m not emptying out a building and taking charge, I just went back to being an electrician . . . To just going back to being a regular guy, it was a little rough, I still felt like I had something that had made a difference.”

The familiarity of your role during deployment can make the transition home more complex as parts of self have no purpose in civilian life. This transition in identity from “hero” to a “regular guy” described by Pat, could being to impact interactions with others upon returning home. Adding to this layer of complexity, Pat shared that the readjustment process to new social rules, new relationships, and various situations impacted him emotionally and physically:

“It was rough, I had some sleepless nights sometimes, I went I did counseling for a while. It was tough just becoming I hate saying it cause it sounds like I’m not, I’m just becoming just who I was before it was just hard, but when you have a family you get back into it, that was it, I didn’t dwell on it too much.”

Pat’s shift in identity and the impact the post-deployment transition had on his health was similarly expressed by Brad, who shared that due to deployment experiences, he found that his changes in identity informed how he related to others upon returning home:

“I had some challenging experiences that I thought I did not handle well because I just kept them in, I kept it to myself, I didn’t want to share with anyone, part of the reason was because I didn’t trust anyone, because some of the chaplains that I was deployed with were doing things you know that I thought was I’m afraid.”

The stories above describe strategies taken of minimizing parts of self in order to maintain certain levels of functioning during reintegration. Another dimension was that participants hid certain aspects of themselves because discussing them would create more distress during an already stressful post-deployment process. Others discussed physical reactions to hiding or limiting access to certain parts of their identity, while others felt
they had lost certain aspects of themselves due to becoming acclimated to energy levels needed for deployment. In other accounts, participants shared how the changes in identity were more impactful because of their role during deployment having purpose. The grief of saying goodbye to this meaningful role impacted some participants, adding more complexity to the post-deployment experience. As Henry described “I’m at a crossroads and feeling like I hope I haven’t used up the best of me, I hope I’ve left a little for myself.” These themes of wearing a mask and feeling foreign in their own community, complicates reintegration for participants and engendered a deeper introspection.

“I started questioning a whole lot of things”

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<tr>
<th>Theme</th>
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<tr>
<td><strong>“I started questioning a whole lot of things”</strong></td>
<td><strong>Context:</strong> Upon finishing their deployment, service members return home to their community and are tasked with readjusting to civilian life</td>
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<td><strong>Conditions:</strong> The deployment experience has pushed service members in many ways, resulting in this level of introspection where they begin to question their morals, values, and sense of self. Their identity is shaken.</td>
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<td><strong>Interactions:</strong> Because of this deeper level of introspection, service members begin to isolate themselves due to the ingrained experiences that elicited shame, guilt, anger, and other negative emotions. The reminders of these moral violations fest within resulting in the service members attempting to process and relieve themselves of this distress. Some are successful, while others are not.</td>
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<td><strong>Consequences:</strong> The resulting insidious process of questioning and introspection potentially leads to chronic distress and pathological symptoms.</td>
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In this final theme, the accumulation of prior experiences led up to what participants described as this intense introspection where they began to question multiple aspects of their life and their sense of self. The stories below described the various dimensions of rumination and self-analysis that provoked various reactions from participants.

Various accounts discuss how participants must find ways to manage intense memories and reminders of times when either their behaviors or thoughts conflicted with military values or moments where they were unable to fulfill their role. This introspection appeared to trigger an insidious process of replaying the event or causing both physical and emotional reactions:

Henry: “Had brain hurt, loss of a lot of faith and purpose on why we were there, probably a little bit of guilt behind not taking a stand on a lot of things that I was really not in a position to or rank or even my role to have an objection.”

Brad: “I’m supporting an organization that I would even be carefree when they take life, that’s life.”

Pat: “My squad and my medic attempted to save the guy’s life, and it didn’t work, and that bothered me for a while.”

Paul: “This particular incident just struck me and stayed with me and made me realize that, the military isn’t really the place.”

These internal dialogues produced what appears to be a perpetual process of soul-searching and self-examination for participants as even after returning home after some years, this phenomenon of introspection was still happening and was still impacting participants:

“I spent six years without telling my wife, until six years after I got married I told my wife some of my stories but for the first six years, she wouldn’t have known everything, just bottling it up.”
The constant questioning of one’s self and the surrounding world was sometimes due to others’ actions and having experienced certain things during deployment. Some participants discussed how disagreements with fellow soldier’s behaviors or how their own actions misaligned with their personal values generated this questioning of key values (i.e. faith) when reflecting upon these intense experiences. As Paul described:

“I started questioning the whole idea of faith and religion because it’s just like everybody says oh well, the chaplain was telling us everything is in God’s plan, and I can’t see what plan would involve this happening, or the events leading up to this. How does this fit any plan of making anybody stronger, better, whatever the case may be, so I try not to think about it, I was a little jaded.”

Tom shared a similar sentiment to Paul in that his role as a JAG seemed to perpetuate a system that was unfair leading to his questioning of his own presence within this system:

“When I was a defense attorney, that’s the kind of shit that’s serious, not this, I mean fuck, on the civilian side, it’s not even a crime. That made me question honestly whether or not I wanted to stay in. I’m in a system I know that I’m a cog in the machine, but whether or not I was okay with being a cog and not having much say made me question whether or not I wanted to stay.”

Due to the conflict in values or because of the inability to perform in ways that aligned with their own personal values, participants clearly needed to find ways to make sense of these situations. Even after returning home, some participants continued to effortfully manage what impact these intense experiences had on effectively adjusting to civilian life. John and Mark mentioned the impact of this process:

John: “I struggle with the reality of it, it happened, it is what it is, but it’s just not that simple, it’s a struggle on how to deal with it.”

Mark: “Like to know that I’m not gonna be the same took its toll. It actually took its toll . . . there was a part there where I was really in a dark space.”
This pattern of questioning all that one experiences during deployment was a common theme throughout participants’ stories. For Paul, this insidious questioning even led to a self-reflection as to whether joining the military was even the best decision made.

“I’m conflicted because while I’m grateful for everything that I experienced, could there have been another way? Probably not, but you know, I guess it’s the path that I had to take to be who I am today, so that’s why I still think about it. Would I change it, no I wouldn’t. But would I want that for my kids? No.”

A consistent pattern amongst the themes is this layer of intensity and the resulting impact these experiences can have on one’s physical and mental health. These intense and powerful events became salient aspects of their deployment and every time these details surfaced into their consciousness it resulted in an introspection that at times became unhealthy. Participants shared a variety of emotional reactions (i.e. guilt and shame) as their self-reflection disclosed how they were unable to fulfill their duty or even if they did, how their actions reinforced this system of the military.

Nonetheless, the themes above paint a picture of participants’ journey through their military career from beginning to end. Beginning with their reasons for enlisting in the military to the heterogenous aspects of deployment. In some accounts, participants shared empathy, compassion, and companionship as essential aspects to what made deployment manageable and purposeful. Yet on the other side of the spectrum, participants shared moments during deployment of frustration with conflicts in military values and the rank structure being unforgiving. In some instances, participants describe racism and discrimination as salient experiences that shaped their interpretations of others and further impacted their physical and mental health. Participants discussed how the enlistment and deployment processes later influenced their reintegration to civilian life,
making this already multifaceted process even more complex. One dimension of this complexity was the level of involvement deployment had on changing participants’ identities so much so that it shifted their personal values resulting in their homes and communities becoming foreign places. Others utilized the strategy of suppressing certain aspects of themselves or salient memories in order to minimize the impact of distress and emotions on their overall health. For some, this curtailment of thoughts and feelings engendered a chronic introspection process where participants began to question themselves, the world, and their place in the military. The narratives above are a microcosm of the many stories for ethnic/racial minorities who have enlisted, deployed, and reintegrated back to society having experienced MI. The themes add to the literature on MI by employing personal stories to inform the possible etiological journey MI has for ethnic/racial minority veterans.

**Reflexivity:**

In recognizing that the researcher is a social being and is an active participant during analysis, the researcher’s agenda, biases, and description of self-reflection are important aspects to recognize to showcase the lens from which the researcher worked from while conducting this study (Dowling, 2006; Lamber, Jomeen, & McSherry, 2010). I identify as a multiracial, feminist, queer, able-bodied, working-middle class, first-generation researcher who uses his platform to raise awareness of the voiceless in clinical research. The lack of representation of vulnerable communities in research highlights academic researchers’ unwillingness to research these communities and further emphasizes the priority given to privileged communities reinforcing systems of oppression. Recognizing these power differentials between communities and the
continued use of avoidance from academia to recognize the experiences of vulnerable communities also drives my research. These identities and values are influential in my work specifically when formulating outcomes from the analysis. My goal is to provide practical and clinically informative implications of the study for clinicians to improve how care is given to vulnerable communities and communities of color.

My identity as a non-veteran and as an academic researcher who represents a system that has commodified veterans’ experiences and ethnic/racial minority identities were also reflected upon while conducting the research and throughout the analysis of the data. For example, during recruitment I found myself having discussions with participants related to not knowing the experience of being a veteran, especially what it is like to be deployed. Some participants described how even though I did not identify as a veteran, they still felt empathy and non-judgment when describing their story to me. And that even though I was not a veteran, it didn’t mean that I couldn’t hear the story and gain perspective on this experience. Additionally, reflections on how I see my role as an academic researcher influenced the aims of the study as well as informed procedures taken in order to ensure the voices of participants were highlighted throughout.

I am the son of a Vietnam Veteran who served with the Marine Corp as a combat soldier. I witnessed first-hand my father’s struggles to make sense of his combat experiences, how he managed powerful feelings about his time in the military, and the impact these experiences had on his overall health. The vivid memories and lived experiences watching my father struggle with mental health symptoms also influenced how I analyze and discuss the data.
These identities and values also intersect with my psychodynamic perspective of psychology and how I clinically work with trauma. How I interpret distress centers on relational patterns, childhood experiences, repressed memories, unprocessed thoughts, and unresolved feelings found in the unconscious mind. During analysis I instinctually began to recognize my own emotional and cognitive reactions (i.e. sadness, fear, thoughts of “why am I telling this story”) while transcribing and reviewing interviews showing evidence of the influence this lens may have on my interpretation of the qualitative data. Nonetheless, whether consciously or subconsciously the tenets of psychodynamic theory potentially informed how I understood the emotions, experiences, and distress shared by the participants.

In order to bracket my motivations, lived experiences, and clinical foundations, I utilized field notes and analytic memo writing to position these aspects of my subjective self while conducting the analysis process (Saldana, 2015). Field notes were completed after interviews to capture my initial reactions to the interview while analytic memo writing helped to bracket my own subjective experiences while analyzing the data.

Thornberg and Charmaz (2014) describe these memos as a way to create an “intellectual workspace for the researcher” (p. 163). I utilized these memos to recognize emotional reactions, label somatic experiences resulting from the data, and a space for me to think critically about my assumptions and thoughts about themes and codes. This in-depth process informed the nature by which data were interpreted and reported detailing the unique experiences of ethnic/racial minority male veterans impacted by MI.

**Discussion**
The goal of the study was to examine the lived experience of ethnic/racial minority male veterans impacted by MI in the hopes of providing findings that diversify the dimensions of how we understand this phenomenon. Semi-structured interviews yielded a wealth of qualitative data that were organized through thematic analysis into six main themes with one of them (“I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life”) having three subcategories (“Task-oriented” mentality, rank structure conflicts, and racism and discrimination). This is the first study of its kind to analyze the experience of MI specifically focusing on the ethnic/racial minority male veteran’s perspective. Based on qualitative results, the findings posit that a soldier’s unique value systems potentially influence the etiology of symptoms and how one experiences MI. The consideration of cultural values therefore becomes vital for clinicians in acknowledging the heterogeneous nature of values intersecting with the experience of this phenomenon.

The narrative above identifies the role personal beliefs can have in the various phases of being in the military, more specifically when attributing one’s experience of a PMIE. Participants shared their journey beginning with the many reasons for enlisting (“I needed to do something, and the military offered me an easy way out”) to the vast spectrum of experiences during deployment (“I was a human first before I was a soldier” and “I’ve seen the most outrageous things in the military than I’ve had in my civilian life”). They also shared the unique challenges faced during the reintegration process (“I’ve known my mother my whole life, she was foreign to me,” “It’s like living two lives, putting on a mask,” and “I started questioning a whole lot of things”) and how this impacted their relationship with others and their own physical and mental health.
Together, with existing literature, these themes informed three important findings that will help advance our understanding of MI.

The first finding introduces the potential overarching value of collectivism, expressed by participants, as an important attribution in interpreting moral violations which in turn also complicates the presentation of MI. In the second finding, the study suggests the importance of recognizing how certain behavioral strategies and feelings (i.e. hiding, avoidance, demoralization), rooted in collectivism, intersect with the reintegration process complicating how a soldier returns home. In the final finding, qualitative results suggest that the disposition toward empathy and loyalty possibly compounds the moral transgressions of betrayal, as participants shared complications in trying to make sense of these violations of trust experienced during deployment. Participants’ reports of struggles during reintegration potentially provide original perspectives adding dimensions to MI.

Collectivism as an important attribute during deployment

Participants in the study shared various stories of empathy, compassion, comradesry, and loyalty while on deployment, as was described in the theme “I was a human first before I was a soldier”; all of which mimic values explored in the research on collectivism (Schwartz et al., 2010; Triandis, 1995; Triandis, 2001). Markus and Kitayama (2010) define collectivism as a mindset where the emphasis is less on the self and more on social relationships. In order to maintain good relationships, collectivism encourages perspective taking of the surrounding community influencing how one thinks and behaves socially (Markus and Kitayama, 2010; Tummala-Narra, 2007). One
participant’s response to how he felt his culture of collectivism intersected with his day to day operations in the military was described as:

“But I tend to think like how will this act or action, effect this person, and collectively, everyone else? It’s definitely a value that my mom would, who is part Hawaiian, a value that she taught me. And, I think about it at times, it’s like, well eating the last piece of cake. Something as simple as that, you don’t want to be the fucking asshole that does it when you know, it’s other people are gonna be like fuck that, it’s my cake, maybe there’s somebody there that is more hungry, maybe they missed chow, or maybe I don’t need that piece of cake. Maybe I fucking had too many pieces of cake in my life.”

His description of this important value continues to support the current literature on collectivism as researchers discuss the importance of social harmony and good relationships as key aspects of collectivist communities (Markus & Kitayama, 2010). Social boundaries are more permeable as members use compassion and empathy to maintain a strong sense of community (Schwartz et al., 2010). The stories shared by participants shed light on these important prosocial behaviors mentioned from the research, building one of the main themes of “I was a human first before I was a soldier.” Participants told stories of their sense of empathy driving such behaviors as respecting the Iraqi culture and people in order to improve relationships with informants. Others discussed shifts in leadership style in order to uphold loyalty within their unit and service to others as a chaplain providing comfort to service members in distress.

These stories reflect collectivism becoming a foundation attribute for participants and potentially for other ethnic/racial minority service members. Wainryb (2006) discussed the underpinnings of morality for collectivist communities where socially engaged rules are informed by one’s duties to the community. In comparison to more individualistic groups, Wainryb (2006) finds that morality is structures upon the protection of individual rights and freedoms (Triandis, 2001). Knowing then that the
prevalence for ethnic/racial minority communities are to maintain these more collectivist values (Schwartz et al., 2010) and that morality is defined differently between collectivism and individualisms, we can potentially begin to distinguish how ethnic/racial minority service members attribute moral transgressions differently, especially when considering participants’ perspective described in the qualitative theme of “I was a human first before I was a soldier.”

Litz et al. (2009) was the first to develop an etiology of symptoms related to MI, highlighting how incongruence between one’s beliefs and actions are foundational in developing MI. One key aspect that perpetuates MI is a soldier’s inability to forgive oneself for their transgressions and a sense of withdrawal from facing this experience developing into more debilitating symptoms impacting one’s physical and mental health (Litz et al., 2009). To better highlight this phenomenon of collectivism being incongruent with one’s experience, we use one participant’s emphasis on empathy and compassion for others conflicting with the military’s value of remaining “task-oriented” while on mission, a subcategory of the theme “I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life”.

Paul, a 2nd generation Jamaican-American Navy medic corpsman, shared how while on mission, a young soldier was hit with an Improvised Explosive Device (IED) and how he and other unit members did their best to save this young soldier’s life. His sense of duty and willingness to save the soldier represents current research related to MI that suggests that empathy is a key component because it is human nature to both implicitly and explicitly feel how others are feeling and react affectively when others do something to us (Antonelli, 2017). Empathy becomes vital to service members because
of duty to the unit and the encouragement of selfless commitment; suggesting that for those identifying as an ethnic/racial minority, these characteristics may be easily accessible making them well-suited for military service (Farnsworth et al., 2014; Garcia, 2018).

Paul’s experience became further complicated as after all efforts were made, this young soldier could not be saved and Paul, with the rest of the unit, sat down with the chaplain to discuss what had happened. In his explanation he shared: “He (the chaplain) was telling us everything is in God’s plan, and I can’t see what plan would involve this happening.” This experience appears to conflict with Paul’s decision to remain enlisted (i.e. financial benefits, college tuition) engendering a shift in his perspective from the military being a positive towards the military becoming “callous.” Hoffman (2008) describes one potential downfall of empathy where over arousal engenders further distress. One potential outcome of this over arousal is empathy-based guilt, where one’s efforts to alleviate another’s distress is insufficient in generating a sense of guilt (Hoffman, 2008). Another reaction could be that one witness suffering and they become vulnerable to having their own distress because the mechanism of perspective taking, important to empathy, taps into their own personal experiences of negative emotions (Duan, Wei, & Wang, 2008; Main et al., 2017; Schwartz et al., 2010; Wiseman, 1996). These perspectives are seen in the qualitative data as Paul’s reaction to the chaplain: “how does this fit any plan of making anybody stronger, better, whatever the case may be, so I try not to think about it, I was a little jaded”, represents additional distress caused by empathy and potential negative outcomes associated with such an over arousal of empathy. This example is consistent with research on MI, where service members must
somehow resolve conflicts between long-held moral beliefs (i.e. empathy) and their perceived transgression, in this case the inability to save the young soldier’s life (Currier, Holland, Drescher, & Foy, 2015; Haidt, 2013; Jinkerson, 2016). Paul’s reaction to this conflict of anger and frustration lead to questioning of his role in the military and whether he wanted to remain in the organization.

Qualitative data within the theme “I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life” describe these conflictual experiences between beliefs and transgressions. Paul’s experience was further impacted in witnessing the soldier’s parents weep for their son’s life at the funeral, yielding further frustration and anger as his personal values of empathy and loyalty to community conflicts with the perception that service members become “cannon fire” for the military:

“He’s bright eyed, bushy tailed, and there was no answer for him. We get back do they do a memorial service for him, they bring his parents in from Texas and they’re immigrants, little to no English, and just seeing his mother lose it, while his father is trying to be stoic about it, it’s just like, at the end of the day, we’ve taken your son away from you, he is gone. It hit me hard because he was 18 or 19. He was a baby.”

To date Garcia (2018) is the only study specifically looking at an ethnic/racial community (Latino Service members) and their experience of MI. One of the study’s findings explains how moral development creates more susceptibility for MI based on cultural values. The study suggests that when morality is organized around prosocial behaviors such as empathy, compassion, helpfulness, and kindness; one feels compelled to engage in such behaviors as self-sacrifice, service to others, fighting injustice, and to protect others (Aquino et al., 2009). When one is unable to live up to these standards it potentiates feelings of guilt, shame, anger, or frustration because their sense of identity or sense of duty is unfulfilled (Drescher et al., 2011; Garcia, 2018). Therefore, Paul’s
emotional reactions may represent the propensity for other ethnic/racial minority service members to have more complex emotional reactions to such moral violations. With literature suggesting that ethnic/racial community members have strong ties to collectivist values (Schwartz et al., 2010), service members or veterans from such communities may instinctually express empathy as part of valuing relationships and social harmony. Having such values may be inflection points of distress especially when one is unable to live up to such values or to fulfill their role, causing complex and intense physical or emotional reactions.

Paul’s PMIE experience became more complex as the incongruence between his personal values and the militaries were further impacting his schemas about himself and his role in the military. Paul had dedicated nearly 10 years to the military and had benefited from the resources provided. He had developed a sense of loyalty for the military because it was his way out of his community. Yet witnessing the chaplain be so cavalier about the young soldier’s life and then witnessing his parents weep at the vulnerable, seemed to bring forth his views where he now saw the military as actively recruiting ethnic/racial minority service members as “cannon fire.”

Drescher et al. (2010) discusses the impact a soldier feels when they are unable to live up to their beliefs due to the engagement of behaviors, specific to war, that violate their moral standards, producing the experience of MI. The result of dissonance and frustration was endorsed by Paul and other participants creating a deeper sense of hurt drastically shifting perspective of self, of the military, and an insidious level of distress.

This finding suggests then that the instinctual effort to express empathy for ethnic/racial minority service members becomes an important attribute generating
prosocial behaviors. Researchers have suggested that morality tends to be intuitive and based upon the veteran’s relevant social community (Kopacz et al., 2016). These behaviors and cultural beliefs can come into conflict with certain military values or becomes an inflection point especially when the ethnic/racial minority soldier is unable to live up to this standard of empathy. What we see in Paul and in other participants’ narratives was a deep dissonance causing a complex presentation of MI, potentially compounded by this value of collectivism. The disconnect between one’s instinctual behavior versus their engagement in behaviors incongruent with their beliefs impacts an ethnic/racial minority soldier’s core schema of what it means to be a “good member” of the community. This can possibly create a different presentation of MI that has yet to be described or further explained in the current literature on MI. It is important to note that this finding is in no way suggesting a causal relationship between cultural identity and having more empathy, rather it represents how a conflict in values, centered on empathy, could influence the etiology of MI and therefore necessary for researchers to look at this phenomenon.

Collectivism and the complexities of transitioning home

Another dimension in how collectivism impacts participants experiences is demonstrated in how this value set impacts their journey home as participants’ stories of reintegration organized around three distinct themes “I’ve known my mother my whole life, she was foreign to me,” “It’s like living two lives, putting on a mask,” and “I started questioning a whole lot of things.” These themes are consistent with prior research on reintegration being an additional source of distress amongst veterans’ ability to manage the return home alongside their unprocessed deployment experiences (Smith & True,
Sayer, Carlson, and Frazier (2014) further reiterated that reintegration can be complex for veterans as they manage personal shifts in perspectives, changes in identity, and the renegotiation of relationships.

These factors can impact any veteran during reintegration, yet what might be unique for ethnic/racial minority veterans are that certain strategies of coping with distress are heavily connected to the community. Literature discusses what role the community has in collectivist cultures as a protective factor in trauma because of the role families play in providing resources, offering emotional support, and becoming models in healing through culturally sanctioned practices (Antonelli, 2017; Banyard, Williams, Siegel, & West, 2002; Hernandez, 2002; Tummala-Narra, 2008). The community potentially becomes a salient support system for ethnic/racial minority veterans during reintegration laying the foundation for this finding that community values could complicate the experience of MI for ethnic/racial minority veterans. The inability to potentially engage in these culturally sanctioned practices on top of conflicts in values and shifts in identity, due to MI, may become important factors to consider during reintegration especially seeing what impact the veteran experiences both introspectively and interpersonally.

Currier, Holland and Mallot (2015) explored this more internal reaction in the aftermath of a PMIE whereby veterans’ schemas of morality shifted in turn changing their sense of self and self-esteem. In trying to make sense of the MI experience, some service members created problematic schemas where they felt defective, weak, or unworthy of love and respect because of what they had seen or done (Currier, Holland, & Mallott, 2015). Participants shared a spectrum of experiences related to their changes in
self in the themes discussing “feeling foreign to family members” and “living two lives or putting on a mask.” They shared: “I don’t think people understand that the circumstances or the conditions that we are in can alter a lot of people’s mindsets” “I think my ex-wife said that I was different when I came back home” or “To know that I wasn’t going to be the same took its toll, it actually took its toll.” These examples of feeling different upon returning home were discussed through the lens of collectivism by Maeda and Oe (2017) who analyzed individuals from Fukushima, Japan as they began to interact with others after the Fukushima Daiichi Nuclear Power Plant accident in 2011. Their study found that individuals endorsed this sense of feeling “defective” within Japanese collectivist culture as they began to interact with other members of their community (Maeda & Oe, 2017). Some described feeling “outside of social norms” after being part of this disastrous experience, putting the blame on themselves, experiencing self-condemnation, and experiencing a heightened self-stigma and criticism influencing their self-esteem and relational patterns (Maeda & Oe, 2017).

Participants accounts within “feeling foreign” and “living two lives or wearing a mask”, layered with prior research, can begin to conceptualize that part of the unique experience for ethnic/racial minority veterans who are returning home having experienced MI. These qualitative themes were consistent with research by Held et al. (2018) who found that veterans experiencing a PMIE saw themselves as “monsters” or as “less human.” One way to conceptualize this is through shame and its promotion of negative evaluation of the veteran engendering a comparison of themselves to social norms or beliefs (Lewis, 1971). Because shame is considered an internally painful emotion veterans may evaluate themselves as being worthless or feeling powerless
resulting in the themes mentioned above of “living two lives” or family “feeling foreign” (Tangney, Stuewig, & Mashek, 2007). Shame eliciting self-conscious reactions can promote ethnic/racial minority veterans to feel “defective, damaged, or fundamentally flawed” (Crocker et al., 2016, p. 520; Lewis, 1971; Tagney & Dearing, 2002). The results of this painful experience may leave veterans feeling less empathy toward others, less motivation to be socially active, have negative outcomes in mental health, verbal and physical aggression, poor self-esteem, concerns over affect regulation, and impulsivity (Crocker et al., 2016; Farnsworth et al., 2014; Hibbard, 1994; Velotti, Elison, & Garofalo, 2014). These attributions are counter to collectivism, therefore making the argument that MI may have a different etiology for ethnic/racial minority veterans.

In the Litz et al. (2009) model of MI, shared that the need to accommodate a different sense of self, manage the shame mentioned above, or integrate a sense of self that feels unworthy is an essential part of the etiology of MI. Adding this phenomenon through the process of reintegration, implants the community as potentially an important factor influencing an insidious internal process causing more distress during an already challenging reintegration process.

An example of this internal process is in one participant’s experience of when it came time to being recognized for his military service back home in the theme “I’ve known my mother my whole life, she was foreign to me”:

“they tell everybody who’s been in the military to stand up, cause everybody wants to clap their hands, say thank you, I never stood up, I always stayed down, my wife tried to pushing me to stand up and I was like no, I don’t stand up, and the reason is because I didn’t feel or I still don’t feel deserving of that treatment, I feel like my friend that lost his life, who saved some lives... if somebody else worked for something and I’m the one who is collecting the fruits just didn’t feel right.”
This and other accounts describe a potential unique component in the etiology of MI in that for ethnic/racial minority male veterans changes in self-worth and identity may engender a more distressful process. This perspective of feeling “defective” because of the moral transgression witnessed or participated in could be attributed to the soldier feeling unable to maintain a productive identity within their community, a strong attribute in collectivism. This feeling of “defective” is problematic as it conflicts with the overall value of collectivist communities (i.e. social harmony and group cohesion) that govern how one acts and behaves within the community (Markus & Kitayama, 2010; Schwarts et al., 2010; Triandis, 1995). This disconnect could become its own form of PMIE for ethnic/racial minority veterans further complicating the experience of MI during their reintegration process. Further research on this phenomenon of unique cultural norms informing self-identities and its influence on the etiology of MI deepens our understanding of this phenomenon and how cultural values may have implications on levels of distress impacting on a veteran’s physical and mental health.

Many participants discussed aspects of how they managed their internal dissonance caused from reflection of identity upon arriving home. Some shared withdrawal and avoidance in order to manage or mask what impact MI was having in their life in the various themes discussing participants “questioning a lot of things” and “wearing a mask”. Some discussed how they kept things to themselves because “I didn’t want to share with anyone, part of the reason was because I didn’t trust anyone”. Others shared how they would hold back from “expressing myself, besides happiness and anger, as far as when it comes in terms of being like sad and depressed or anything, that was definitely kept away from people” or that “It was a lot of surface level
conversations” when sharing with family. In some cases, participants discussed how “She (wife) wanted me to talk about what happened over there a lot, and I shared with her a little bit, I didn’t tell her the gross and nasty stuff”. While others described that such behaviors of avoidance were used in order to minimize the experience and prevent going to a “dark place” or it was a “fear of dealing with it” and that “I didn’t want to feel that I had a lot of guilt”.

These accounts align with current literature discussing how the reintegration process can potentiate a high-risk environment for veterans increasing their reflection of painful experiences, like a PMIE, where self-conscious emotions begin to chronically plague the soldier resulting in self-condemnation and self-handicapping behaviors (i.e. engaging in maladaptive behaviors) (Farnsworth et al., 2014; Litz et al., 2009). The use of withdrawal and avoidance to minimize these self-conscious emotions led participants to engage in uncharacteristic behaviors described above where some reported alcohol use, fear of sharing, or keeping conversations with others “surface level”. In relation to these theme of “feeling foreign” research suggests that the aftermath of a soldier experiencing a PMIE has an etiology of feeling demoralized, hopeless, helpless, in existential despair, or feeling meaningless, these self-conscious conflicts with the collectivist mindset of communal responsibility (Frankfurt & Frazier, 2016; Schwartz et al., 2010), as how can one be a productive member of the community when feeling so negative towards oneself?

Internal dissonance relating to one’s role within community was discussed by one of the participants in describing his transition in identifying as a hero during deployment to becoming a “regular guy”: “It was tough just becoming I hate saying it cause it sounds like I’m not, I’m just becoming who I was before”. This internal discourse
created problematic self-reflection as he felt different in his own community, specifically trying to reconcile his heroic behaviors during deployment to his “regular” duties back home. This concern of not belonging within one’s community, as was described in the theme “I’ve known my mother my whole life, she was foreign to me” potentially adds another dimension for ethnic/racial minority service members managing reintegration. Being that group membership and social harmony are vital to the collectivist value system, this study suggests that this experience of participants feeling distant from their community could become an additional conflict within MI where the moral transgression exists in the tension between one’s self-worth versus their ability to contribute effectively to the community or living up to the ideals of collectivism (i.e. social engagement or social harmony). This form of dissonance potentially creates further distress, more complex presentations of emotions, or further impacting how ethnic/racial minority veterans can effectively reintegrate home while managing the experience of “feeling foreign”, “living two lives”, or “questioning a whole lot.”

In order to minimize this discomfort or tension, veterans may engage in withdrawal or avoidance complicating stressors of reintegration for the ethnic/racial minority veterans as they also find ways to reconcile changes in identity with important values of the community. Some may feel as if they are unfit to be a good member of their community and in order to cope, they engage in uncharacteristic behaviors that heighten their distress and further complicate the presentation of MI. This salient feeling of being different or “defective” within the community may explain why some participants felt more “shame”. As Litz et al. (2009) explained that “shame is fundamentally related to expected negative evaluation by valued others” (p. 699),
therefore suggesting that what could be explaining these uncharacteristic behaviors discussed by participants (i.e. avoiding conversations or returning quickly to deployment) is shame being felt for both the MI experience and more important for not being a good member of the community.

This idea of “putting on a mask” or “living two lives” may represent a withdrawal or avoidance strategy to minimize the discourse in identity in order to accommodate a new identity within existing relationships upon returning home. One participant described this strategy:

“I would just pretend, wear a mask, pretend I’m the same guy as before, I was losing my mind, I was thinking that, but they knew something was off, so it was hard because I had to put [on] a different image.”

We might suggest that by “putting on a mask”, one is able to minimize the internal distress in order to present as not so different or “defective”. This behavior may also represent a form of ensuring that the participant’s distress is not disrupting the social harmony so valued by collectivist (Tummala-Narra, 2008). This shift in engagement with community support systems may further perpetuate and instigate self-reflection of how much the veteran has changed due to their experience of MI. In one account, a participant discussed that he would typically share with his friends about his experiences in life in order to cope with any distress, which aligns with the research on how collectivist communities prioritize social support as a protective factor in distress (Antonelli, 2017; Banyard et al., 2002; Hernandez, 2002; Tummala-Narra, 2008). For the participant after experiencing a PMIE, he realized that he wasn’t engaging in this collectivist behavior anymore and instead was “keeping everything to myself, and I’m sure I would have received support, but I was not interested in that sharing”. Another
participant discussed how it impacted him in being able to talk about his deployment as he felt like “it’s like talking about a different culture to someone, they don’t understand and the only people that do understand, are the buddies that I deployed with”. The participant later discussed how his family, upon returning home, seemed “foreign” to him suggesting an impaired manner to engage with his community.

These accounts discuss shifts in participants ability to engage with others and could represent other experiences for ethnic/racial minority veterans who may feel as if engagement with their community is impacted. Sayer, Carlson, and Frazier (2014) discussed how veterans have new roles within their community upon returning home and recognizes that not only have they changed but also their community. New relationships cause discomfort, confusion, and tension because the veteran must accommodate to their community (Sayer, Carlson, & Frazier, 2014). For ethnic/racial minority veterans, this process of accommodation may include needing to minimize the internal process of feeling defective or changes for fear of burdening others or realizing that the appropriate social support systems they would engage in to manage distress, they can’t necessarily engage with anymore.

Another strategy discussed by participants to manage the tension of reintegration was the ability to reflect on the bonds made with other unit members, as some discussed in the theme “I was a human first”. What became more of a challenge during reintegration is participants inability to utilize the comradery and bonds made during deployment as a coping mechanism. Existing research discusses how the loss of comradery upon returning home is an emotionally charged phenomenon and the impact of this loss can lead veterans to having a loss of purpose in life, creating shifts in their
social identities, or changes how veterans engage with others (Nichols, 2016). Saying goodbye to these meaningful relationships can further impact the already complex symptomatology of MI including anhedonia, dissonance, and social isolation (Bryan et al., 2018; Kopacz et al., 2016). Strong connections with unit members were a consistent theme throughout interviews. Participants discussed unit cohesion as a protective factor during times of distress or “shitty situations”, while others discussed their appreciation of loyalty to fellow peers generating a sense of responsibility towards others. These cherished relationships, essential during deployment for the veteran’s survival, are now gone and for the ethnic/racial minority veteran, who presumably values connection with others, this goodbye can have an exponential impact on their experience of MI. Upon returning home, these veterans may experience more complex grief and loss as they say goodbye to their unit having certain roles and obligations and must transition to a new group where they must reintegrate into another set of roles and obligations (Sayer, Carlson, & Frazier, 2014).

Denying the utilization of such communal practices and cultural practices of healing could produce further distress for ethnic/racial minority veterans who are battling MI specifically because they are unable to engage in practices that are meaningful and reinforced by their cultural identity (Antonelli, 2017; Banyard et al., 2002; Hernandez, 2002; Tummala-Narra, 2008). Specific to the reintegration process, a conflicting sense of self in comparison to the community one returns to could instigate further self-condemnation or increased isolation because of feeling different from the community. In the Kopacz et al. (2016) model of MI, appraisals of a veteran’s actions were highly influenced by attributions, schemas, and appraisals defined by the veteran’s relevant
social community, of which was supported by qualitative data. In the theme of “it’s like living two lives”, this tension between a PMIE experience and one’s relevant community values potentially engenders increased withdrawal from others for fear of being judged, mistrust with family members, and further complicating the presentation of MI for ethnic/racial minority veterans. Currier et al. (2018) discussed this phenomenon as withdrawal becomes an attempt to be self-protective, to avert shame, or influences a veteran’s behavior to be recluse in order to not contaminate the larger group. These additional pressures of readjustment, layered within a veteran’s cultural value of collectivism, can produce a complicated experience of MI that has not been found in the research.

Further investigations therefore should analyze other dimensions of MI, specifically looking at this intersection of collectivism within the process of reintegration as MI symptoms could become more salient or pathological, impacting a veteran’s mental and physical health. Antal and Winings (2015) describe the experience of soul wounds where moral disengagement is promoted by the military (task-oriented mentality) influencing social engagement during reintegration, which for collectivist can be further damaging creating more tension and potentially increasing the risk of ethnic/racial minority veterans experiencing a phenomenon like soul wounds (Antal & Winings, 2015; Nakashima-Brock & Lettini, 2013). Investigations would therefore be prudent in implementing programming supporting ethnic/racial minority veterans during the readjustment period, especially knowing how any shifts in identity may conflict with community values and could be a risk factor for one to experience soul wounds.
Additionally, further research can offer better modalities of treatment to address these complex symptoms of identity loss, grief, and trauma unique to MI.

A more complex reaction to Betrayal

We consider both prior research and the qualitative data from this study to build upon this third finding that betrayal may have a unique experience for ethnic/racial minority service members. In considering findings from Schorr et al. (2018) where betrayal rooted in MI can be categorized as betrayal by trusted others and betrayal by systems. Participants accounts are consistent with this literature where at the systems level, tension arose when participants acknowledged how certain personal values, informed from culture, were in direct conflict with system wide military values, in the subcategory of “task-oriented” mentality. Additionally, betrayal by trusted others were described by participants in the subcategories of “rank structure conflicts” and “racism and discrimination”, where fellow service members or supervisors engaged in behaviors contradicting the value of loyalty to the unit or where conflicts arose due to personal values conflicting with peers. Participants attributed further distress because of experiences like those mentioned above (“I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life”) therefore becoming a factor to consider in analyzing the etiology of symptoms related to MI for this study.

The literature on moral transgressions encompasses many views on the trajectory of symptoms, with many researchers beginning this etiology with a variety of experiences (PMIEs) considered as the catalyst for service members in developing symptoms related to MI (Litz et al, 2009). These PMIEs include killing, injuring others, or betrayal (Hoge et al., 2004; Maguen & Litz, 2012) which later researchers found elicited
symptomatology including withdrawal, self-condemnation, self-handicapping behaviors, and disruptions in service members’ physical and mental health (Currier, Holland, & Malott, 2015; Drescher et al., 2011). The causative nature of PMIEs engendering symptoms of MI were consistent with participants’ accounts during the interviews. Analysis of the qualitative data expressed one consistent PMIE that appeared to cause distress for participants were experiences of betrayal under the theme: “I’ve seen some of the most outrageous things in the military than I’ve had in my civilian life”.

These intense and emotionally taxing experiences referenced by participants were grouped together in three subcategories, one of which referenced the military’s value of service members maintaining a “task-oriented” mentality while on deployment. In one participant’s experience he shared:

“It was a lot of commotion, and then after we left, I realized God, we just killed somebody’s son, we just destroyed a family, we probably just made some more terrorists, not intentionally, but like that just happened, and you can’t take that away and then it just ended up being a report, I just had to write a report about it, and then the next day we went on another mission, I felt like, wow, that was a big deal, nothing stopped, it just kept going, we drove away after we just killed somebody”

Another participant shared his frustration of the conflict between this value and his own moral codes as the company he was patrolling with couldn’t stop patrolling because “Tommy boy’s legs got blown off”. The resulting tension between staying focused and wanting to care for others engendered frustration for participants because their instinct to save their fellow soldier conflicted with the task at hand. The outcome for maintaining a “task-oriented” mentality was an insidious etiology of both physical and mental health concerns prolonging throughout reintegration; some sharing challenges towards “turning your life around”, some dealing with substance use or concerns over suicide. Some
discussed how “pushing down” the emotional responses to these memories had deleterious effects on participants ability to relate to others, engage in culturally appropriate coping mechanisms, or trouble managing their symptoms of MI.

The qualitative data above is consistent with current research by Schorr et al. (2018) suggesting that a major factor to consider in PMIEs is how veterans attribute responsibility of the moral transgression, whether it be towards others or towards themselves, both of which engender different reactions: guilt and shame when responsibility is attributed to the veteran versus anger and frustration when responsibility is attributed towards others. In their framework, betrayal existed within the “responsibility of others” category whereby those experiencing a PMIE acknowledge someone else to blame in the moral transgression and accordingly result in such emotional reactions and anger and frustration (Schorr et al., 2018). The researchers further discussed that understanding how veterans deemed responsibility in their PMIE can shift treatment interventions (Schorr et al., 2018).

Participants account of the inability to process their intense experiences during deployment is a factor to consider alongside acknowledging responsibility of the PMIE when thinking of how to treat MI. Such descriptions from the data as “turning a blind eye” or “opened up the dark side” are clearly impacting participants health and their ability to reintegrate in a healthy manner as was suggested by participants feeling “foreign” in their community or having to “live two lives” in order to maintain balance back home. Beyond the empirical evidence suggesting anger and frustration, others recognized that betrayal forms of PMIEs elicit mental health concerns such as depression, anxiety, self-handicapping behaviors, and symptoms of trauma (Battles et al., 2018).
Maguen and Litz (2012) found that veterans experiencing a PMIE have further distress because they are unable to live up to their moral code and begin to question their sense of humanity (Vargas et al., 2014). For the ethnic/racial minority veteran, this questioning can be influenced by cultural practices or identities essential for making sense of trauma experiences or engagement in culturally appropriate strategies to manage distress (Wilson & Drozdek, 2004). It becomes vital then that as clinicians we recognize that for ethnic/racial minority veterans, betrayal may elicit unique responses especially when considering one’s cultural values regarding community. Participants shared this instinct of “being human” before being a soldier and when this value directly conflicted with military values, participants became frustrated and angered as their moral beliefs about being a good person were denied.

Beyond the phenomenon of a “task-oriented” mentality and the reactions of anger and frustrations suggested by the literature, the qualitative data additionally adds more dimensions raising concern of the betrayal felt when veterans have a favorable impression of the military. Participants accounts described: joining the military because “at least that way they will give me money for school”, being able to “looking for that identity”, or the opportunity to experience a strong sense community and loyalty amongst units. Therefore, having the system betray (or as one participant described the military becoming “callous”) these positive attributions directly creates tension, further distress, anger, frustration, and a deeper dissonance so much so that participants felt that they were “cannon fire” for the military. Further research analyzing in-depth accounts of betrayal through the lens of MI, will diversify clinician’s ability to conceptualize veteran’s
distress matching the needs of the veteran and potentially establishes effective treatment modalities to address these unique concerns of betrayal by systems.

Beyond the “task-oriented” mentality, other participants discussed other betrayals on the system level specifically related to the rank and power structure of the military. Participants discussed incidents where commanding officers picked a fight with lower level service members, higher ranking officials handing down harsher penalties when they themselves received lesser consequences for similar behavior, watching peers destroy things, or witnessing others “rough up old people and intimidating young people”. As one participant shared:

“The stigma of being in the military you don’t speak unless spoken to, or you don’t speak against somebody higher than you, whether it’s right or wrong. They want you to take the punishment, and just run with it, so people have that mentality.”

This emphasis of remaining compliant and obedient could become a source of betrayal as lower enlisted service members may be unable to question or to have a say. For example, Mark’s experience of a higher up entering his room to pick a fight, placed him in a helpless position because questioning that immoral behavior, would have resulted in him being punished rather than his supervisor. The literature posits that betrayal by a leader has detrimental effects as the violation of trust influences a soldier’s well-being due to the ensuing dissonance where the soldier reflects on accepting the immoral behavior and their group membership (Fry, Vitucci, & Cedillo, 2005). This interpersonal comparison potentially leads to the reassessment of relationships (Fry, Vitucci, & Cedillo, 2005) as one participant shared, his peers’ behaviors of not counseling certain service members due to religion made him question if “they even were Christians?” that later developed into questioning his own role in the military.
Betrayal can also engender an intrapersonal component, where this violation in trust can develop into engaging in more withdrawal from others, becoming self-conscious, or having affective responses (e.g. anger, sadness) (Martin et al., 2017). This introspective phenomenon was shared by participants as they had to manage “mixed emotions” when feeling they were “doing something wrong”, having a “loss of faith” in their religion, reevaluating their role in the military, or feeling guilt for not speaking up against these immoral acts by commanding officers. This concept of betrayal based PMIEs influencing the level of trust a veteran has within the military and social relationships is present in the literature and in the current findings (Jordan et al., 2017; Shay, 2014). Prior conceptualizations of organizational circumstances in PMIEs (Currier, McCormick, & Drescher, 2015) discuss factors of lack of training, leadership that are uncaring, yet do not take into account the ethical and moral challenges unique to ethnic/racial minorities veterans as shown in the qualitative data such as “racism and discrimination,” potentially unique to the ethnic/racial minority veteran experience and a perspective not represented in the literature.

One way we can understand these unique reactions of betrayal is through Gomez (2018) discussion on Cultural Betrayal Trauma Theory (CBTT). CBTT posits that minority groups have the propensity towards valuing loyalty and trust within group relationships and that when betrayal occurs from within cultural groups, one develops symptoms of PTSD, anxiety, dissociation, shame, as well as “internalized prejudice, deidentification with minority identity, and (intra)cultural pressure” (Gomez, 2018, p. 238). If we were to consider the military as a culture, participants value of companionship would align with this need for attachment to group members related to
CBTT. Making the betrayal more complicated and intense for ethnic/racial minority service members is that those violations within the framework of MI can come from fellow service members or from the military, both of which participants shared had provided comfort or created access to needed benefits (i.e. citizenship). Therefore, participants reactions of fear, guilt, loss of faith, questioning their identity, and self-condemnation, may be explained by the CBTT framework by Gomez (2018) creating more complexity to this type of PMIE.

In order to understand maybe why a betrayal PMIE was more intense for participants, we can turn to CBTT’s suggestions of deidentification and internalized prejudice. For example, CBTT describes deidentification as the process by which one distances themselves from their cultural group (Gomez, 2018). In this study, participants began to question their role in the military and whether they wanted to remain loyal to an organization “who was so carefree about life.” One participant questioned his loyalty to the military so much so that he decided to never let his kids enlist in the organization.

The concept of internalized prejudice from a CBTT framework suggests that other social perceptions of racial groups can begin to influence one’s schema about their own cultural group (Gomez, 2018). Participants in this study shared their experience of having “two lives or putting on a mask” in order to cope with the maladaptive introspection occurring upon returning home from deployment. Some shared “holding back from expressing myself,” not sharing because they did not trust anyone, fear of judgment if they shared their story, hiding certain aspects of themselves, or minimizing their deployment experience because it caused too much pain to remember or relive the experience. CBTT may explain these behaviors used by participants as the betrayal felt
caused participants to shift their own schemas about themselves or how their core sense of self became so shameful to share, they hid certain aspects of themselves from others (Gomez, 2018).

Adding to the complexity of betrayal, this need for attachment within the CBTT framework is consistent with prior research specifically on how service members are trained and acclimated to their unit, where their orientation is towards their unit as a form of survival and as a tool to make solid judgments during ambiguous situations (Farnsworth et al., 2014; Martin et al., 2017). This loyalty to the unit became questioned for participants as some experienced racism and discrimination. Schorr et al. (2018) describe this phenomenon as “betrayals by trusted others,” specifically when service members learn about the immoral or unethical acts done by trusted peers and what impact these acts have on others.

From the qualitative results, participants shared experiences of Asian service members being ridiculed because of the food they ate or that because a soldier was African another soldier felt the need to “show you racism.” Some discussed how being the only Black person on the unit highlighted how others treated him differently, to the point where his commanding officer “picked a fight” with him. In other accounts, the recruitment from ethnic/minority or “impoverished” communities was a typical practice from the military and participants felt that because the benefits offered were so alluring, it made some question the intentions of why the military was recruiting from these communities.

Intersecting racism with the emphasis of unit cohesion and reliance on the unit (Farnsworth et al., 2014) sheds light on the complexity of this betrayal by trusted others.
as ethnic/racial minority service members, as compared to their peers, may experience a deeper sense of violation in trust and in confidence of whether their fellow peers would actually support them in times of need or see them as inferior. As one participant shared, even when he asked for help from his commanding officer because he was “struggling,” they continued to show him “racism and discrimination.” This phenomenon adds a different layer to MI, one that is still lacking in the literature.

Empirical evidence has found that ethnic/racial minority service members are at greater risk for developing PTSD, MI, and other mental health diagnoses potentially due to discrimination and racism (Koo et al., 2015; Loo et al., 2001; Wisco et al., 2017). Tummala-Narra (2008) describes how this impact of racial trauma can include a negative identification with cultural groups or shifts in how secure one feels about their identity. This insecurity in identity was similarly endorsed by participants as they questioned being part of the military and the strategy of hiding certain parts of their identity upon returning home for fear of various consequences (i.e. judgment from family). In one example, the chaplain questioned whether his fellow chaplains read from the same bible leading to his questioning as to how he could be part of such a “carefree” organization. He attributes this questioning of faith and experiences of racism as the cause of his uncharacteristic behaviors after returning home where at one point he called the cops on himself for fear of what he would do.

Participants’ accounts of betrayal align consistently with the Litz et al. (2009) etiology of MI, specifically that the act of transgression, in this case variations of betrayal, was “incongruent and discrepant” with the beliefs endorsed by participants (Litz et al., 2009, p. 700). First, on a systemic level the benefits provided by the military
citizenship, money for college), gave participants stability and a purpose in life. Yet when the military’s value of obedience to the power structure and emphasis on task-oriented mindsets conflicted with participants’ personal value, we heard stories of questioning one’s place in the military, losing faith in the organization, or conflict to the point where one would not want their kids to enlist.

Additionally, participants account of betrayal by trusted others in the themes of “rank structure conflicts” and “racism and discrimination” detailed their reactions of anger, frustration, “shocked,” “unfair,” and feeling as if “I am basically nothing”, all of which potentially influence their experience of MI. These reactions may be the result of dissonance and incongruence between participants’ values of loyalty to social relationships and collectivism versus the hatred, callous, and uncaring nature of fellow service members who being discriminatory and racist towards participants because of their race or ethnicity.

Our findings under the theme of “racism and discrimination” add a different dimension to MI potentially making this type of betrayal more salient for ethnic/racial minority service members especially if an important attribute for them are these collectivist ideals of compassion and empathy towards others. When faced with these experiences, they may recognize that their peers see them as inferior and therefore can treat them differently. Encountering racism and discrimination potentially creates complex distress, cognitive dissonance, and intense emotional reactions as ethnic/racial minority service members must jostle with accepting the discrimination and being unable to question others due to disrupting unit cohesion, their collectivist values of social harmony, or because of the stigma that service members “don’t question” authority. The
self-reflective component of MI (Litz et al., 2009) potentially becomes more complex as the betrayal induces extra work for ethnic/racial minority service members to exert energy in order to not live up to the stereotypes projected by others.

This type of betrayal shared by participants could explain the finding by Wisco et al. (2017) that ethnic/racial minority service members are more susceptible to experiencing a PMIE. These violations of trust by the system and by trusted others, shared by participants, may represent other experiences of ethnic/racial minority service members. Therefore, this study suggests that the heterogenous nature of how moral values factor into different PMIEs could contribute to different presentations of MI that have not been explored in the current literature. Therefore, further research analyzing how other moral values become a disposition for experiencing PMIEs begins to add further dimensions to our understanding of this phenomenon. Additionally, this lack of literature on the intersection of MI and racism and discrimination becomes an important next step for future research as the military continues to increase their recruitment of service members from communities of color.

Summary

These findings provide much needed data that are reflective of ethnic/racial minority male veterans’ thoughts and feelings about their experience of MI, providing readers with a unique perspective in how we conceptualize and understand MI. As the research continues to evolve regarding MI, the aim of this study was to provide different perspectives, specifically looking at how ethnic/racial minority veterans experience such a phenomenon. A key part of the research on MI suggests that the etiology of such emotions as guilt and shame, as well as coinciding symptoms of MI, are manufactured
reactions primarily produced be the veterans’ interpretation of the PMIE. These interpretations and attributions tend to be influenced by one’s morality, cultural identities, and other factors, all of which inform whether the PMIE is right or wrong (Bryan et al., 2018). Knowing this role of cultural identities, how one attributes their PMIE can be highly structured by a veteran’s social community, therefore making it highly important for further research looking at this intersection between cultural values and MI especially when considering the qualitative data above.

The findings clearly suggest that considering a soldier’s cultural identity may generate deeper levels of understand for the clinician promoting more effective interventions engendering a sense of healing consistent with the ethnic/racial minority veteran’s important identities. As clinicians, our ability to take inventory of a soldier’s cultural identities in understanding their distress is a representation of cultural empathy as our practice becomes more responsive towards their unique cultural values and potentially enhances the soldier’s satisfaction with treatment (Comas-Diaz, 2006; Ridley & Lingle, 1996). By looking at cultural identity as one factor shaping the presentation of MI, we can see varying dimensions of this phenomenon due to these unique values systems engrained in veterans at an early age. In order to meet the demands of a more diversified veteran population, clinicians and researchers need to understand what other factors ethnic/racial minority veterans face when experiencing a PMIE or MI.

This study may not capture the plurality of cultures in relation to how morality is viewed as each participant in the study has multiple identities, all of which can influence their moral development. Therefore, the researcher acknowledges that encompassing all ethnic/racial minority groups under the umbrella of collectivism is not a true
representation of the heterogeneity of cultures. Yet, this first step in providing perspectives representing ethnic/racial minority veterans could lead to future research where we begin to appreciate the relationship between specific cultural values and its impact on the experience of MI.

**Limitations:**

There are some limitations to the current research that should be noted. First, the analysis of interviews and creation of themes leaves room for ambiguity as the results are subject to potential bias from the researcher. It is important that the researcher acknowledges that they are an active participant in the analysis process, specifically in qualitative methodology. For example, how biases inform codes or the potential for finding results that support a priori hypotheses. Therefore, the researcher created operational practices throughout the study to mitigate these concerns. A member check with participants and the recruitment of two research assistants to help audit the analysis process in order to minimize any interpreter bias in the results. Additionally, sharing the reflexive process of the researcher (i.e. researcher’s identities, cultural values, motivation of conducting the study) gives the reader an understanding of the subjective experience the researcher had during analysis, formulation of themes, and discussing the implications of the results found.

Second, the sampling criteria of participants who identified as ethnic/racial minority does not encompass nor recognizes the uniqueness of each ethnic/racial community. Aggregating these different ethnic groups into one can be a disadvantage because it does not recognize the unique etiology of experiences within each culture nor does it highlight the cultural influences of how participants may have experienced MI.
Additionally, each ethnic group has variations in socioeconomic and environmental conditions that may impact cognitive and affective structures when impacted by trauma. Grouping various ethnic groups can limit the recognition of unique confounding variables that may have influenced the lived experience of veterans impacted by MI. Future research might include sampling criteria that specifically focuses on certain ethnic/racial groups therefore recognizing the distinctive values or beliefs shaping how a veteran from this specific group may be impacted by MI. Having data and clinical implications of how specific ethnic/racial groups may experience MI can better inform clinicians in treating this phenomenon.

Finally, the social conditions in which the study was conducted may have influenced participants’ responses during the semi-structured interview or willingness to participate. First, recruitment was impacted by the March 2020 Covid-19 shelter in place orders where Bay Area counties were placed on lockdown in preventing the spread of the Covid-19 virus. This influenced the recruitment process as individuals stayed home because of the orders and were not attending work, college campuses, or other venues where the study was being publicized.

Additionally, veterans mistrust of systems of care were discussed by Cheney et al. (2018). Their findings suggest that veterans worry about stigmatizing labels or how discussing mental health can foster vulnerability and weakness. The authors also suggest lack of confidence in health care systems, concerns over whether privacy is truly practiced, and the potential for unethical behavior by providers are conditions that can impact a veteran’s willingness to engage in health services as well as academic research (Cheney et al., 2018). Knowing this, answers to the semi-structured interview in this
study may have not fully captured the experience of participants impacted by MI. Participants may have reservations in sharing details of their experience or may have shifted their descriptions in order to preserve their self-esteem. The conditions discussed by Cheney et al. (2018) could also explain how there were 14 potential participants, yet once having seen the screener and the topic of the study, may have influenced their willingness to participate in the study.

Intersecting with the findings from Cheney et al. (2018) are participants' ethnic/racial minority identity and how this identity may impact someone’s willingness to participate in research. Scharff, Mathews, Jackson, Hoffsuemmer, Martin, and Edwards (2010) discuss attitudes of the Black community in relation to participation in research. They suggest that mistrust from historical events (i.e. Tuskegee syphilis study), sustained disparities in health care, systemic racism, and limitations in resources to improve communities; all have an impact on willingness to participate in research.

Together, both identities as veteran and as a member of a ethnic/racial minority community could impact willingness to participate in academic research, how trusting they felt towards the researcher, how a participant responds to questions, or their disposition in divulging personal stories. These factors could influence responses and themes found from the data. Future research methodology and practices should include an awareness of our role within the systemic racism at times inherent in academia. Our approach to the mistrust communities have of research and recognizing our privileged roles during the entire process of research is a first step. As researchers we need to recognize the purpose of our studies: whether it is more self-motivated or whether the outcomes are working towards improving the lives of vulnerable communities. More
practically recognizing how we communicate as researchers, our mannerisms, and possibly selecting such methodology as Community Based Participatory Research (CBPR) are strategies that can create a more trusting environment. As academic researchers we may never be able to undo the unethical behaviors in the past, yet by recognizing these wrongdoings and shifting how we look at research can create less scientific outcomes and more practical implications that help improve the lives of communities who continue to face disparities.

**Conclusion**

The evolution in demographics of the veteran population suggests an increase in ethnic/racial minority individuals enlisting, being impacted by their deployment experiences, and eventually seeking services for varying levels of distress. This shift in demographics also implores providers, in both medical and mental health fields, to adapt how they provide effective care to veterans. Additionally, this diversification in the veteran population tasks academic researchers in finding what effective treatment looks like for communities of color who are rarely represented in the literature. These conditions influenced the goal of this study which was to highlight the lived experience of ethnic/racial minority male veterans impacted by MI.

Results suggest that the experience of MI, already heterogenous in nature, can have an even more complex presentation as was evident in the qualitative data. We heard of stories where ethnic/racial minority veterans enlisted in the military because they “needed something to do, and the military offered me an easy way out” offering needed benefits for some. Other themes highlight values informing behaviors (“I was a human first before I was a soldier”) and how such PMIEs were some of the most “outrageous
Returning home with a PMIE and managing this experience of MI became even more distressful for participants as they shared further tension between their collectivist values and feeling unable to fulfill those moral standards ("feeling foreign," "living two lives," and “questioning everything”). These themes informed the findings above on how vital collectivism appears to shift the experience of MI, both during deployment, specifically through betrayal type PMIEs, and during the process of reintegration home. Having these unique experiences adds further dimension to our understanding of MI and promotes diversity within the literature.

Tummala-Narra (2016) shares two key aspects when considering research and our practice of working with vulnerable communities. First, the research on social and cultural diversity is lacking within psychology. As clinicians seek strategies to provide effective care to a more diverse population, their foundation of research lacks representation of this diversity, therefore impacting the quality of care provided to communities who are already facing numerous barriers to effective treatment. Therefore, highlighting the voices and experiences of communities underrepresented in the literature, as was done in this study, is an opportunity for clinicians to hear and read these unique perspectives with the hope that this informs better practices and improves the level of care provided.

Secondly, from a more psychoanalytic perspective, Tummala-Narra (2016) suggests that “not talking about culture can suggest the therapist isn’t seeing the client as a whole human being.” This suggests that by honoring a veteran’s various identities, their lived experiences as a veteran of color, and how these identities influence their life;
clinicians are better informed and can offer care that centers on the veteran’s important values, essential when working with soul wounds and MI.

In an ideal world, Tummala-Narra’s applications of cultural competency would be part of every provider’s mindset when working with vulnerable communities. Our work with trauma becomes even more multifaceted when we add the layer of MI as it becomes even more complex especially in consider veterans identifying as ethnic/racial minorities and how their values influence the etiology of MI symptoms. Our ability as clinicians to be less focused on being the expert and more so on hearing different perspectives to match a veteran’s needs is essential to our growth as a field providing important care to vulnerable communities. In order to provide quality care, the possible shift towards a more inclusive, collectivist, and genuine stance of curiosity could someday improve mental health care for veterans impacted by MI and begin to break down the systemic racism and oppression that exists for veterans of color.
## Appendix A: Table of current qualitative work regarding MI

<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Study Aims</th>
<th>Population (N)</th>
<th>Racial breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drescher et. al.</td>
<td>Primary Research (Semi-structured</td>
<td>Determine how providers view and accept the construct of MI</td>
<td>Military Chaplains; Mental Health Clinicians; and educators (n = 23)</td>
<td>Not reported</td>
</tr>
<tr>
<td>(2011)</td>
<td>interviews)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vargas et. al.</td>
<td>Archival Research (NVVRS open ended</td>
<td>Exploration of MI themes &amp; symptoms in the description of traumatic events</td>
<td>Vietnam military veterans with history of combat deployment (n = 400)</td>
<td>Whites = 189</td>
</tr>
<tr>
<td>(2013)</td>
<td>questions)</td>
<td>events from Vietnam Veterans</td>
<td>Hispanic = 112</td>
<td>African American = 99</td>
</tr>
<tr>
<td>Gibbons et. al.</td>
<td>Structural Narrative Analysis</td>
<td>Determine how OEF/OIF Health Care Providers explain potentially morally</td>
<td>Military healthcare providers with history of combat deployment (n = 20)</td>
<td>Not reported</td>
</tr>
<tr>
<td>(2013)</td>
<td>(Semi-structured interviews)</td>
<td>injurious war zone experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snyder (2014)</td>
<td>Primary research (in-depth interviews)</td>
<td>Detail negative moral evaluations veterans made to grotesque imagery during combat and overall their combat experience</td>
<td>Military veterans with PTSD diagnosis and history of combat deployment (WWII, Korea, Vietnam, etc.) (n = 20)</td>
<td>Not reported</td>
</tr>
<tr>
<td>Brenner et. al.</td>
<td>Thematic Analysis (Semi-structured</td>
<td>Explore symptoms related to exposure to physical and emotional trauma</td>
<td>OEF/OIF Soldiers (n = 103)</td>
<td>White = 69</td>
</tr>
<tr>
<td>(2015)</td>
<td>interviews)</td>
<td>during OEF/OIF conflicts</td>
<td></td>
<td>Black = 7</td>
</tr>
<tr>
<td>Currier et. al.</td>
<td>Content Analysis (Semi-structured</td>
<td>Describe the range of circumstances of how morally injurious experiences</td>
<td>Iraq/Afghanistan era veterans (n = 14)</td>
<td>White = 7</td>
</tr>
<tr>
<td>(2015)</td>
<td>interviews)</td>
<td>occur, according to Veteran’s perspective</td>
<td></td>
<td>Hispanic = 4</td>
</tr>
<tr>
<td>Held et. al.</td>
<td>Narrative Thematic Analysis (Semi-</td>
<td>Better understand cognitive &amp; emotional consequences from experiencing a</td>
<td>Recruited from Road Home Program, Chicago, IL (n = 8)</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>(2018)</td>
<td>structured interviews)</td>
<td>morally injurious event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garcia (2018)</td>
<td>Content analysis (In-depth &amp; Semi-</td>
<td>Uncover new context or experiences of MI from responses of male Latino</td>
<td>Mexican American veterans who participated in post-9/11 conflicts (n = 36)</td>
<td>Mexican American = 36</td>
</tr>
<tr>
<td></td>
<td>structured interviews)</td>
<td>combat veterans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Screener for participation in study

Demographic information:

Name: 

Phone number: 

DOB: 

What is your race/ethnicity? What community do you feel the most connected to? 

Conflict deployed to? 

Branch & role within the military: 

Description of duties in the military: 

Circle yes or no to the questions below (Currier et al., 2018):

I am ashamed of myself because of things I did/saw during my military service. Y N

I feel guilt about things that happened during my military service that cannot be excused. Y N

Because of things that I did/saw in the military, I am no longer worthy of being loved. Y N

The moral failures I witnessed during my military service have left a bad taste in my mouth. Y N

When I look back on my military service, I feel disgusted by things that other people did. Y N

Things I saw/did in the military have caused me at times to lose faith in the basic goodness of humanity. Y N

I feel anger over being betrayed by someone who I had trusted while I was in the military. Y N
Appendix C: Schedule of Questions

Contextual questions: these first two are just to break the ice
What got you into the military?

Open ended questions:
When you think about your combat or deployment experience, is there a specific story that comes to mind?

Could you describe some of the emotions you experienced during your combat or deployment experience?

What caused the emotions? How did you cope with the emotions?

What was the most challenging emotion you had? Why?

How has this emotion impacted your life?

What was the most challenging experience you had during combat or deployment?

How has this experience impacted your life?

What was your experience coming back home after your deployment? What was your relationship like with your family? Community?

After reading this description of MI, what are your thoughts?

Can you think of an experience that you were involved with or witnessed that possibly represents this definition? Would it be okay for you to describe it?

Are there things that you keep from others? Did you have any experience that you don’t tell others? That are hard to talk about.
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