Killing, living with killing and moral injury. Do we do enough to prepare our warfighters morally to kill and live with killing?

Lt. Col. David Lambert

EuroISME thesis of the year 2024

Do we do enough to prepare our warfighters morally to kill and live with killing?

Lt.Col. David Lambert

The views expressed in this paper are those of the author and do not necessarily represent those of the UK Ministry of Defence or any other department of Her Britannic Majesty's Government of the United Kingdom. Furthermore such views should not be considered as constituting an official endorsement of factual accuracy, opinion, conclusion or recommendation of the UK Ministry of Defence or any other department of Her Britannic Majesty's Government of the United Kingdom.

Cover design:
Ted van Baarda

Cover image:
Marines Call It That 2000 Yard Stare by Tom Lea. US Marine at the battle of Peleliu, 1944.

Killing, living with killing and moral injury. Do we do enough to prepare our warfighters morally to kill and live with killing?

Lt. Col. David Lambert

student at:

Advanced Command and Staff Course

King's College London

© EuroISME 2024

The prize is supported by:

Jury Members

1. Colonel (ret) Rev. Prof.Dr. P.J. McCormack, MBE, (chairman, United Kingdom)

2. Brig.Gen. (ret) Benoît Royal (France)

3. Dr. Veronika Bock (Germany)

4. MMag. Stefan Gugerel (Austria)

5. Senior Chaplain Lt.Col. Dr. Janne Aalto (Finland)

6. Dr. Asta Maskaliūnaitė (Estonia)

7. Maj.Gen. (res) Dr. Juan Moliner Gonzalez (Spain)

- Ms. Ivana Gošić (Serbia, secretary)

Enquiries: secretariat.ethicsprize@euroisme.eu

www.euroisme.eu

Table of contents

Acknowledgements …….. 1

1. Introduction …….. 3

2. Methodology and research design …….. 7

3. Motivations and purpose …… 9

4. Current operating context and relevance of continued study …… 10

5. Literature review ……..…….. 15

a. Historical analysis of unseen wounds ….……..... 15

b. What is moral injury? – Establishing the analytical framework ……..……. 18

c. PTSD and moral injury ……. 24

d. Critique of moral injury ……. 26

6. Primary research observations …… 29

7. Preventing dissonance and conflict – understanding the impact of betrayal on moral preparedness …….. 33

a. Impairment of trust ……... 34

b. Undermining legitimate purpose ……..... 36

c. Just cause and the moral liability to kill …….. 38

8. Preventing shame, guilt, and anxiety – understanding the impact of organisational culture on moral preparedness …… 43

a. The perception of exceptionalism ……..…. 44

b. A pattern of normalised deviance …… 49

9. Failure to forgive and self-condemnation – the role of awareness and acceptance on moral preparedness ……..…….. 53

10. Opportunities for further study ……..…… 57

11. Conclusion ……..…… 58

Annex A to Killing, living with killing, and moral Injury ……..…… 60

Quantitative questionnaire data ……..……..…. 60

MIES Self-reporting data ……..……..…... 61

Bibliography …… 63

"Human revulsion at killing seems to be universal (although it certainly can be overridden by training, fear, or passion). Thus, it's astonishing, and should be unacceptable military training prepares men and women to kill but fails to prepare them to deal with the emotional and psychological consequences of killing".[1]

Acknowledgements

This paper is focused on the study of moral injury in UK service personnel who were sent to Afghanistan between 2006 and 2014. In this conflict civilians were also caught up in the violence as witnesses and bystanders. For those residents of Afghanistan caught up in the conflict the traumatic events of the conflict and the events that have followed have inflicted deep physical and psychological trauma. The moral injuries of those caught up in the conflict are outside the scope of this paper but not out of thought.

[1] Ellner, A. (2017), 'Moral Injury: A British Perspective,' in: B. Allenby, A. Ellner, & T. Frame (eds.), Moral injury: towards an international perspective (pp. 34-38), <https://kclpure.kcl.ac.uk/ws/portalfiles/portal/128736921/Moral_Injury_White_Paper_revised_2nd_ed_2017.pdf>.

1. Introduction

Recent years have seen a burgeoning interest in Mental Health (MH) research and advocacy in the UK. This surge in momentum attributed to an increasing awareness of the significance of MH as a core component of health and wellbeing. The findings of focused cross-disciplinary research into societal health have recognised the scale and complexity of the MH challenges facing society with suicide, depression, and access to professional licensed counselling and therapy increasingly on the rise.[2] Recommendations from this research have seen a marginal increase in the availability of some MH services and unlocked increased funding into the research and development of more innovative and effective models of care. And yet it is still an area where demand far outstrips supply. Concurrently, Defence has invested into several MH initiatives in recent years. The British Army has introduced Mental Resilience Training (MRT) to support the most vulnerable cohorts entering service, Trauma and Incident Management (TRiM), and an optimised through-life MH education programme OPSMART'[3] which forms part of the Army's mandated training syllabus.[4] While cautious progress has been made, improved and faster access to MH support services is still required to protect the health, wellbeing, and readiness of the armed forces. However, this recent progress may be too late to support an increasingly vulnerable community of veterans ravaged by the psychological trauma incurred through campaigns in Iraq and Afghanistan. Their care now rests in the hands of society.

---

[2] Office for National Statistics 2023, accessed at Cost of living and depression in adults, Great Britain - Office for National Statistics (ons.gov.uk), accessed 11 March 2023.

[3] British Army, People – Mental Resilience, <www.army.mod.uk/people/health>, accessed 28 Feb 23.

[4] Individual Training Requirements (ITRs), CROWN COPYRIGHT - RESTRICTED.

While the body of research around mental health and PTSD diagnosis, causation, and treatment are significant, moral injury remains widely unrecognised. Early studies led by US research into psychological trauma post-Vietnam have focused on moral injuries incurred through combat. The UK is slowly generating momentum into the subject with Covid-19 a trigger for wider contemporary studies into moral injury. These broader studies have exposed human anguish, pain, and suffering are not the sole preserve of combat and that health workers and first responders are among those who face similar challenges as they are routinely exposed to Potentially Morally Injurious Experiences (PMIEs).[5] Whilst important to acknowledge moral injury can exist in many aspects of society, this paper's inquiry will be limited to moral injury arising from combat. This does not discount the significance of its impact on the health, well-being, and resilience of non-service personnel but serves to narrow the analytical framework.

Despite findings from recent research illustrating increased susceptibility and occupational risk amongst UK service personnel who served in combat operations in Iraq and Afghanistan,[6][7] moral injury remains under-represented and misunderstood. The organising principle of this inquiry is to understand whether the military adequately prepares war fighters morally to face the paradox of killing and living with killing. It is implicit that to do so will also reduce the incidences of and susceptibility to incurring a

---

[5] Williamson, Victoria; Greenberg, Neil, Stevelink, Sharon; 'Occupational moral injury & mental health systematic review and meta-analysis', *British Journal of Psychiatry*, Vol. 212, No.06, June 2018.

[6] Williamson, Victoria, Murphy, Dominic, Stevelink, Sharon, Jones, Edgar, Greenberg, 'Experiences of Moral Injury in UK military veterans,' King's Centre for Military Health Research, King's College London, 2018, <https://s31949.pcdn.co/wp-content/uploads/20200826-Experiences-of-Moral-Injury-report-2020-v2b-1.pdf>

[7] Frankfurt, Sheila, & Frazier, Patricia, 'A Review of research on Moral Injury in: Combat Veterans', *Military Psychology*, 2016, Vol. 28, No.5, 318-330.

moral injury. The primary research is drawn from crews who took part in Attack Helicopter (AH) operations in Afghanistan between 2006-14. Analysis of their operational experiences will present contemporary lessons. The research alights on three transcendent themes Defence must address up-stream to prepare war fighters to kill. The themes are managing perceptions of betrayal, driving a healthy and accountable organisational culture, and promoting greater awareness and acceptance. The paper will not debate whether those who served in Afghanistan have been morally injured or intrude on individual journeys of repair. Nor will it criticise the in-place chains of command or individuals.

First, the paper will analyse the current military operating context and establish the importance of the continued study of moral injury. Through an academic review of published works the paper will analyse the historical context of unseen wounds and establish the analytical frameworks against which the primary research will be related. It will introduce Litz *et al*'s (2009) cognitive framework for moral injury as the foundation framework for an individual's injury.[8] This framework recognises injuries sustained are the violation of an individual's moral identity, values, and soul rather than psyche or body. And, that these injuries are sustained through exposure to PMIEs "through perpetration, failure to prevent, bearing witness to or learning about an event".[9] The paper will also introduce and use Shay's betrayal-based concept of moral injury. This concept infers injuries incurred are attributed to a legitimate authority within a high-stakes situation.[10] For simplicity, in this research all AH operations in Afghanistan have been classified as high-stakes. Critically, the betrayal concept holds the military accountable for the moral education, care, and repair of those serving. The inquiry will then analyse selected criticisms that

---

[8] Litz *et al*, 'Moral Injury and Moral Repair in Veterans: A preliminary Model and Intervention Strategy', *Clinical Psychology Review*, Vol. 8, Dec. 2009, 696.
[9] Litz *et al*, 'Moral Injury and Moral Repair in Veterans', 696.
[10] Shay, J, *Odysseus in America: Combat Trauma and the Trials of Homecoming.*

exist within the study of moral injury, most notably the distinction between PTSD and moral injury.

Last, the paper will conduct primary research using AH operations in Afghanistan between 2006-14 as the instrument. The basis for this dialogue will blend analysis of policy and courseware with first-hand experiences from AH crews, medical practitioners and commanders who served in Afghanistan. Not designed directly to inform Defence policy, the research is designed to inform and enhance Defence's understanding of moral injury. Critically, how better to prepare future war fighters to confront the moral paradox of killing. Given the levers owned by Defence the findings will focus on building capacity and resilience upstream rather than treatment. The paper will conclude by making recommendation on where future research into the subject may wish to focus.

2. Methodology and research design

A blend of qualitative and quantitative methods has been selected as an appropriate method to conduct research within a subject that spans academic, clinical, and observational insight. The use of interviews, questionnaires and published courseware serves to triangulate the academic information and present the consistent themes which are related to proven frameworks established in the literature review.

Semi-structured interviews were conducted with fifteen military veterans. Twelve former AH aircrew offered interviews in addition to a former medical officer and two intelligence specialists. Thirty questionnaires were completed by former serving AH aircrew with those participating requested to self-report their experiences of moral injury through Nash's (2013) Moral Injury Events Scale (MIES).[11] This scale was selected because it remains one of the most widely used measures of PMIEs and is used frequently within recognised research into moral injury.[12] The MIES scale has not been critiqued. Its use, through self-reporting, is to deliver a baseline understanding to the participants of the subject, their own circumstances, and to inform the author whether the subjects have experienced or borne witness to acts which violated their moral or ethical code. This allowed the author to tailor interviews according to each participant's experience of PMIEs.

Driven by the moral, ethical, and legal obligation for Defence to care for its people the primary research question is:

1. Do we do enough to prepare our war fighters morally to kill and live with killing?

---

[11] Nash, WP, 'Psychometric Evaluation of the Moral Injury Events Scale,' *Military Medicine*, Vol. 6, June 2013, 646.
[12] *Ibid.*

3. Motivations and purpose

This study is motivated by the author's experience of combat operations in Afghanistan. This commitment spans six years of front-line combat aviation operations between 2007-13. He was introduced to the academic study of moral injury by the US Air Force Combat Search and Rescue community whilst deployed on operations in 2009. Since learning of its existence, the author has sought to develop a deeper appreciation of moral injury causation, impact, and repair. This study of moral injury is driven by three perceived shortfalls observed by the author:

1. Limited moral and ethical education to prepare war fighters to kill.
2. A shortfall in education as to the causation, diagnoses, impact, and repair of moral injury.
3. A critical shortfall in how Defence administers its duty of care to the morally injured.

4. Current operating context and relevance of continued study

Throughout the last 20 years, the British armed forces have been heavily committed to global operations which have challenged the mental and physical resilience of service personnel and their families. Kinetic operations in Afghanistan, Libya and Iraq, peacekeeping and stabilisation operations in Bosnia, Kosovo, and Mali and humanitarian operations in Nepal and the Caribbean. Domestically too, there has been an increased demand for homeland support. This has seen service personnel support the national response to Covid-19 and cover critical national outputs at times of industrial action in other government sectors. This baseline tempo of activity is set to endure and will continue to place pressure on Defence and its people.

The Integrated Operating Concept[13] detailed the threat posed to the UK by its adversaries which has shaped the Government's "Global Britain" foreign policy. In an operational environment termed an "era of constant competition",[14] the future direction of the armed forces has been set with the release of the "Integrated Review Refresh 2023".[15] More forces deployed more of the time, projecting military capability around the world to support the UK's strategic interests. And yet, whilst the pivot to

---

[13] HMG, 'The Integrated Operating Concept', August 2021, accessed at Integrated Operating Concept 2025 <publishing.service.gov.uk>, accessed 12 Mar 2023.

[14] HMG, 'Global Britain in a competitive age: the integrated review of Security, Defence, Development and Foreign Policy', accessed at Global Britain in a Competitive Age: the Integrated Review of Security, Defence, Development and Foreign Policy - GOV.UK <www.gov.uk> March 2021.

[15] HMG, 'Integrated Review Refresh 2023: Responding to a more contested and volatile world', accessed at Integrated Review Refresh 2023, accessed 29 April 2023.

persistent engagement forms a principal component of Defence's strategy, there is still an overpowering threat of conventional warfare. Chinese expansion in the Indo-pacific and the Russian invasion of Ukraine are evidence of the enduring physical threats to global security which persist. For the UK's armed forces this signifies the continuation of high-tempo global operations which will continue to impact on the MH and resilience of service personnel and their families.

Analysis of MH trends in the British armed forces reinforce the importance of continued study and investment into unseen wounds. Since 2003, KCL has been leading an expansive study into the health of UK service personnel following their service in Iraq and Afghanistan. The most recent data gathered from eight thousand military personnel between 2014–16 indicated the overall PTSD rate amongst veterans and serving personnel at 6%. Earlier phases (2004–06 and 2007–09) saw this rate at 4%.[16] The increase from 4% to 6% attributed to those service personnel who had seen active service in Iraq or Afghanistan. Additionally, amongst those who had seen active service in the same theatres the PTSD rate was recorded at 9%, but still recorded at 5% amongst all others involved within the study. Whilst data on moral injury is scarcer, psychologist Shira Maguen's 2013 data collection using the Nash et al Moral Injuries Events Scale (2013)[17] offers insight with similar trends to the KCL data. Focused on US veterans in Iraq and Afghanistan,[18] the data reported overall 41.8% of those veterans participating had sustained or witnessed a form of moral injury.[19]

---

16 KCL Study, 'Increase in PTSD among UK veterans who served in Afghanistan and Iraq – new research', Oct. 2018 <theconversation.com>, accessed 11 March 2023.

17 Nash, WP, 'Psychometric Evaluation of the Moral Injury Events Scale', *Military Medicine*, 178(6), 646-52, 201.

18 'National Health and Resilience' in *Veterans Study*, Depression and Anxiety, 34(4), 2013.

19 Maguen, Shira, Norman, Sonya, 'PTSD Research Quarterly', *US Department for Veterans Affairs*, Volume 33, No.1, 2022.

Additionally, around 25% of the cohort had self-reported transgressions with an additional 25% reporting transgressions of others.

With the US leading the way in the study of moral injury, the true value of its continued study can be found in a 2012 US Army report into behavioural and criminal trends.[20] The report paints a picture of individual psychological distress and of an Army facing a behavioural and disciplinary crisis. Between 2006-11 violent crime rose 31%, in 2011 the US army recorded 122 murders, 12,000 drug and alcohol offenders, and a roster of 42,698 criminal offenders. These offenders included 4877 soldiers convicted of multiple felonies and 438 soldiers convicted of multiple violent sex crimes. The report also exposed the challenges posed to the wider military community with families breaking under stress, and a dramatic increase of 50% in domestic violence cases, with incidents of child abuse climbing at a similar rate. In the same year 280 soldiers on active duty died by suicide. A later report published by the Armed Forces Health Surveillance Centre[21] exposed the full extent of the psychological damage incurred by the US Army following a decade of campaigning in Afghanistan. The report published "adjustment reaction"[22] as the most common diagnosis for all soldiers medically evacuated from Afghanistan. The term itself is a medical code for diagnoses including depression, anxiety, and stress. The findings also reported highly on soldiers with episodic mood and dissociative disorders. Retrospectively, it could be argued the US Army was experiencing moral injury on a massive scale, but which was completely unrecognised outside of a small cadre of researchers, clinicians, and academics.

---

[20] Wood, David, *What have we done? The Moral Injury of Our Longest Wars*, Little, Brown (2016), 81.

[21] Accessed at <https://Health.Mil/Reference-Center-Reports>, accessed 23 May 2023.

[22] *Ibid.*

5. Literature review

a. Historical analysis of unseen wounds

While it is not the purpose of the paper to conduct a historical analysis of unseen wounds,[23] value can be drawn from analysing the evolution of societal trends and how attitudes towards non-physical wounds have evolved. This analysis demonstrates a latency from diagnosis to organisational and societal acceptance. Moral injury is facing a similar challenge. Writing on moral injury, Marlantes[24] described the devastating impact and ever-present nature of physical violence that has existed since the "dawn of organised human violence".[25] This ubiquity also true of unseen wounds. Sophocles 2500 years ago describing a "shell-shocked"[26] Ajax staring into oblivion poignantly using a term that still has a place in the contemporary lexicon alongside the moral pain it symbolises. Throughout, the nature of conflict has not changed with killing not only ever-present, but legally and socially endorsed.[27] This paradox has challenged generations of warfighters. And, while rules have evolved to distinguish between war and peace, military and civil, a soldier's psyche has consistently struggled to distinguish between when killing is acceptable, honourable, and necessary.[28] This moral, ethical, and legal dilemma

---

[23] Hodgson, T.J, Carey, L.B, 'Moral Injury and Definitional Clarity: Betrayal, Spirituality, and the Role of Chaplains' *Journ. of Religion and Health*, Vol. 4, Aug. 2017, 56.

[24] Marlantes, Karl, 'What It Is Like to Go to War' New York: *Atlantic Monthly Press*, 2011, 15.

[25] Marlantes, 'What it is like to go to War", 15.

[26] Tragedies of Sophocles, *Ajax*, Tragedy, Greek, c. 444 BCE, 1,421 lines.

[27] Strachan, H, *The Changing Character of War*, Oxford University Press, first edition, 2011.

[28] Allenby, B, Frame, T, 'Moral Injury', *Moral Injury,* King's Research Portal, 2017.

and its relationship with an individual's identity and self-worth will be in a later section.

The referent point for analysis is the Great War (1914–18). It represents a point of departure to demonstrate how attitudes towards unseen wounds have slowly evolved. While not retrospectively diagnosing PTSD, most scholars agree many veterans who survived the Great War struggled to overcome the mental suffering they had sustained. Brutally, societal, and organisational attitudes were less forgiving. Renowned Australian physician, Arthur Graham Butler, a former medical officer in Gallipoli wrote in his wartime journal "the mind must heal itself and a man must heal his own mind".[29] Butler's journal entry portrays a visceral, cold, and isolated recovery journey for the soldier to confront alone. Critically, with no support from society or the chain of command to enable their repair. To understand the gravity of Butler's statement demands an understanding of his own experience and post-war clinical work. A veteran who worked himself to the point of collapse, after the war Butler devoted more than 20 years to writing the history of the Australian Army Medical Corps. Renowned for his devotion to minimising suffering for service personnel,[30] Butler's statement has synergies with the organisational accountability and duty of care that this research is focused on.

The Great War took place at a time when much of the medical and psychological care was class-oriented and shrouded in machismo. This engendered a culture of predisposition; an assertion those from lower class backgrounds or poorer education had greater susceptibility to unseen injuries. Worse, that unseen wounds were seen as weakness or cowardice amongst the upper classes. Tyquin's (2015) metaphor to describe the desperate nature of the misunderstanding of these wounds reinforces this

---

[29] Tyquin, *Michael, In search of the unseen wound, moral injury and the age of barbarism*, UNSW Press (2015), 18.
[30] *Ibid.*

disposition, describing shellshock as being depicted by scared and cowering men.[31] The societal ignorance to unseen wounds even led to denial of their existence.

Orwell's quote "unfortunately the truth about atrocities is far worse than they are lied about and made into propaganda. The truth is they happen",[32] was used by Robertson (2015) to describe the impact and backlash against WW1 propaganda in the UK. She later describes a society so far removed from the realities of war they would rather believe they were fabricated than deal with the reality. The reality for those men fighting on the allied front lines could not have been more different. Drawn to fight for a noble cause to defend the foundations of Western society such as freedom, liberty and self-determination, their reality lacked any shred of dignity or valour.[33] The devastating injuries sustained to their souls combined with an absence of societal support has synergies with the loss of identity and organisational betrayal felt by some service personnel who served in Afghanistan.

Attitudes towards shellshock and PTSD have evolved significantly since WW1 and the stigma and misunderstanding surrounding those afflicted has eased. Progress, however, has been slow and it wasn't until the 1980s that PTSD was validated as a legitimate psychological condition. With greater momentum behind the study of MH and a more compassionate and trauma-informed approach to mental health care, it is concerning how misunderstood and under-represented moral injury remains.

---

[31] *Ibid*, 20.

[32] Orwell, George, *Looking back in the Spanish War*, Penguin (1968), 290.

[33] Robertson, *Emily, Atrocity Propaganda and Moral Injury,* UNSW Press (2015), 45.

b. What is moral injury? – Establishing the analytical framework

The subject of moral injury is dynamic. It is still in its etymological adolescence compared to PTSD whose extensive and broad research has threatened to complicate the understanding of moral injury. This means moral injury is complex and undefined. The lack of a unified definition of moral injury is not dissimilar to the evolution of a language to talk about any other MH and trauma field or discipline. However, there is a consensus amongst clinicians and academics moral injury can occur when an individual either witnesses or acts in a way that contravenes their moral constitution or they feel accountable for not preventing such acts from being committed whether it is within their power or not.[34] Whilst not the sole preserve of the armed forces, although those serving are highly susceptible given the demands placed upon them are amongst the most morally complex,[35] this inquiry is focused on moral injury in combat.

Psychiatrist Jonathan Shay is credited with the first contemporary usage of the term in the 1990s and opened the first wave of clinical discourse on the subject through studying the impact of psychological trauma experienced by soldiers in Vietnam. Shay's observations were shaped by the treatment of those under his care whose symptoms could not be attributed to trauma or PTSD. In 2002 he defined moral injury in *Odysseus in America*[36] as being when "there has been a betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation".[37] This early definition was open to scrutiny – placing the culpability with the legitimate authority rather than conceiving the

---

[34] Ellner, Andrea, 'Moral injury – A British Perspective', *Moral Injury*, King's Research Portal, 2017, 34.
[35] Frame, Tom, 'A Personal Perspective: Australia', *Moral Injury*, King's Research Portal, 2017, 14.
[36] Shay, Jonathan, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, New York, Scribner, (2002), 240.
[37] *Ibid.*

individual had a role to play in their injury. However, Shay's primary aim was to contemporise the understanding of what was meant by an injury to the soul. Replacing the term disorder with injury, he sought to ensure that unseen wounds were not seen as a deficiency in character or mental disposition, but as injuries as noble as any others sustained in combat.

This definition set the clinical momentum behind the study of moral injury. Although some clinicians agreed with Shay's early assumptions, much of the next wave of clinical discourse became divergent from Shay's thesis. Shay's original subject for analysis was a US Army war veteran and while most clinicians agreed with the premise of moral injury, there was disagreement about the sources of injury and its subjects. Litz *et. al.* countered Shay's initial view on the sources of moral injury. Litz conceived there were two sources; the soldier and the combat environment they are in.[38] In the former, the soldier is injured because they have committed or taken part in actions or events that have violated their moral code. They are "both subject and commissioner",[39] and function as the "central agents"[40] within their own injury. In the latter, Litz proposed the injury is not incurred from direct actions but arises from conflict itself or one's perception of it. The injury is incurred because of the environment generated from the violence of war itself.

Complimenting Shay's aim to recognise the nobility of injury, Litz agreed that injuries sustained by subjects were the violation of their moral identity, values, and soul rather than psyche or body.[41] To stimulate research and theory-building, he published a cognitive framework as a point of departure for the study of moral injury which sought to distinguish it from PTSD. The

---

[38] Wiinikka-Lydon, Joseph *Moral Injury and the Promise of Virtue,* Palgrave Mcmillan (2019), 157.
[39] *Ibid.*
[40] *Ibid.*
[41] Ellner, 35.

theoretical framework placed emotions at the heart of its construct and brought into focus events that may cause moral injury. These Potentially Morally Injurious Events (PMIEs) will not be analysed in detail, however Litz argued that whilst shooting, killing, humanitarian and civilian distress figure strongly, morally, and ethically ambiguous events could occur in any type of warfare. By linking these events to human senses (sight, smell, imagery) he conceived these situations could produce considerable enduring distress.[42] Central to the framework was a revised definition of moral injury "as resulting from an act of transgression that creates dissonance and conflict because it violates assumptions and beliefs about right and wrong and personal goodness…".[43] Critically, Litz proposed moral injuries would be incurred through PMIE in four ways, "through perpetration, failing to prevent an event, bearing witness to or learning about an act or event".[44] The expansion of the causation away from perpetration to include third parties and observers links to the argument that the combat environment itself can generate the conditions for moral injuries to occur. This wider aperture is critical to the study of moral injury in combat because it no longer limits the subjects of injury to those who commit the acts of transgression. Militarily, this binds those whose primary roles do not include killing, the families of service personnel, and society into the subject. Although outwith the cognitive framework itself, by siting moral injury within the subject's own moral identity, Litz also demanded we take an "interdisciplinary approach to understanding moral injury *(e.g.,* military, biological, philosophical, sociological and social, psychological, legal, religious, mental health perspectives)".[45] This approach moved the understanding and study of moral injury away from a purely clinical and psychological perspective and opened the way for broader analysis and study.

---

[42] Litz *et. al.,* 'Moral Injury and Moral Repair in Veterans', 696.
[43] *Ibid.*
[44] *Ibid.*
[45] *Ibid.*

Returning to Shay's original concept, and the role of the institution in moral injury. Shay's emphasis on the institution raises a political issue that is outwith the early clinical analysis. Wiinikka-Lydon conceived that since moral injuries stem from betrayal within the chain of command that commission resides with the military to educate, advocate and repair.[46] This has implications for what constitutes treatment and repair. In this inquiry, repair "is understood, not just as therapy but also in terms of education, advocacy, and institutional reform".[47] It could be argued in much of the immediate academic and clinical study that followed Shay's original work the focus narrowed significantly on to the individual rather than on the institutional and political context within which the injuries could be sustained. This is not to discount the centrality of the individual but serves to reinforce the nascent understanding of the subject itself. Expanding on the higher authority and political context, recent studies criticising the injustice of wars in countries like Iraq and Afghanistan have alighted on the role they play in moral injury which support Shay's betrayal concept. One example is the Chilcot enquiry's critical evaluation of the justification for military operations in Iraq. Many veterans have questioned whether the British Government's justification was morally just rather than simply being safeguarded by a legitimate legal framework. The absence of a moral justification has retrospectively inflicted a dissonance between the soldier, their moral code and what the government demanded of them resulting in an increase in incidences of moral injury.[48]

Whilst the analysis of Litz and Shay's early work presents opposing views, the evolution of study has seen both acknowledge elements that bring their work closer together. Shay acknowledges the role of self-betrayal while Litz *et. al.* have universally

---

[46] Wiinikka-Lydon, Joseph, *Moral Injury and the Promise of Virtue*, Cham, 158.
[47] *Ibid.*
[48] Hollis, J, 'The shaping of moral injury among UK military veterans of the wars in Iraq and Afghanistan', *National Library of Medicine*, 2023.

acknowledged the importance of the betrayal of others in their work. Bringing these two concepts more closely together is developing a more wide-ranging understanding of the causation (relationships and experiences) within which moral injury manifests.[49] One commonality between the frameworks, critical to this study, is an agreement the more time passes, the more the injured subject will be convinced their transgressions are unforgiveable. This means the morally injured may fail to see a path toward renewal and reconciliation[50] which, if untreated, could present potentially catastrophic outcomes for a subject's repair. Militarily, this phenomenon could see the morally injured leave service and transfer the onus and burden of care to an already over-burdened society struggling to cope with the demands of a deteriorating MH crisis. This factor aptly demonstrates the importance of upstream care for those serving in the armed forces.

Combining Shay and Litz's understanding of the causation, subjects of injury, triggers, and repair, we must now investigate what and who is injured in moral injury. The author supports Ellner's view that injury is a personal journey and inquiry. This advocates starting the sources of analysis with a person's values since it is the violation of one's moral identity and values at stake.[51] This means starting at the subject's moral code. Litz, defined morals as "fundamental assumptions about how things should work and how one should behave in the world".[52] This demonstrates that one's moral code is an inter-connecting system of values from multiple sources that shape an individual's assumptions about what is right, wrong, and about how they should behave. They are products of one's personal background and upbringing as well as the culture and society they are socialised

---

[49] *Ibid.*

[50] Litz *et al*, 700.

[51] Ellner, Andrea, 'Moral injury – A British Perspective', *Moral Injury*, King's Research Portal, 2017, 35.

[52] Litz *et al*, 'Moral Injury and Moral Repair in Veterans', 696.

in and into. In the military this relates to a soldier's understanding of the culture and ethos by which their service demands them to behave.[53] This means the moral code and identity of those serving within the military is shaped not only by their upbringing, society, and culture but also by the values and standards, code of conduct, and service ethos they acquire when joining and throughout their service lives. The sum of these interconnected factors aptly demonstrate why moral injury is difficult to diagnose and repair, because the damage it inflicts is to the subject's identity, which remains difficult to quantify and identify.

Concluding, this paper will use the causal framework from Litz *et al*'s cognitive model as the framework against which to relate the primary research analysis. The paper will give primacy to three components of the linear framework:

1. Dissonance and conflict;
2. Shame, guilt, anxiety;
3. Failure to forgive, self-condemnation.

The inquiry acknowledges the role of the protective and risk factors within the framework to reduce or exacerbate the risk of incurring a moral injury. However, whilst the paper recognises the soldier as the "central agent within their own moral injury",[54] the paper will focus on the role of the organisation in moral injury. This gives primacy to Shay's betrayal-based concept and explicitly determines that the military holds a moral and ethical (as well as legal) responsibility to educate, advocate, and protect those who serve.

---

[53] Ellner, 'Moral Injury – A British Perspective', 36.
[54] Wiinikka-Lydon, *Moral Injury and the Promise of Virtue*, 158.

c. PTSD and moral injury

This section presents a brief analysis of what differentiates PTSD and moral injury. The aim is not to analyse PTSD in detail, its impact on those serving being worthy of its own study outside the scope of this paper. However, confusion can take place because some of the primary features of moral injury intersect with PTSD. This means it is possible to have a moral injury and not meet the clinical criteria for PTSD.[55] There are also incidences where individuals may incur a moral injury while concurrently suffering PTSD from a singular moment of trauma or shock.

Papadopoulos explained the rationale behind the introduction of moral injury as a discrete syndrome was to remediate a perceived bias in the medicalisation of trauma,[56] The perception being there was a one-sidedness to the psychiatric diagnosis of PTSD. Shay wrote injuries incurred through moral injury "impair the capacity for trust and elevate despair… and deteriorate character".[57] [58] The use of the terms impairment, trust and despair are not synonymous with conventional psychiatric symptoms. Nor do they form part of a conventional psychiatric vocabulary, they refer to a wider set of phenomena and effects that fall outside of psychiatric diagnoses. While Shay's original definition of moral injury has been challenged by those seeking to refine the understanding of causation, triggers, and treatment, there is a consensus amongst academics and clinicians that PTSD and moral injury are different. Litz's inter-disciplinary research into

---

[55] Bryan, C. J., Bryan, A. O., Roberge, E., Leifker, F. R., & Rozek, D. C. (2018). 'Moral injury, posttraumatic stress disorder, and suicidal behavior among National Guard personnel,' *Psychological Trauma: Theory, Research, Practice, and Policy,* 10(1), 36–45; <https://doi.org/10.1037/tra0000290**>.**

[56] Papadopoulos, Renos K, *Moral Injury and Beyond, Understanding Human Anguish and Healing Traumatic Wounds*, Routledge, 11, 2020.

[57] Shay, J, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, New York, Scribner, 2014.

[58] Shay, J, 'Moral Injury', *Psychoanalytic Psychology*, 31(2), 2014, 182.

moral injury and PTSD amongst combat veterans offers a coherent explanation using separated cognitive models to define the respective phenomena. The cognitive model proposes that PTSD develops through a form of trauma or traumatic event. It produces the perception of a constant threat "through excessively negative appraisals and data-driven processing resulting in strong perceptual priming and poor elaboration",[59] meaning the trigger itself cannot be placed in context in time and space. This singular traumatic event is then sustained by the individual's behavioural and cognitive response to the event. Conversely, in moral injury Litz proposes the injury is incurred following a transgression that creates conflict between what an individual assumes to be right or wrong. However, it is how the individual assimilates or processes this dissonance which forms a key determinant of the injury. "If individuals are unable to assimilate or accommodate the event within existing self and relational schemas, they will experience guilt, shame, and anxiety about potential dire personal consequences and incur a moral injury".[60] Litz simplified the comparison by presenting the predominant emotions experienced by those injured. The morally injured predominated with feelings of "guilt, shame and anger"[61] while PTSD invoked "fear, horror and helplessness".[62] The review also sought to clarify what the injured had lost in the process; respectively, these were trust for moral injury and safety for PTSD.

Summarising the differences, Allenby conceived unlike PTSD or physical injury, "moral injury conceptually and pragmatically engages veterans not as victims or patients but as integral partners in both understanding the condition and enabling

---

[59] Litz *et al*, 'Moral Injury and Moral Repair in Veterans', 697.
[60] *Ibid,* 696.
[61] Papadopoulos, 'Moral Injury and Beyond', 13.
[62] *Ibid.*

those who suffer moral injury to work together to reduce symptoms and moral pain".[63]

d. Critique of moral injury

There are an increasing number of criticisms entering the mainstream for debate. Already presented is the risk of conceiving moral injury from a purely psychological perspective. Increasingly, however, there seems to be consensus that an inter-disciplinary focus is essential to developing a broader understanding of moral injury. Pertinent to this study are two additional critiques.

1. To counter the assumption, it is only soldiers who are exclusively prone to incurring moral injury in combat.
2. The risk of "primary and secondary gain".[64] Perceived benefits of being morally injured which may propagate the cycle of moral injury.

Much of the early clinical and academic study into moral injury has focused on the transgressive relationship soldiers have with war but little is mentioned of other individuals who may suffer because of their exposure to conflict. Critics have argued the suffering of civilians and bystanders is often forgotten due to a singular focus on the soldier. Boudreau's critique, drawn from his experiences serving during the US occupation of Iraq is an appropriate case-study. He aims criticism at a tendency to focus solely on the injuries to US Soldiers at the expense of the Iraqis. Without acknowledging the impact on the Iraqi people Boudreau conceived there could be no moral injuries for those serving in the US military. He summarised the only way anyone could understand the term moral injury would be through acknowledging the "humanity of the

---

[63] Allenby, B., Frame, T, 'Moral Injury', *Moral Injury*, King's Research Portal, 2017, 6.

[64] Molendijk Tine, 'Warnings against romanticising moral injury', *The British Journal of Psychiatry* (2022) 220, 1.

Iraqis".[65] Boudreau's moral evaluation of the conduct and outcome of the US occupation of Iraq expands the source of injury away from conflict itself and into the political realm of the war. In connecting his own injury to politics, he evaluates the moral and social conscience of his government and their attitudes towards those the US fight against as well as US society. Boudreau's morally confusing journey through executing a militarised US foreign policy led him to question the American perception and cultural understanding of the war and the wider suffering within it. It forms a moral critique of US society. A society guilty of devaluing and dehumanising Iraqis in favour of their own people. This created a dissonance between his moral code and how he perceived the morality of society. Themes from critique are evident in the primary research and have been acknowledged in the introductory comments to this paper.

The risk of "primary and secondary gain" is the second area of critical analysis. Primary and secondary gain is a complex process that takes place within an individual's sub-conscious; often without the morally injured being aware of its existence. Primary gain is the direct benefit or advantage that may derive from engaging in actions that are perceived as morally injurious while secondary gain refers to the indirect benefits that individuals may obtain because of incurring a moral injury. Molendijk (2022)[66] describes this as being a transformative process. The morally injured can transition from feelings of being a monster into a more virtuous self-image that rationalises their suffering as being a result of having a conscience but without having to carry around the stigma of a mental illness. Equally important is the relationship the morally injured cultivate with the organisation that placed them into a morally compromising situation. Routinely, feelings can

---

[65] Boudreau, Tyler, "The Morally Injured", *The Massachusetts Review* 52, vols. 2&3 (2011): 751.

[66] Molendijk Tine, 'Warnings against romanticising moral injury', *The British Journal of Psychiatry* (2022), 220.

manifest in such a way the individual sees their injury as validation or as justification for their actions. And, in some instances their injuries can be used as a means through which to gain recognition from the organisation they have served. In a later section, the risk of gains will be explored when discussing the act of killing within a just war.

6. Primary research observations

(data at Annex A)

Research Findings
All respondents reported having seen things that violated their moral code.
Most respondents reported no understanding of moral injury in their time of service.
No formal ethical training was recorded.
Most respondents reported not receiving informal ethical training.
No support for moral injury has been received by respondents since completing their military service.
A predominant theme of loss of trust in the government's foreign policy and its impact on individual self-worth and identity.
A mission focused culture that prioritised operational outputs.
The perception of a culture of non-acceptance to unseen injuries.
The language of killing is a barrier to moral preparedness of crews.
Crews felt technically, physically, conceptually, and militarily prepared for killing, but not morally.

Given its adolescence, moral injury was not recognised by the British Army as a form of psychological or emotional syndrome in the early years of the Afghanistan conflict. Thus, it was not until 2011 the Ministry of Defence formally recognised the impact of moral injury on service personnel alongside other mental health

conditions.[67] Consequently, a transcendent theme of organisational ignorance to moral injury predominates this study. This supports the author's proposition that the organisation does not do enough to morally prepare its warfighters.

The trend of organisational ignorance is supported by the primary research data. This confirms no formal moral or ethical training took place to prepare AH crews prior to operations in Afghanistan. Subsequently, the inquiry confirmed it does not form part of any recognised AH training syllabus, past or present.[68] Only one of fifteen interview participants recognised the term moral injury from their time in front-line service.[69] And, there are no records of any bespoke care or training to support crews in the immediate, or longer-term, aftermath of combat operations other than the generic, mandated, decompression package which took place in Cyprus.[70] A contemporary indication of the continued under-representation of moral injury is its omission from The Defence People Mental Health and Wellbeing Strategy 2022-27. This, despite Defence's pledge to invest more time and energy into early intervention strategies.[71]

Returning to the research and supporting the need for Defence to look upstream to educate, advocate, and care. This inquiry into moral preparedness selected three phases of Litz's causal framework and then applied three themes from the interviews to each phase to alight on contemporary observations. These observations may be applied by Defence to mitigate the risk and

---

[67] HMG, "UK Armed Forces mental health index", 2011, accessed at <https://assets:publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file280020/30_June_2011.pdf>, accessed 26 May 2023.

[68] References held at Higher Classification (see bibliography).

[69] See bibliography for interviews.

[70] Held at Higher Classification – PJHQ decompression policy.

[71] Defence People Health and Wellbeing Strategy, <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1084913/Defence_People_Health_and_Wellbeing_Strategy.pdf> Accessed 23 May 2023

incidences of moral injury occurring thus better preparing warriors morally to kill and live with killing:

1. Preventing dissonance and conflict - Understanding the impact of betrayal on moral preparedness.
    a. Impairment of trust
    b. Undermining legitimate purpose
    c. Just cause and the moral liability to kill
2. Preventing shame, guilt, and anxiety – Understanding the impact of organisational culture on moral preparedness.
    a. Exceptionalism
    b. Normalised deviance
3. Failure to forgive/self-condemnation – The role of awareness and acceptance on moral preparedness.
    a. The language of killing
    b. Organisational acceptance

7. Preventing dissonance and conflict – Understanding the impact of betrayal on moral preparedness

Linking accountability and morality, Ellner described the moral pain felt when an individual's moral compass conflicts with another.[72] Within this research this "field of tension"[73] emanates from a dissonance between what the legitimate authority orders its service people to do and what those service personnel perceive to be legally and morally just. This discord, in turn, leads to a perception of betrayal amongst the subject and increases the risk of incurring a moral injury. In the UK, the Government holds the legal authority to order its military to deploy on operations in accordance with an approved legal framework. Service personnel are then subject to what they perceive to be both a legal and moral obligation to fulfil their duties. Critically, those serving may also derive purpose and value from their roles in the organisation and even from the self-image of the country. From the primary research an underlying theme of organisational betrayal has predominated. Although viewed through a retrospective lens, this betrayal has resulted in dissonance and conflict (stage 2 of Litz's framework). This inquiry into the role betrayal plays in morally preparing warfighters to kill will focus on three areas. (1), loss of trust in the organisation or its aims, (2) its association with undermining the legitimate purpose of crews and (3) just cause and the moral liability to kill.

---

[72] Ellner, Andrea, 'Moral injury – A British Perspective', 35.
[73] *Ibid.*

a. Impairment of Trust

A theme within the two baseline theses presented by Shay and Litz is the impairment of trust that takes place within the morally injured. Some bodies of research[74] have demonstrated service personnel who feel betrayed or have experienced a loss of trust in their government are more susceptible to moral injury as they are likely to have trouble reconciling their own actions with their moral values. The MIES responses present coarse data that 27 of 30 former crews interviewed felt a sense of betrayal by others outside of the Army's chain of command. This data informed a series of focused questions on the perceived value of operations in Afghanistan.

Citing betrayal, AH Pilot 12[75] articulated the struggle he had to retrospectively reconcile some of his actions with what he perceived to be a legitimate cause for the UK's intervention in Afghanistan. A view supported by the majority of those interviewed. AH Pilot 7[76] specifically cites the betrayal of the British government to care for Afghan nationals who supported UK operations as an injustice of the operation and as a trigger for his feelings of guilt. "In the aftermath of the humiliating withdrawal from Afghanistan my overarching emotion is sadness… triggered in part by the stories showing how we failed to care for those who had supported our operations by risking their lives, and those of their families…".[77] This specific criticism is aimed at the Government's Afghan Relocations and Assistance Policy (ARAP) with the subject demonstrating a retrospective loss of trust and a sense of shame, a perspective shared by many of

---

[74] Newhouse, Eric, 'Betrayal of Trust Can Result in Moral Injury', *Psychology Today*, (accessed at Betrayal of Trust Can Result in Moral Injury | Psychology Today), 2015, accessed on 9 May 2015.
[75] Interview conducted, AH Pilot 12, 3 May 2023.
[76] Interview conducted, AH Pilot 7, 30 Apr 2023.
[77] *Ibid.*

those interviewed. The true paradox of the failings of the ARAP lie in its history. A re-hash of the ill-fated Syrian policy it was championed by David Cameron at the time as being part of "Britain's moral responsibility to help".[78] AH Pilot 11 broadened the optic, "I feel a tremendous amount of sadness for the Afghans and can't help but feel like we (the UK) have let them down".[79] The senselessness of trying to instil western liberalist structures within what the Afghans deemed to be a corrupt and illegitimate government is an expansion of the discussion. Critically, he continued "it's made me re-evaluate what I think I knew at the time… …mostly, whether my ego and incessant drive for attainment was prioritised above what I knew to be right".[80] Analysis of this last statement alights on a virtuous conflict between the subject's deeply held moral beliefs and the tension that's felt when those beliefs are compromised. The resultant psychological and emotional conflict many of the crews spoke of drawing immediate parallels with Shay's thesis and dissonance between the subject and the higher authority. Debating the sense of betrayal and injustice of the UK's operations in Afghanistan with those interviewed draws comparison with Boudreau's earlier portrayal of moral injury. This being triggered by a perceived lack of compassion towards Iraqis during the US occupation of Iraq.[81] The perception being the British Government's actions in Afghanistan mirror those of the US. This perceived ethical failing is predominated by an absence of moral compassion towards Afghans and exacerbated by a perception the UK's interests are self-serving. The moral paradox of those drawn voluntarily to serve

---

[78] Cameron, David, "Migration and EU reform: PM statement in Lisbon', 4 September 2015, accessed at <https://www.gov.uk/government/speeches/migration-and-eu-reform-pm-statement-in-lisbon> , accessed 23 May 2023.

[79] Interview conducted, AH Pilot 11, 3 May 2023.

[80] *Ibid.*

[81] Boudreau, Tyler, 'The Morally Injured', 751.

in the armed forces for noble cause invokes a sense of betrayal which sews mistrust between the subject and the higher authority. As such, understanding the relationship between the individual, the military, trust in the government and moral injury is crucial for developing effective strategies to prevent this discord amongst service personnel.

b. Undermining legitimate purpose

The second theme links organisational betrayal to an individual's perception of value, identity, and self-worth. This betrayal resulting in a conflict between subject and higher authority borne out of resentment from a sense of loss. This phenomenon may contribute to a moral injury and diminish one's moral preparedness to kill.

Reflectively, AH Pilots 5 and 9[82] discussed the relationship between their roles, the administration they served, and society. Both articulated strong feelings of shame and guilt had been experienced in the years following their service. The causation shaped by wider societal narratives that shaped their expectations of service and by society's perception of what their respective service in Afghanistan achieved. AH Pilot 5, a parent, articulated the difficulties posed by questions from friends and family, including his children, and whether they felt his service is worthwhile. "I find it difficult to explain in rational terms why I chose to prioritise time away in Afghanistan over time spent with my family… however, this pales into insignificance at the thought that everything I stood for, worked for, and achieved had no meaning at all".[83] Similar feelings were expressed by AH Pilot 12, with expansive questions "at what cost", and "was it worth it" being asked by the subjects.[84] Binding both together is what Ellner (2017) described as a betrayal stemming from "the socially and

[82] Interview conducted, AH Pilot 9, 1 May 2023.
[83] Interview conducted, AH Pilot 5, 29 Apr 2023.
[84] Interview conducted, AH Pilot 11, 3 May 2023.

politically perceived value and legitimate purpose of exercising their profession".[85] Linking this to a sense of loss and identity, AH Pilot 11 poignantly described the value and purpose he felt throughout his military service. The pride felt serving in what he described as an "elite team characterised by high-performance"[86] and driven by the belief what he did in a cockpit mattered. This pride in service formed a central part of AH Pilot 5's identity which he now feels "has been diminished"[87] to a point where "I try and steer conversations away from what I did in the military to avoid the embarrassment".[88] Identity, as Allenby (2017) described, matters because "it is the cause and consequence of meaning".[89] Identity, as introduced within the analysis of Litz's work, is at the heart of the inquiry for moral injury alongside an individual's moral code. With moral injury resulting from a "transgression of deeply held moral beliefs"[90] which manifest when the deviation between identity and lived experience becomes too great for the subject to manage. The moral injury is caused by a failure in identity within which the individual can no longer conceive their role in war – in this instance, killing and living with killing.

Through research into the perceptions of organisational betrayal, conclusions can be drawn which demonstrate the adverse impact this betrayal has had on the professional confidence and moral identity of those interviewed. This loss of moral identity, combined with diminished confidence and trust in the organisation threatens to undermine the individual and collective preparedness of warfighters whilst also undermining their self-worth. Thus, making them more susceptible to moral injury. To preserve the critical components of warfighting identity, which includes killing

---

[85] Ellner, Andrea, 'Moral Injury – A British Perspective', 35.
[86] Interview conducted, AH Pilot 11, 3 May 23.
[87] *Ibid.*
[88] *Ibid.*
[89] Allenby, B, 'Moral Injury and Identity', 2017, 49.
[90] Litz, *et al*, Litz *et al*, 'Moral Injury and Moral Repair in Veterans', 696.

in the service of their country, developing a deeper understanding of the co-dependent relationships between subject, higher authority and societal perception are key.

c. Just cause and the moral liability to kill

Developing the theme of betrayal, the symbiotic relationship between the moral code of crews, killing and the military/societal duty of care is an area of risk for exposing the dissonance between moral codes. From the primary research,[91] a ubiquitous theme is a misaligned understanding and educational shortfall between the legality and morality of killing in combat operations in Afghanistan. The most morally confusing being when engagements were not conducted in self-defence. While confusion over the legal basis is concerning the research details deficiencies in how crews felt morally prepared to conduct pre-planned killing under offensive Rules of Engagement (ROE). These acts, although legalised through the "relevant situation"[92] of *jus in bello* present a moral paradox because of how AH crews perceived the circumstances surrounding the individuals whose lives were being taken – whether as combatants in a just war or not.

All those interviewed demonstrated a foundational understanding of traditional just war theory and its two sets of binding principles. *Jus ad bellum,* which governs the criteria and principles that govern the resort to war and *jus in bello* which governs the conduct in war.[93] These ethical principles establish the guidelines for when war is morally justified and how wars should be conducted to minimise harm and suffering to both combatants and non-combatants. In Afghanistan, the legal framework established the principles for *jus ad bellum* and *jus in bello* with the

---

[91] Interviews cited within bibliography.

[92] Burtt, Michael, 'What Moral Justifications Can There Be For Ever Allowing Killing In Wartime?', Aug 2020, accessed at What Moral Justifications Can There Be For Ever Allowing Killing In Wartime? (e-ir.info)

[93] McMahan, Jeff, *The Ethics of Killing in War.*

initial intervention conducted under the authority of UNSCR 1368.[94] All subjects interviewed had a firm understanding that the role for which they had trained would demand killing. However, in the interviews tension manifested between legality and morality and whether the organisation had applied an appropriate level of duty of care from a moral preparedness perspective. Lazar articulated that to kill in any "circumstances outside of war, or self-defence is a violation of our duty to uphold the right of others to life".[95] This implies killing can be justified in war but also as a minimum through self-defence. Additionally, Burtt argues that within the rules of *jus in bello* there is proposition in war "our ordinary moral duty not to take life no longer holds".[96] This is most easily applied to killing in self-defence whereas those targeted under offensive ROE present a more complex case. AH pilot 1 articulated, "nothing prepared me for the ritual of hunting and engaging the high-value targets under offensive ROE… these shootings became commonplace and still present me with my greatest challenge when trying to rationalise some of my emotions towards operations in Afghanistan".[97] Expanding on these feelings the words shame and guilt predominated, further evidence of the moral confusion facing the crews and for which many felt under-prepared. The pursuit of high value targets was a routine activity for AH crews throughout combat operations in Afghanistan. Targets were habitually presented to crews by the targeting cell "as a ready-made operational engagement… with ROE in-place and release and launch authority to engage".[98] Described by one

---

94 United Nations, 'Resolution 1368 (2001)' accessed at <https://digitallibrary.un.org/record/448051?In=en> (accessed 23 May 2023).
95 Lazar, Seth, 'Responsibility, Risk and Killing in Self-Defense' *Ethics* 119(4), 2009, 699.
96 Burtt, Michael, 'What Moral Justifications Can There Be For Ever Allowing Killing In Wartime?, Aug 2020, accessed at What Moral Justifications Can There Be For Ever Allowing Killing In Wartime? (e-ir.info)
97 Interview conducted, AH Pilot 1, 27 Apr 2023
98 Interview conducted, AH Pilot 3, 27 Apr 2023

interviewee as a "hunt",[99] these engagements were legally endorsed killings of known insurgents operating within the theatre of operations. Frequently unarmed, often moving in a vehicle, and undertaking activities associated with a normal pattern of life, these targets did not always present themselves in a manner that identified them as combatants. Under self-defence the boundaries are clearer, if an enemy insurgent targets a member of the coalition forces, there are few moral justifications the coalition member can appeal to. Lazar describes the insurgent's "unjust behaviour causes them to lose their claim to a right to life".[100] AH Pilot 1's wording in interview, "nothing prepared me",[101] led to additional questions on the subject for all interviewees. Specifically, whether they perceived the Taliban resided on the just or unjust side of war according to the principles of *jus ad bellum* and whether this was made clear to them at the time. If deemed to sit outside the requirements of *jus ad bellum* then, by this very framework, they could be deemed to be unjust warriors without claim to a right to life. Although there was a consensus the Taliban sat outside of the just side of war, AH Pilot 5 amplified "the Taliban frequently acted in a manner that made them morally liable to be killed rather than they were all liable for sitting outside the requirements set by *jus ad bellum*".[102] To not believe so would cross a line between legality and murder. This issue he believed was still up for debate despite the protestations of higher authorities that Afghanistan was just and lawful. In 2011 Obama concluded that just war theory held true in Afghanistan as it formed part of a moral response to a gross injustice.[103] However, it could be debated this narrative was two-fold. (1) To assure those fighting their actions were morally righteous and (2) to assuage the conscience of those in higher

[99] Interview conducted, AH Pilot 3, 28 Apr 2023.
[100] Lazar, Seth, 'Responsibility, Risk and Killing in Self-Defense', 700.
[101] Interview conducted, AH Pilot 1, 27 Apr 2023.
[102] Interview conducted, AH Pilot 5, 29 Apr 2023.
[103] Wood, David, 'What have we done', 104.

authority who had committed soldiers to the fight. Debating just cause is nothing new, Shay himself, describing the US use of just war doctrine in Vietnam as being as "American as American pie".[104] The paradox of just cause and killing brings into focus the realisation there is an ever increasing military and societal awareness to how western liberalist democracies, including the UK, execute and have executed their foreign policies throughout the last twenty years.

Returning to Afghanistan, although a legal framework legitimised the moral liability of killing, the research divided the cohort's feelings towards what constituted just and unjust cause. Having the legal basis to legitimise killing cannot assuage an individual from encountering the kinds of morally ambiguous situations Litz introduced in his cognitive framework. Remember, one's psyche cannot easily make the distinction.[105] This tension in just cause led the author to inquire whether wars, just or otherwise, can truly be executed without some form of moral violation and whether, beyond a legal framework, one's psyche can ever truly distinguish between killing (lawfully) and murder. None of those interviewed committed to a response. Camus, in *The Rebel*[106] drew no distinction between the two. His rationale that both have the same consequences and will result in a form of justification to condone the act. While some will argue removing the distinction between killing and murder is a critique of the existence of moral injury itself, the author's view is to the contrary. By removing the distinction between just and unjust acts – killing and murder – one may be able to take a more objective view of the realities of moral injury and what the eras of continuous conflict, including Afghanistan, have inflicted on the UK's service personnel. While

---

[104] Shay, J, *Achilles in Vietnam, Combat Trauma and the Undoing of Character,* Simon and Schuster, 1994, 101.

[105] Allenby, B, Frame, T, 'Moral Injury', *Moral Injury*, King's Research Portal, 2017, 5.

[106] Camus, Albert, *The Rebel*, New York, Vintage, 1956.

this observation may fall outwith the scope of this study it does offer insight into how important the language of killing is within the study of moral injury.

Last, and returning to the inter-relationship between society and betrayal to draws parallels between the primary research and Boudreau's[107] criticism of a national strategic culture. How can a soldier protect their identity, moral code, and preparedness in the line of service? Especially, if that service is seen to be executing a weaponised or perceived unjust foreign policy or is at odds with the moral code of the soldier. How can a soldier truly deal with the perception that whilst they're at war, their country isn't? or, as Meagher articulated, "it is actually at the mall".[108] Outwith the levers of Defence to influence, the soldier as subject and commissioner of their morality may have to seek absolute or selective conscientious objection to war and specific conflicts.[109] Or, may choose between service or not to remove any possibility of incurring a moral injury.[110]

---

[107] Boudreau, Tyler. 2011, "The Morally Injured", *The Massachusetts Review* 52 (2&3): 751.

[108] Meagher, RE, *Just War and Moral Injury*, Routledge, 2020, 79.

[109] Ellner, Andrea, Robinson, Paul, Whetham, David, *When Soldiers Say No: Selective Conscientious Objection in the Modern Military*, 2014.

[110] *Ibid.*

8. Preventing shame, guilt, and anxiety – Understanding the impact of organisational culture on moral preparedness

Litz's causal framework and the upstream focus on preventing shame, guilt, and anxiety returns the inquiry to morality. Within the framework morals are described as "fundamental assumptions about how things should work and how one should behave in the world".[111] In combat, understanding how one should behave is influenced by several factors including the relationship between identity and organisational culture. Frame's wide-ranging inquiry into moral injury identifies the culture "from which an individual is deployed has an immediate and important influence on the likelihood of a person being morally injured and the possibility the wound incurred will be debilitating".[112] This reinforces the importance of instilling an accountable, compassionate, yet steely culture to support warfighters. The inculcation of a military culture takes time. It starts with small identity transformations and develops into an integration of one's identity with shared values, beliefs, and norms that guide behaviours within a unit. But what happens when the essence of that culture draws its subjects into feelings of shame, anxiety, and guilt? At their best, these cultures can inspire, instil pride, and summon acts of valour but at their worst they can be toxic, hubristic and isolationist. The study of the impact of organisational culture on moral injury is a broad subject. To narrow the analytical research for this paper, two specific areas have been selected. The two themes analysed are the perception of exceptionalism and a culture of normalised deviance.

---

[111] Litz *et al*, 'Moral Injury and Moral Repair in Veterans', 699.
[112] Frame, T, 'A Personal Perspective: Australia', 2017, 16.

a. The perception of exceptionalism

Defining military and moral exceptionalism, Brandt Ford describes how militaries in just wars operate under special moral rules to kill enemy combatants in war.[113] They are granted special status and privileges because of their role in defending society. This special status suggesting they are temporarily afforded a form of reverence because of the special permissions they hold to kill enemy combatants in war. The perception of exceptionalism for AH crews between 2006-14 refers to the belief the aircrew, both internally and externally, identified as being superior to others. This belief is attributed to special permissions they held to take life and to the perception of their status as an elite group given the demands of selection and training. The research will present a paradoxical virtuous and vicious circle of exceptionalism drove behaviours that impacted on the moral resilience and preparedness of crews to deal with the ethical dilemmas faced in combat. The key takeaway is the fine balance that must be managed in perceived elitist structures to maximise the benefits of exceptionalism – inspiration, pride, and excellence. Whilst concurrently preventing the negative effects, toxicity, arrogance, and hubris, all of which can manifest in marginalisation or isolationist behaviour, and which may lead to delayed onset feelings of shame and guilt. The research will use one specific area as the mechanism, the conduct of gun-tape debriefs. This singular event demonstrates the deft inter-relationship between culture, exceptionalism, and the promotion of individual resilience and preparedness.

The process of de-briefing operational combat engagements was colloquially termed the gun-tape de-brief. A light-hearted term used by crews for the legally binding process to capture the mandatories for each AH engagement in the operational theatre

---

[113] Brandt Ford, Shannon, 'Moral Exceptionalism and the Just War Tradition: Walzer's Instrumentalist Approach and an Institutionalist Response to McMahan's Nazi Military Problem', *Journal of military ethics* (2022), Vol 21, No. 3-4, 210, 227.

whether the outcome was fatal or not. The process was mandated to capture the following:

1. Mission Number (assigned by higher authority)
2. Aircraft Number and Crew
3. Date Time Group (DTG)
4. Aircraft particulars (Height, Heading, Speed)
5. Ground Commander, Controller, Radio Net
6. Background Narrative
7. ROE used (Offensive, Self-Defence) (Ground Commander or crew's)
8. Munitions Fired
9. Battle Damage Assessment

It was also used as a mechanism to assess the effectiveness of the crew's application of the academic weaponeering principles taught. Chaired by the Commander of the aviation detachment, or delegated lead, attendance included the intelligence analyst responsible for the submission of the mission report, all crew members within the flight, a qualified weapons instructor, and a communication specialist who captured the video as part of legally binding Operational Record Keeping. Designed to be process driven and factual, these serials were subject to the influence of the organisational and individual cultures within each squadron.

Intelligence Officer (IO) 1 and 2[114] provide objective insight from their five operational tours. They each recall a steady creep in how operational de-briefs took place. Up-front, commenting on the external perception crews presented IO1 offered "externally, the AH crews always gave off an understated sense of confidence". Never hostile, or overtly discriminatory

[114] Intelligence Officer 1, Interview conducted on 26 Apr 2023.

"there was just something in the way they operated that felt like they considered themselves to be different".[115] Words used in interview like serious, withdrawn, and aloof attest to a tendency to hold counsel and confidence within smaller teams, namely, their own. The insight into the internal relationships is equally revealing. As befitted the outputs, the gun tape reviews were serious and formal, with the respective flight leads taking ownership of the delivery to ensure the mandatories were captured. Mission focused, IO2 commented "I was struck by how clear, concise, and unambiguous the more senior crews appeared when describing the events… …they set high-standards and were clinical".[116] Combat, however, is never clear nor is it clinical or devoid of chaos. Expanding on atmospherics IO2 articulated her perception those leading the debriefs whether from a chain of command or weapons perspective tended to focus on the intricate details of the weapon engagement process at the expense of any wider context. These events had an "almost clinical and normalised approach to killing"[117] which seemed at odds with the broader context of what had just taken place. Process-driven and binary, the broader context to which IO2 refers is two-fold. The absence of humanity to those involved in the targeting process who, at times were subjected to watching the events time after time, and the ignorance to the act of killing and what it meant. Two focused questions asked to those interviewed enquired whether the pursuit of excellence was unattainable and whether the pursuit of excellence drove perverse outcomes. There was a balanced response; AH Pilot 9 keen to stress the pursuit of excellence led to favourable outcomes for those fighting on the ground and instilled confidence in the ability of AH crews to do their jobs.[118] The diametrically opposed views were balanced but one set of observations stood

---

[115] *Ibid.*
[116] Intelligence Officer 2, Interview conducted on 26 Apr 2023.
[117] *Ibid.*
[118] AH Pilot 9, Interview conducted, 1 May 2023.

out. AH Pilot 12's account alighted on a perceived lack of empathy that developed from the exceptionalist culture.[119] Without empathy, as Litz refers, individuals will struggle to connect with suffering and moral dilemmas of those around them.[120]

The lack of empathy was internalised and externalised. Robust and clinical debriefing of engagements with crews and a perceived refusal to acknowledge the experiences of what the wider (untrained) audience were witnessing. And little to no acknowledgement of those killed in the engagement process. The reasons for this approach can all be debated, dissociation, coping strategies, and even mission creep but it is the potential impact to individual and operational effectiveness where the analysis will focus given the role this culture plays in the operational preparedness of crews. The analysis reveals a culture that lacks empathy and unwittingly dehumanises others outside of the exceptionalist team. Whilst easy to focus on the adversary, dehumanisation can take many forms. Drawing upon IO2's earlier quote it is possible the small team exceptionalist culture that evolved from the acts of killing caused behaviours that disregarded the needs and importance of others. AH Pilot 3 described the concern he had for members of the ops staff who bore witness to hours of gun-tape, often without context, at night, alone, with little to no supervision after the gun-tape reviews had completed for purposes of record keeping.[121] His feelings of guilt were evident when revealing he never gave a second thought to their experiences or relationship with death. Worse, he never asked. As an expansion of the theme of empathy but now looking into the internal relationships in the exceptionalist culture. "I feared the gun tape de-briefs",[122] the subject articulating the dual challenge posed to him by a perceived lack of empathy to him. First, a failure to

---

[119] AH Pilot 12, Interview conducted, 3 May 2023.
[120] Litz *et al*, 'Moral Injury and Moral Repair in Veterans', 700.
[121] Interview conducted, AH Pilot 3.
[122] Interview conducted, AH Pilot 11, 3 May 2023.

acknowledge killing and the victim's inherent worth and dignity which led to dehumanisation. And second, leaving him with feelings of "isolation and separation"[123] from the team. These emotions manifesting from a feeling that his moral coding was different from those around him and from feelings that related specifically to the conduct of the de-briefs. "I felt that there was a distinct absence of humanity in the room… …that the mission was prioritised above everything else".

Lack of empathy is not an absolute or universal effect of an exceptionalist culture, but its existence as Wood articulated, can make it easier to justify violence whilst also dismissing the moral.[124] This inquiry has maintained a narrow focus on small-team exceptionalism and its relationship with empathy. In this instance, the exceptionalist culture could be described as having a complete mission focus at the expense of the health and wellbeing of its people resulting in a dissonance between moral codes. However, there are mitigations outside the scope of this study, but which offer context to some of the pressures on crews in the Afghan era. A consequence of being a small, elitist force is that the burden of deploying and killing fell to an exceedingly small part of the workforce, termed "unequal burden sharing".[125] Whilst this may breed exceptionalism, it also separates warfighters from others in the military and from society as they form a tiny percentage of the population. It led some crews to believe that no-one else could possibly understand what they were going through because no one else shared their burden, physically or psychologically. It could be argued that this created a self-fulfilling vicious circle within the exceptionalist team that was difficult to halt.

---

[123] *Ibid.*

[124] Wood, David, *What have we done?,* 123.

[125] Bryant, S, Swaney, B, Urben, H, 'From Citizen to Soldier to Secular Saint: The Societal Implications of Military Exceptionalism', accessed at <http://dx.doi.org/a0.26153/tsw/13199> accessed 28 May 2023.

b. A pattern of normalised deviance

Introduced by Diane Vaughan's analysis of the safety culture of the fatal Challenger launch decision, normalised deviance describes patterns of abnormal behaviours that become normalised or accepted over time often due to repeated exposure or repetition.[126] Originally limited to safety culture, it has been expanded to encompass other domains including social and behavioural. These behaviours can become entrenched in the cultures of teams and organisations leading to potentially catastrophic outcomes. The avoidance of this phenomenon requires accountability, vigilance, and a willingness to adapt. In war, if unchecked, normalised deviance may lead to criminality. Proven by the Brereton report (2020) into unlawful killings by the Australian SAS between 2006-2016.[127] This research did not alight on as dramatic a culture however, there were similarities with other self-governing elite structures and the influence moral deviance has on behaviours and an individual's moral code. This was observed through a culture that normalised the abnormal, killing.

Returning to the targeting of high-value individuals and the moral confusion felt by those interviewed who admitted they took joy and satisfaction from the act of killing repeatedly. The most euphoric responses came from interviewees describing the thrill of the chase with tracking high-value targets under offensive ROE. One interviewee described in the moment "under duress, higher brain function is suppressed, deep thought doesn't happen".[128] Even in the immediate aftermath, attention focused on de-briefing the mission and the specifics of engagements. Intermittently, this involved discussion of "bodies and limbs"[129] and their response to

---

[126] Vaughan, Diane, 'The Challenger Launch Decision: Risky Technology, Culture, and Deviance at NASA', University of Chicago press, 1996.

[127] <https://www.defence.gov.au/about/reviews-inquiries/afghanistan-inquiry> (accessed 20 May 2023).

[128] Interview conducted, AH Pilot 10, 2 May 2023.

[129] Interview conducted, AH Pilot 11, 3 May 2023.

the weapon effects, but never discussed ethics, morality, or feelings. Frequently, the universal context, driven by experiences and through witnessing the suffering of the coalition forces, was a "powerful urge to engage again".[130] It was only in the post-operational tour come down that the reality of what each of them had experienced took place. These reflections often manifesting in self-reflexive guilt.[131] Reflecting on the act of killing, a consensus was reached that the addiction was from the chase rather than killing itself. However, failing to acknowledge the relationship between the two until much later itself demonstrates a pattern of normalised deviance. Specifically, that killing, and the enjoyment thereof had been normalised. But, how can killing become a normalised activity? In Afghanistan, the analysis alights on a series of inter-connected factors which when combined deliver a new normal to crews. It begins with travelling a long distance and separating from the societal norms of the UK. Leaving behind the beloved character of home and replacing it with a new society which has fresh influence on one's identity. Once killing has taken place, a new normal emerges. Post-killing norms. These norms if unchecked threaten to overcome even the strongest of moral codes. The norms become hard-wired into the warfighter's identity which emerge in the post-killing society. Complimenting the post killing norms, AH Pilot 12, the most senior operator stated, "by my second or third tour I had become so used to shooting that I couldn't remember a time without it".[132] His moral code suffering in the process, "… with no feeling for those whose lives we were taking".[133] The prolonged exposure to fighting monsters without

---

[130] *Ibid.*

[131] Seidler, Gunter, 'Shame and Guilt: self-reflexive affects from the perspective of relationship and reciprocity', *American Journal of Psychotherapy,* 2007, vol. 61, no. 1, < https://doi.org/10.1176/appi.psychotherapy.2007.61.1.37>.

[132] Interview conducted, AH Pilot 12.

[133] *Ibid.*

absolution moving the warrior closer to becoming one.[134] Objectively, combat and killing can be powerful, aggressive, even seductive. Once experienced, it is difficult to unsee or un-learn those experiences. They become hard-wired into the warrior's psyche and create a post killing norm – a form of normalised deviance. In this inquiry, this alights on the normalisation and desensitisation to killing exacerbated by the combat environment. Once normalised, this environment provides a sanctuary for the warfighter from which it is hard to return. Renowned war journalist Chris Hedges describes the difficulty warriors have in moving between killing and non-killing societies. "It so upends the moral and physical universe that when you step outside the war zone you just cannot relate".[135] This refers to the existence of a "combat high",[136] but the analysis alights on a deeper and darker trend. The relationship between warriors and the combat environments within which they serve. Litz conceived the environment as a factor, but little was mentioned about whether the warrior could compartmentalise morally injurious acts between killing and non-killing societies. In Afghanistan, killing was normalised and compartmentalised. This relationship between the preparedness and compartmentalisation of killing within a combat environment is outwith this study but will be referenced within the recommendations for future study.

The role and importance of Military culture to this study cannot be understated. At the highest level, Defence and the single service cultures function as a framework to reinforce moral and ethical behaviours that support service personnel. Beneath them smaller teams, particularly those with elitist characteristics are

---

[134] Nietzsche, Frederich, *Beyond Good and Evil: Prelude to a Philosophy of the Future*, 1886, Chapter IV 'Apophthegms and Interludes', §146.

[135] Hedges, Chris 'War is a drug', 2015, accessed at <https://www.cbc.ca/ideas/mobile/touch/episodes/2015/02/09/chris-hedges-wa-is-a-drug/> accessed 26 May 2023.

[136] *Ibid.*

susceptible to the influence of learned and individual behaviour. In some instances, these smaller teams are predisposed to self-governing behaviours which may lead to cultures of exceptionalism and normalised deviance which grow over time. Defence must optimise the benefits of small-team ethos by engendering a culture of integrity, responsibility, and accountability to promote the well-being and ethical conduct of its people but without losing a warfighting edge. Returning to morality, Molendijk[137] reinforced the importance of morality within culture and the dependency between soldier and team. "The morality of a soldier is thus intimately linked to and dependent on the morality of the military organisation, which goes so far as that the army can make soldiers willing to jeopardise their own lives".[138] In this instance the use of the term lives can be replaced by souls to link to this inquiry on moral preparedness.

[137] Molendijk, Tine, Kramer, Eric-Hans, Verweij, Desiree, 'Moral Aspects of "Moral Injury": Analyzing Conceptualizations on the Role of Morality in Military Trauma' *Journal of military ethics*, 2018, Vol.17, No.1, 36.
[138] *Ibid.*

9. Failure to forgive and self-condemnation – The role of awareness and acceptance

Returning to Litz's causal framework and the last pre-identified phase; failure to forgive and self-condemnation. Although not the sole determinant, awareness and acceptance are critical to the prevention of moral injury and to the upstream moral preparation of warfighters. With a transcendent theme of organisational ignorance to moral injury dominating this inquiry the primary research alights on a dissonance between the subjects and what they perceived the culture of acceptance to be. The author's perception is a culture of non-acceptance to injury, physical or unseen, exacerbated by individual concerns. A vicious cycle that needed to be addressed. The analysis of this will focus on two areas, communication, and perceptions of organisational acceptance.

One barrier to instilling awareness and acceptance in the AH Force is poor communication. This spans individual and organisational behaviours. It is observed before crews even started their training, "No one ever told me I was going to kill… …it was just implied"[139] and dominates much of the landscape and lexicon that surrounds killing. Simply, to promote greater resilience, Defence must normalise the language of killing.

"Have you ever killed someone?" A classical and puerile question asked to soldiers for generations. The response is unimportant to this inquiry although it can invoke feelings of guilt and shame for the respondent, but the language, specifically killing, is critical. Killing and violence are ever-present in combat so how is that there is such a revulsion surrounding the language of killing. One line of argument is that of self-protection for the killer. The interview with AH Pilot 4 revealed a correlation between the protection of a virtuous self-image and its association with primary and secondary gain.[140] By not using the term killing, he believed he was acting in a more noble manner than if he used the term outright. Without retrospectively diagnosing moral injury, he openly spoke of the time spent examining his own conscience in

[139] Interview conducted, AH Pilot 10, 2 May 2023.
[140] Interview conducted, AH Pilot 4, 28 Apr 2023.

search of redemption from the realities of killing. This is consistent with wanting to transform one's self-image into a more positive and virtuous identity. Returning to the language paradox and the tension between operational and moral outputs, between the needs of the service and the protection of one's soul. Operationally, the language of killing was concealed with the use of mission specific terminology, "engagements, target effect, destroyed" and other similar terms. The reality for the subject's psyche is "killing," and killing disturbs the very essence of one's moral identity regardless how just or right those acts are. AH Pilot 11's interview is revealing "I still find it hard to say killing".[141] This reveals an organisational and cultural shortfall in how crews were morally prepared to kill. Ten years have elapsed since Pilot 11 last deployed and still the language of killing is a barrier to overcome before he can conceive discussing the act of killing or what it entails. Linking to Litz and Shay's foundational frameworks, the inability to break down language barriers after all these years exacerbates a moral injury and increasingly convinces the subject their transgressions are unforgivable. It is unclear why the language of killing is still shrouded in shame, but this should be easy to overcome through education and organisational acceptance. Killing is demanded of service people, thus, we must be able to talk about it openly with a clear unambiguous use of language that is easy to understand.

Second, is the perception of the organisation's culture and whether it set conditions for acceptance and awareness of issues of morality. Language was a barrier but the observations on culture are more nuanced because of the perceptions that manifested from the crews themselves. What is observed is a vicious cycle of behaviours that suppressed communication and stifled progress towards a more open, acceptable culture. The post killing norms of behaviour resulted in a predisposition for individuals to conceal emotions. In the context of this inquiry, the author was most interested not in the act of killing itself but the emotions and context. Allenby's contemporary work provides a point of reference, "the strong tendency within military units, especially those engaged in combat, against discussing anything that might suggest weakness is not just obsolete, but increasingly dysfunctional if not

[141] Interview conducted, AH Pilot 11, 3 May 2023.

damaging".[142] This culture is evident in the operational observations leaving crews to deal with their emotions and repair alone.

In Afghanistan, killing became normalised and it was never spoken about even in small groups. Wiinikka-Lydon's analysis of moral subjectivity of shared experiences is insightful.[143] Citing Dizdarevic's experiences in the Balkans,[144] he concludes that warriors can only truly share their experiences with those who have lived them too. Whilst this may be true, AH Pilot 12's counterposed view is revealing, "the first person I ever spoke to about how I truly felt was my wife".[145] Not having the confidence to communicate can have several causes. Stigma, perception of weakness, operational demands, fear of repercussions, and even cultural norms but in this instance the vicious circle is inter-connected. For all the benefits of small team ethos; unity, camaraderie and bonding, the AH community would appear to have had hard-wired individual and cultural barriers to overcome. In a cohort one subject referred to as a collection of "serial over-achievers",[146] the prospect of showing individual weakness would appear too great a barrier to overcome. "I never felt confident enough to speak about what I felt, I just cracked on with the job in hand".[147] Those feelings and emotions suppressed for another day. More insight into the concerns for moral preparedness reside in the perceptions the crews made on how accepting the organisational culture was. Not directly linked to unseen wounds, some crews spoke openly about concealing medical and physical ailments to not lose medical flying categories. Citing the self-induced pressures, AH Pilot 3 articulated that most crews were more concerned about being grounded from flying than they were about any injuries they had – physical or otherwise. Others articulated that no one ever spoke about psychological distress, emotions, or feelings, that it "just wasn't' the done

---

[142] Allenby, B, Frame, T, 'Moral Injury, what is to be done?", *Moral Injury*, King's Research Portal, KCL, 2017, 55.
[143] Wiininkka-Lydon, *Joseph, Moral Injury and the Promise of Virtue*, 156.
[144] Dizdarevic, Zlatko, *Sarajevo: A War Journal*, New York, Fromm International, 1993.
[145] AH Pilot 12, Interview conducted, 3 May 2023.
[146] Interview conducted, AH Pilot 7, 30 Apr 2023.
[147] *Ibid.*

thing".[148] This represents a complex circle of self-induced suffering where the individual perceptions prevail because the organisation have not explicitly set conditions for success. The crews may perceive discussing issues of morality as a departure from the proscribed behavioural norms and fear negative responses from peers and colleagues. While this may present a perception of a lack of acceptance and awareness of unseen wounds within the organisation, this links back to the leading observation of organisational ignorance to unseen wounds.

The research alights on a complex and vicious cycle of self-induced pressures and perceptions and an uncertainty of the organisational culture itself. What is evident is the organisational structures and behaviours were not pro-active. They were passive. For Defence to move forward and adequately prepare warfighters to kill, more needs to be done to normalise the subject of killing and moral injury.

[148] Interview conducted, AH Pilot 10, 2 May 2023.

10. Opportunities for further study

Beyond emphasising the importance of academic and clinical research into the subject there is a wide array of directions and dangers part of the future study of moral injury needs to be aware of. One direction of relevance is the continued expansion of moral injury to non-military communities. This expansion is critical because of the need to widen the understanding of causation, diagnosis, and repair and to bind society more tightly into the subject. More tightly integrating society will, in turn, ensure that moral injury is approached from a broader health perspective.

Militarily, future study should focus on the impact of killing at home. Developing an enhanced understanding of the impact of not being immersed in a combat environment on moral injury will be critical to meet the demands of future warfighting. The proliferation of operating uncrewed platforms remotely within the UK is on the rise. The challenges faced by operators whose roles demand killing but still must conduct their daily routines cannot be underestimated. The absence of environmental compartmentalisation offers fresh challenges from this inquiry. How one truly manages the moral paradox of killing before collecting children from school, visiting the supermarket, or cooking dinner demands exploration.[149]

Critically, the method, any future study needs to approach research with an inter-disciplinary approach. It is essential to draw insight from not only psychiatry and psychology but from wider areas of expertise. This supports Molendijk's recommendations that "these disciplines have the expertise and vocabulary to tackle such questions as how to do justice as individuals and as a society to feelings of guilt without simply turning perpetrators into helpless victims, which is to no one's benefit."[150]

---

[149] Pryer, Douglas, 'Remote-Controlled Warfare and Moral Injury', *Moral Injury*, King's Research Portal, KCL, 2017.

[150] Molendijk Tine, 'Warnings against romanticising moral injury'.

11. Conclusion

In the aftermath of the global pandemic, the UK finds itself in the grip of a MH crisis. While the funding and workforce for MH services has increased the country is still faced with an ever-increasing treatment gap for those trying to access professional services. To support positive societal outcomes and to adequately support the complex operational outputs of the armed forces, Defence must urgently look upstream at how it prepares its people for the demands of service. Most notably, the moral and ethical preparation of warriors whose roles demand killing.

A subject still in its infancy, moral injury is difficult to define. Its very essence resides in ambiguity between how certain events intersect to cause dissonance between an individual's moral code and their relationship with the world and what is around them. Whilst some critics continue to contest the surety of its evidence base there is a growing consensus, backed by academic and clinical research, that moral injury and its symptoms may threaten the operational effectiveness of the military. Unlike PTSD it is not a diagnosable MH disorder,[151] and militarily it is a notable omission from the 2022 UK Defence People Well-being and Mental Health Strategy,[152] and its existence is acknowledged only amongst a small cadre of academics and practitioners with an interest in or understanding of the subject. Given this level of societal and organisational ignorance to the subject the primary research has alighted on critical shortfalls in how AH crews were prepared morally to kill and live with killing.

Through the primary research this paper has alighted on the importance of continued investment and research into moral injury. First, to protect the health and wellbeing of those serving, second to protect the operational effectiveness of the armed forces and, third, to prevent the responsibility for the duty of care of those injured in-service falling to an already over-burdened society. The leading observation

---

[151] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders,* 5th ed, Washington DC, (2013).

[152] Defence People Health and Wellbeing Strategy 2022-2027 <Defence_People_Health_and_Wellbeing_Strategy.pdf (publishing.service.gov.uk)> accessed 23 May 2023.

drawn from the inquiry presents that AH crews were technically, physically, conceptually, and militarily prepared for killing in Afghanistan, but not morally.

Concluding from the primary research, beyond PTSD and clinical healthcare, there was and still is an absence of a comprehensive ethics programme that goes beyond just war theory to support our service people. To sustain the operational effectiveness of its people, Defence must implement a programme that opens the dialogue and promotes a deeper understanding of the impact, at its most severe, that killing has on service personnel. At its core, this programme must build around research drawn from wider inter-disciplinary research. That recognises the individual as the central agent within their injury, but which also recognises the role and impact of the organisation and one's occupation. That learns lessons from recent operations and the perceptions of betrayal that drive dissonance between the soldier and the legitimate authority. That drives healthy, just, and positive cultures that are held accountable by those serving within them to prevent the benefits of service ethos and identity from becoming toxic. Crucially, a programme that promotes a culture that says it is okay to speak about killing in clear unambiguous terms. A culture that says it is okay to be morally injured and know the organisation understand, support, and care.

Annex A to Killing, living with killing, and moral injury

Quantitative Questionnaire Data	Yes	No
When you served in Afghanistan had you heard of the term moral injury? (amplify)	1	29
Do you understand the term morally injurious events?	2	28
Have you heard of the Moral Injury Events Scale (MIES)?	0	30
Ahead of your first deployment to Afghanistan (at any point in the process) did you receive any formal ethical training to prepare you for the taking of life? (amplify)	0	30
Ahead of your first deployment to Afghanistan did you receive any informal ethical training from within your chain of command to prepare you for the taking of life? (amplify)	2	28
Have you received any support or training on moral injury from the chain of command since your last deployment?	0	30
30 respondents		

MIES Self-Reporting Data	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
I saw things that were morally wrong	2	10	18	-	-	-
I am troubled by having witnessed others' immoral acts	5	11	10	3	1	-
I acted in ways that violated my own moral code	7	12	8	3	-	-
I am troubled by having acted in ways that violated my	4	16	5	2	3	-
I violated my own values by failing to do something I	-	17	5	4	4	-
I am troubled because I violated my morals by failing to	-	16	4	5	5	-
I feel betrayed by leaders I once trusted	4	12	4	7	3	-
I feel betrayed by others outside the British Military I	14	8	5	3	-	-
I trust my leaders and fellow service members to	1	5	5	10	8	1
I trust myself to always live up to my moral code	1	3	10	12	4	1
**30 personnel responded. Figures presented are a numerical and not percentage value.*						

Bibliography

Allenby, B, Frame, T, 'Moral Injury', *Moral Injury*, King's Research Portal, KCL, 2017.

Allenby, B, Frame, T, 'What is to be done', *Moral Injury*, King's Research Portal, KCL, 2017.

Allenby, 'Moral Injury and Identity,' *Moral Injury*, King's Research Portal, KCL, 2017.

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders,* 5th ed, 2013.

Bica, C. 1999, 'A Therapeutic Application of Philosophy The Moral Casualties of War: Understanding the Experience,' *The International Journal of Applied Psychology,* vol 13, pp. 81-92. <https://doi:10.5840/ijap19991313>

Boudreau, Tyler, 'The Morally Injured,' *The Massachusetts Review* 52 (3&4): 2011, 746–754.

Brandt Ford, Shannon, 'Moral Exceptionalism and the Just War Tradition: Walzer's Instrumentalist Approach and an Institutionalist Response to McMahan's "Nazi Military" Problem', *Journal of military ethics* 2022, Vol 21, No. 3-4.

Bryan, C. J., Bryan, A. O., Roberge, E., Leifker, F. R., & Rozek, D. C. 'Moral injury, posttraumatic stress disorder, and suicidal behaviour among National Guard personnel,' *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(1) 2018. 36-45, <https://doi.org/10.1037/tra0000290> accessed 28 May 2023.

Bryant, S, Swaney, B, Urben, H, 'From Citizen to Soldier to Secular Saint: The Societal Implications of Military Exceptionalism', accessed at <http://dx.doi.org/a0.26153/tsw/13199> accessed 28 May 2023.

Burtt, Michael, 'What Moral Justifications Can There Be For Ever Allowing Killing In Wartime?, Aug 2020, accessed at <What Moral Justifications Can There Be For Ever Allowing Killing In Wartime? (e-ir.info)>, accessed 29 Apr 2023.

Camus, Albert, *The Rebel*, New York, Vintage, 1956.

Dizdarevic, Zlatko, *Sarajevo: A War Journal*, New York, Fromm International, 1993.

Ellner, Andrea, 'Moral injury – A British Perspective', *Moral Injury*, King's Research Portal, KCL, 2017.

Ellner, Andrea, Robinson, Paul, Whetham, David, *When Soldiers Say No: Selective Conscientious Objection in the Modern Military*, Ashgate Publishing, 2014.

Frame, Tom, 'A Personal Perspective: Australia', *Moral Injury,* King's Research Portal, 2017, 14-21.

Frankfurt, Sheila, & Frazier, Patricia, 'A Review of research on Moral Injury in Combat Veterans', *Military Psychology*, 2016, vol 28, No.5, 318-330.

Hansen, K. T., Nelson, C. G., & Kirkwood, K. 'Prevalence of potentially morally injurious events in operationally deployed Canadian Armed Forces members,' *Journal of Traumatic Stress*, 2021, 34, 764–772.

Hedges, Chris 'War is a drug', 2015, accessed at <https://www.cbc.ca/ideas/mobile/touch/episodes/2015/02/09/chris-hedges-wa-is-a-drug/> accessed 26 May 2023.

Hodgson, T.J, Carey, L.B., 'Moral Injury and Definitional Clarity: Betrayal, Spirituality, and the Role of Chaplains,' *Journal Religious Health* 56, 1212–1228 (2017).

Hollis, J, Hanna, P, Perman, G 'The shaping of moral injury among UK military veterans of the wars in Iraq and Afghanistan', *The British Psychological Society*, 2023.

Lazar, Seth, 'Responsibility, Risk and Killing in Self-Defence' *Ethics* 119(4), 699-728, 2009.

Lee, Caitlin, 'The role of culture in military innovation studies: Lessons learned from the US Air Force's adoption of the Predator Drone, 1993-1997', *Journal of Strategic Studies* 2023, Vol. 46, No. 1, 115–149.

Litz, B, Stein, N, Delaney, E, Lobowitz, L, Nash, W, Silva, C, Maguen, S, 'Moral Injury and Moral Repair in Veterans: A preliminary Model and Intervention Strategy, *Clinical Psychology Review,* 2009, 695-706.

Litz, B. T, Contractor, A. A., Rhodes, C., Dondanville, K. A., Jordan, A. H., Resick, P. A., Foa, E. B., Young-McCaughan, S., Mintz, J., Yarvis, J. S., Peterson, A. L. "Distinct trauma types in military service members seeking treatment for posttraumatic stress disorder," *Journal of Traumatic Stress*, 31(2), 2018, 286-295, <https://doi.org/10.1002/jts.22276>

Maguen, Shira, Norman, Sonya, Moral Injury in Veterans in War, *PTSD Research Quarterly,* US Department for Veterans Affairs, Volume 33, No.1, 2022.

Magues, S., Metzler, T. J., Bosch, J., Marmar, C. R., Knight, S. J., & Neylan, T. C. 'Killing in combat may be independently associated with suicidal ideation,' *Depression & Anxiety,* 29(11), 2012. 918- 923 <https://doi.org/10.1002/da.21954>

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

Meagher, RE, *Just War and Moral Injury*, Routledge, 2020.

Molendijk, Tine, *Moral Injury and Soldiers in Conflict: Political Practices and Public Perceptions*, Routledge, 2021.

Molendijk Tine, 'Warnings against romanticising moral injury', *The British Journal of Psychiatry* (2022) 220, 1–3.

Molendijk, Tine, Kramer, Eric-Hans, Verweij, Desiree, 'Moral Aspects of "Moral Injury": Analyzing Conceptualizations of the Role of Morality in Military Trauma' *Journal of military ethics,* 2018, Vol.17, No.1, 36-53.

McMahan, Jeff, *The Ethics of Killing in War*, Oxford University Press, 2009.

Nash, WP, 'Psychometric Evaluation of the Moral Injury Events Scale', *Military Medicine*, 178(6), 646-52, 2013.

Nietzsche, Frederich, *Beyond Good and Evil: Prelude to a Philosophy of the Future*, 1886, Chapter IV, 'Apophthegms and Interludes', §146.

Newhouse, Eric, 'Betrayal of Trust Can Result in Moral Injury, Psychology Today', accessed at <Betrayal of Trust Can Result in Moral Injury | Psychology Today>, 2015, accessed on 9 May 2015.

Orwell, George, 'Looking back on the Spanish War', in the *Collected Essays, Journalism and Letters or George Orwell*, Volume II, ed Orwell, Penguin, first published 1968, 290.

Papadopoulos, Renos K, *Moral Injury and Beyond, Understanding Human Anguish and Healing Traumatic Wounds*, Routledge, 2020.

Pryer, Douglas, 'Remote-Controlled Warfare and Moral Injury', *Moral Injury*, King's Research Portal, KCL, 2017.

Robertson, Emily, *Atrocity Propaganda and Moral Injury*, 2015, UNSW Press.

Seidler, Gunter, 'Shame and Guilt: self-reflexive affects from the perspective of relationship and reciprocity', *American Journal of Psychotherapy*, 2007.

Shay, J, *Odysseus in America: Combat Trauma and the Trials of Homecoming*, New York, Scribner, 2014.

Shay, J, *Achilles in Vietnam, Combat Trauma and the Undoing of Character,* Simon and Schuster, 1994.

Shay, J, 'Moral Injury', *Psychoanalytic Psychology*, American Psychological Association 2014, Vol. 31, No. 2, 182–191

Sophocles, *Tragedies of Sophocles, Ajax,* Tragedy, Greek, c. 444 BCE, 1,421 lines.

Strachan, H, *The Changing Character of War*, Oxford University Press, First Edition, 2011.

Tyquin, Michael, *In search of the unseen wound, moral injury and the age of barbarism*, UNSW Press, 2015.

Vaughan, Diane, *The Challenger Launch Decision: Risky Technology, Culture, and Deviance at NASA*, University of Chicago press, 1996.

Wiininkka-Lydon, Joseph, *Moral Injury and the Promise of Virtue,* Palgrave Macmillan, 2019.

Wiinikka-Lydon, Joseph, 'Critiquing the Subject of Moral Injury', *Journal of Military Ethics*, 2022, Vol. 21, No. 1, 39–55.

Williamson, Victoria; Stevelink, Sharon; Greenberg, Neil, 'Occupational moral injury and mental health: systematic review and meta-analysis,' in: *British Journal of Psychiatry*, Vol. 212, No. 06, 06.2018, p. 339-346.

Williamson, Victoria, Murphy, Dominic, Stevelink, Sharon, Jones, Edgar, Greenberg, 'Experiences of Moral Injury in UK military veterans, *King's Centre for Military Health Research*, King's College London.

Wood, David, 'An Essay on Moral Injury', *Moral Injury*, King's Research Portal, 2017, 10–13.

Wood, David, *What have we done? The Moral Injury of Our Longest Wars,* Little, Brown, 2016.

Websites

Brereton Report, Australian Government, <https://www.defence.gov.au/about/reviews-inquiries/afghanistan-inquiry>, (accessed 20 May 2023)

British Army, People – Mental Resilience, <www.army.mod.uk/people/health-wellbeing-welfare-support/health-performance-and-wellbeing-in-the-army/mental-resilience>, accessed 28 Feb 2023

HM Government, 'Integrated Review Refresh 2023: Responding to a more contested and volatile world', accessed at <Integrated Review Refresh 2023>, accessed 29 Apr 2023

HM Government, 'The Integrated Operating Concept, August 2021, accessed at <Integrated Operating Concept 2025 (publishing.service.gov.uk> accessed 12 Mar 2023

HM Government, Cameron, David, "Migration and EU reform: PM statement in Lisbon', 4 September 2015, accessed at <https://www.gov.uk/government/speeches/migration-and-eu-reform-pm-statement-in-lisbon> , accessed 23 May 2023

HM Government, Defence Mental Health and Wellbeing Strategy 2022-27, accessed at: <Defence_People_Health_and_Wellbeing_Strategy.pdf (publishing.service.gov.uk> accessed 23 May 2023

HM Government, "UK Armed Forces mental health index", 2011, accessed at: <https://assets:publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file280020/30_June_2011.pdf>, accessed 26 May 2023

KCL Study, accessed at Increase in PTSD among UK veterans who served in Afghanistan and Iraq – new research (theconversation.com), accessed 11 Mar 2023

Office for National Statistics 2023, accessed at Cost of living and depression in adults, Great Britain - Office for National Statistics (ons.gov.uk), accessed 11 Mar 2023

Understanding Military Culture, APA Practice Organisation, accessed at <https://www.apaservices.org/practice/good-practice/military-culture.pdf> accessed 19 May 2023

US Armed Forces Health and Surveillance Centre, Accessed at <https://Health.Mil/Reference-Center-Reports>, accessed 23 May 2023

Primary Research Interview Details

AH Pilot 1, Male, Retired, Interview conducted on 27 Apr 2023, 1100

AH Pilot 2, Male, Retired, Interview conducted on 27 Apr 2023, 1330

AH Pilot 3, Male, Retired, Interview conducted on 28 Apr 2023, 1200

AH Pilot 4, Male, Retired, Interview conducted on 28 Apr 2023, 1400

AH Pilot 5, Male, Retired, Interview conducted on 29 Apr 2023, 1300

AH Pilot 6, Male, Retired, Interview conducted on 30 Apr 2023, 1000

AH Pilot 7, Male, Retired, Interview conducted on 30 Apr 2023, 1130

AH Pilot 8, Male, Retired, Interview conducted on 1 May 2023, 1230

AH Pilot 9, Male, Retired, Interview conducted on 1 May 2023, 1430

AH Pilot 10, Male, Retired, Interview conducted on 2 May 2023, 1500

AH Pilot 11, Male, Retired, Interview conducted on 3 May 2023, 1430

AH Pilot 12, Male, Retired, Interview conducted on 3 May 2023, 1500

Military Doctor, Male, Retired, Interview conducted on 26 Apr 2023, 1500

Intelligence Officer 1, Female, Retired Interview conducted on 26 Apr 2023, 1100

Intelligence Officer 2, Female, Retired Interview conducted on 26 Apr 2023, 1700

References Held at Higher Classification

Apache Conversion to Type Syllabus 2006-11 (Crown Copyright), accessed via MODNET on 1 May 2023 (Now obsolete)

Apache Conversion to Type Syllabus 2023 (Crown Copyright with licensing held by Boeing), Accessed via MODNET on 1 May 2023

Apache Conversion to Role Syllabus 2006-11 (Crown Copyright), Accessed via MODNET on 1 May 2023 (Now obsolete)

Apache Conversion to Role Syllabus 2023 (Crown Copyright with licensing held by Boeing), Accessed via MODNET on 1 May 2023

Apache Limited Combat Ready Syllabus 2023, (Accessed via MODNET through 1st Aviation BCT Attack Sharepoint on 2 May 2023)

Apache Combat Ready Syllabus 2023, (Accessed via MODNET through 1st Aviation BCT Attack Sharepoint on 2 May 2023)

PJHQ Op HERRICK Decompression policy 2010 (Accessed via MODNET on 1 May 2023)

A primary research inquiry into moral injury conducts historical and contemporary analysis of a subject that spans academic and clinical discourse to understand whether the military suitably prepares warfighters morally to kill. Using the experiences of AH crews in Afghanistan as the instrument, the research is applied to published frameworks to offer insight into how Defence may better prepare and support its warfighters to face the moral paradox of killing. The research alights on the absence of a full ethical education programme and three transcendent themes Defence has an obligation to address as part of its duty of care to its warfighters: managing perceptions of betrayal, driving a healthy and accountable organisational culture, and promotion of greater awareness and acceptance. The paper concludes by making recommendations on future areas of research and posits that now is the time to develop a comprehensive inter-disciplinary ethics programme that prepares warfighters to kill and live with killing.

This thesis has been awarded the first prize of the year 2024 in EuroISME's annual contest for the best student's thesis (MA). For information about the contest, please visit www.euroisme.eu