

Moral Injury: Implications for U.S. SOF and Ethical Resiliency

Marc-Charles Ingerson, John Edgar Caterson,
David Wood, and Matthew Kazumi Ikenoyama

Joint Special Operations University

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*Moral Injury:
Implications for U.S. SOF and
Ethical Resiliency*

*Marc-Charles Ingerson, John Edgar Caterson,
David Wood, and Matthew Kazumi Ikenoyama*

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Foreword

The current generation of SOF operator is not the first to face both the visible and invisible wounds of war. The psychological, moral, and spiritual effects of America's longest war can be seen in trauma, primarily experienced in direct combat. The ever-changing nature of modern war and the changes to the SOF environment amplify this reality. In high-stakes situations, traumatic experiences of killing—or preventing a battle buddy from being killed—can damage a SOF member's spiritual well-being. It can also affect response to an event that transgresses deeply held moral and value-driven beliefs, whether witnessed, caused, or heard about, potentially resulting in moral injury (MI).

Moral injury in SOF agents and operators is a multifaceted, multi-vectored, and highly individual experience, yet it also impacts the entire SOF community. It can provoke excessive shame, unresolved guilt, anger, contempt, loss of honor, loss of joy, and loss of hope. Relationships can be ravaged by loss of trust, severed ties, disconnection, contamination, and unforgiveness. A warrior's view of self can be impacted and often heard in statements like, "I am not good," "I can't be trusted," "I am a failure," and "I am hopeless." Even one's concept of the world can be altered as demonstrated in phrases like: "There is no God," "There is no goodness," "Life has no meaning," and "Life has no purpose."

Moral injury disrupts confidence and affects the ability to make ethical and moral decisions. It impairs the sufferer's capacity to trust self, others, the command, or even God. Implied in the notion of trust is reliance, expectation, confidence, and certitude. A common military maxim is "trust but verify." This is crucial in the SOF environment and community. SOF operators are trusted to navigate ambiguous, complex situations without violating values that are both implicit and explicit within the SOF community. Such broken trust proves difficult to repair. SOF ethical decision-making can diminish with the gradual decay of ethical and moral standards, impacting both the SOF operator and the community and leading to moral drift, further resulting in MI.

Accounts of our elite warfighters' moral failures resulting from war's violence are documented in recent war literature, news reporting, and social

media platforms and is captured in extended qualitative interviews. It is often present when there has been a betrayal of what is right, typically by someone who holds legitimate authority, and broadly explained within SOF as either a violation of leadership, violation of self, violation against humanity, or violation against God. As we shall see, MI in SOF is not entirely distinct from conventional experiences. Rather, it is nuanced with contemporary and specific research and pointing to a profile of the traits and characteristics of the SOF member, thereby increasing the impact such understanding can have and, ultimately, strengthening the SOF community for the better.

The monograph's authors, Marc-Charles Ingerson, John Edgar Caterson, David Wood, and Matthew Kazumi Ikenoyama, articulate the complexities of the SOF ethical and moral dialectic and the compounding implications of MI. The authors aim to reach a broad audience, hoping their grounded theory will positively impact the SOF enterprise and ethos. Their framework is informed by extensive research, and they present their findings sequentially in the monograph's chapters, each containing a summary conclusion. The first three chapters frame the foundational considerations needed to address MI in SOF. The final two chapters propose a way forward with implications to SOF training and resiliency, each followed by a thought-provoking executive summary, including some quick takeaways. Included are comprehensive tables that visually capture the content and breadth of research conducted for this project. Finally, the authors include three excellent appendices including mixed-method (quantitative qualitative) research analysis tables, a literature review, and MI in SOF examples.

The authors provide the SOF reader with four important insights: a SOF MI paradigm shift, an MI trilateral relationship, a reimagined Special Operations Forces Professional Military Education (SOF PME) and training, and keys to SOF resiliency and MI healing. These insights can help generate conversations on the topic of MI and provide opportunities for greater understanding. If adopted early, they can provide more innovative and holistic care effectively when assisting those who must cope with the unseen wounds of war.

Eric J. Albertson
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About the Authors

Dr. Marc-Charles “M-C” Ingerson is a subject matter expert (SME) in the interdisciplinary field of applied behavioral ethics. His research, teaching, and consulting specialties can be found at the nexus of leader character training, assessment/selection, optimal team building, and the intra-organizational development of talent. Dr. Ingerson has been honored multiple times as an emerging scholar in the field of organizational ethics internationally and as a master teacher of professional and applied ethics in the heart of Silicon Valley. He has earned several other accolades and invitations relating to his innovative research, teaching, and insights.



Additionally, he has presented multiple times at competitive national and international conferences of note and published in top-rated academic and practitioner peer-reviewed outlets. He is known within the community for his passion for helping the next generation of SOF operators/enablers/critical support/chaplains and Religious Support Teams (RSTs) in the prevention, intervention, and postvention (support for survivors of suicide loss) of character challenges and moral injury as a way of honoring his father. The latter served honorably during the Vietnam War for the U.S. Navy and then switched to serve as an outstanding trainer of unconventional warfare for the U.S. Army during the Cold War before retiring to a second lifetime of meritorious civilian service in the Department of Defense (DOD).

Dr. John Edgar “JE” Caterson serves on the Special Operations Chaplain’s (SOCH) Team at U.S. Special Operations Command (USSOCOM) on MacDill Air Force Base, Florida, providing leadership for education and training initiatives. He is also a faculty member, master instructor, and executive subject matter expert at the Joint Special Operations University (JSOU) College of Special Operations Departments of Applied SOF Art and SOF Leadership & the SOF Professional Ethic at USSOCOM. Dr. Caterson came to JSOU as a senior SME for strengths-based leadership, emotional intelligence, military ethics, moral injury, and moral resiliency. He serves as course director for the JSOU SOF Religious Support Team

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Leadership Advisement Course; the SOF Spiritual and Moral Resiliency Course; and the SOF Crisis, Care, and Counseling Course. Prior to his time at JSOU, he served as an advisor to the U.S. Military Chief of Chaplains and as a senior advisor to Gallup's Faith Practice Division. Dr. Caterson is a graduate of Toccoa Falls College, Princeton Theological Seminary, The University of Edinburgh in Scotland, and the Beeson International Center at Asbury Theological Seminary. He holds a Bachelor

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Dr. David Wood, U.S. Army, Major, 19th Special Forces Group (Airborne) [(SFG(A))] commissioned as an officer and clinical psychologist (73B) in the Army National Guard in 2010. He belongs to the 19th SFG(A) at the group command headquarters at Army Garrison Camp Williams, Utah, where he has served in a SOF support role for the last 11 years. Dr. Wood serves, supports, and assists the operators and others of the 19th SFG(A).



His training includes relevant clinical aspects of military psychology as well as operational skills. Dr. Wood holds an Army skill identifier (M6) in psychological aspects of personnel recovery, including survival, evasion, resistance, and escape. He has received training in assessment and selection, and he provides cognitive performance assessment feedback to participants in a semi-annual evasion event put on by the 19th SFG(A). Dr. Wood is airborne qualified and has served in support of joint-service

multinational exercises in South Korea and Morocco. He is also a licensed psychologist with more than 20 years of experience in the mental health field. Dr. Wood maintains academic research activities as an assistant professor

at BYU, where he researches military and veteran help-seeking behavior, suicide prevention, and moral injury.

Ensign Matthew Kazumi Ikenoyama enlisted in the Navy in February 2009. As an enlisted engineman, he was sent overseas to the USS *Essex* (LHD 2) and stationed at Commander Fleet Activities Sasebo, Japan. There, he participated in a multinational humanitarian mission in the wake of the Tohoku earthquake and tsunami in 2011. Additionally, he participated in joint-service multinational exercises involving the U.S. Navy, U.S. Marine Corps, Philippine Navy, Philippine Marine Corps, Royal Australian Navy, and Republic of Korea Navy. After a hull swap with the USS *Bonhomme Richard*, he participated in joint-service multinational exercises involving the U.S. Navy, U.S. Marine Corps, Japan Maritime Self-Defense Force, Royal Thai Navy, Philippine Navy, Philippine Marine Corps, and Royal Australian Navy. During the exercises, he assisted in amphibious insertion of U.S. Marine and partner forces. Additionally, he was the designated boat engineer of the Search and Rescue (SAR) Rigid-Hull Inflatable Boat (RHIB) during maritime operations. In October 2021, he was commissioned as an ensign in the Navy Chaplain Candidate Program. Ensign Ikenoyama graduated from BYU with a Master of Arts in Chaplaincy in April 2022. He finished his graduate project on moral injury in a record time of two semesters and received the highest distinction of “Pass – No Revisions.” He conducted a literature review of research on moral injury from 2009 to 2020 in both military and civilian sectors. As a budding SME on moral injury and sociocultural research, he led a three-day training seminar at Joint Special Operations Command (JSOC) on moral injury. Military awards include the Navy and Marine Corps Achievement Medal, Joint Meritorious Unit Award, Humanitarian Service Medal, and numerous other awards.



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We also thank the SOF operators (both active and retired) for allowing us to interview, listen, and understand how to better serve and support them and their loved ones as they seek to heal from the psychological, ethical, and spiritual wounds resulting from their indefatigable loyalty, integrity, and courage in defense of our national security. Listening for both “the said and the saying” as these brave operators opened up to us about their ongoing crucibles of recovery has been one of the most humbling and honoring experiences of our professional lifetimes. We honor you and want you to know—welcome home—because you are needed and wanted here, too.

Final thanks go to our families. While they did not know the details of our long days and long nights, they knew the sacrifice that comes from supporting that effort. They trusted us to do right by them and our stakeholders. They were the main reason we could not sleep; we knew how important it was to keep trying to do differently and better for the generations of SOF operators past, present, and future who suffer alone and in agony and who feel unworthy of any love the way we love our families. So, thank you for all you have done, do, and will do to help support us as researchers and authors in the most important search and rescue mission of our professional lives.

Introduction

Reconciling the moral conduct, we are taught as children with the brutal actions of war has been a problem for warriors of good conscience for centuries. - Karl Marlantes

United States Special Operations Command's (USSOCOM) senior leadership has extended the call for a deeper dive into the critical issue of moral injury (MI) in SOF. It's a well-known fact throughout USSOCOM that leadership and ethics set the tone for what is valued. Understanding that the SOF community consists of valued team members who are first and foremost human beings worthy of respect, dignity, and honor remains critical. Those in the SOF community work toward the positive possibility of completing their missions successfully and returning home to live and lead full lives of meaning and mattering.

The fact is, however, that some SOF operators return home and some do not. Those who return home never forget about loved ones from their warrior family who did not return home. There are SOF operators who return physically but do not return home psychologically, morally, or spiritually. Often, a SOF operator's expressions to teammates, family, and/or other loved ones after a difficult mission, where they feel as if they have experienced psychological/moral/spiritual death, is a type of survivor's guilt. They share that they feel like a prisoner of war despite coming home freely. This is the beginning of moral injury in SOF.

Those SOF members who speak of moral injuries share a similarity, which is that their souls¹ have been wounded. Though soul wounds may differ in type and degree, sufferers commonly express sentiments like, "I'm feeling guilty, angry, and ashamed that I even exist right now because had I been a better SOF operator and some type of a worthwhile human being, I would have figured out how to have my brothers come home safe and sound." It is important to forewarn those readers in the SOF community that difficult discussions about moral injury only become more intense the greater the moral injury in SOF, but it is vital that these discussions happen, and that they happen now.

Repeatedly in our research, we learned of health care professionals in the U.S. Department of Defense (DOD) and the U.S. Department of Veterans Affairs (VA) systems being specially hired to intervene and meaningfully help morally wounded SOF, but they had limited capacity to provide the help needed. This results from limitations of time, funding, and practice methodology, and because the core of moral injury in SOF is raw, emotional, personal, visceral, intimate, spiritual, paradoxical, universal, and real. The call for a greater understanding of moral injury and a thorough paradigm shift toward additional interventions and alternative help from within the SOF community is desperately required. The need is for treatments and approaches that do not rely heavily on conventional views and traditional norms regarding moral injury in SOF.

If the SOF community uses its strengths in unconventional and irregular warfare as a guide to reconfigure its current approach to dealing with moral injury (and simultaneously rallies around morally wounded SOF operators), a positive paradigm shift will occur. A space for the improvement of best practices in the prevention, intervention, and postvention (support for survivors of suicide loss) of MI in SOF can be created. With a goal of a positive paradigm shift in mind, this monograph will broadly and thoughtfully examine MI and its implications for SOF in greater depth.

The simplest definition of moral injury is a type of soul wound where the sufferers feel and believe that they have breached and violated deep, personal moral values. They have acted in such a way that they consider themselves irrecoverable and/or irredeemable. These feelings are rooted in the way they personally interpret the source of their moral values. This syndrome is deeply personal and highly individualized. It is fundamentally an interpretive and perceptual event, not merely psychological. This does not mean that it is not real. It *is* real and is the most deep and painful wound a human being can experience. SOF operators, for all their excellence in the art, science, and practice of warfighting, are still, at their roots, human beings and are not immune to pain and suffering.

The SOF community is legendary, not only for its people, great as they are, but also for its doctrine, selection, training, exercises, missions, and overall warfighting capabilities. Specifically, SOF is legendary for its utilization of bottom-line reasoning based on clear, measurable outcomes grounded in lessons learned from prior missions and supported by quantitative logistics gathered and analyzed by valid all-source intelligence. What this reduction

of decision-making means in various SOF contexts surrounding rational, pragmatic decisions is that anything in or out of SOF environments affected by the ethical, moral, and spiritual is a notoriously thorny issue. These issues are difficult for well-intentioned leaders to get a handle on. The chief reason is that the realms of ethics, morality, and spirituality are notorious for being consistently irrational. They are frustratingly resistant to quantitative operationalization, and nearly impossible to generalize across contexts. Think of the phrase, “That’s your morality, not mine” and add the idea of a soul wound to the mix.

Although inquiries into moral injury in SOF may strongly resist well-used quantificational methods, well-regarded medicalized definitions, and well-justified psychological interventions—and may be thorny topics that are painful to discuss—they still need to be dealt with. An increasing flow of credible research coming into the SOF community indicates that MI in SOF is the catalyst for a sharp increase in suicide, meaning it not only needs to be dealt with, but dealt with *now*. Despite the initially negative, multi-faceted, and multi-vectored aspects of dealing with soul wounds, which call for the most challenging mixed-method research approaches, the benefits of understanding MI meaningfully and qualitatively far outweigh the cost of ignoring it.

Even when the SOF community commits to this first move—to increase education regarding the basics of good spiritual health (and best responses for the soul-wounded)—well-meaning SOF can still end up intervening in less-than-helpful ways. If the holistic health of SOF remains the primary goal of everyone in USSOCOM and the entire SOF enterprise, then to seek to effectuate this educational change by only addressing the practical concerns (simple psychological and treatment versus preventative education) of morally wounded SOF is naïve at best and dangerous at worst. A more sophisticated, functional, and optimal approach to promoting positive healthy changes at every level within the command will incorporate both the spiritual and the practical.

USSOCOM’s Preservation of the Force and Family (POTFF) has championed the call for this type of holistic methodology. In this monograph, we take seriously the POTFF by addressing moral injury in SOF and using a roundtable, mixed-method approach, meaning there is “no wrong door” on getting help with moral injury.² That roundtable approach is woven into the fabric of assumptions throughout the entire monograph.

Key Takeaways

This monograph presents three key takeaways:

1. **Moral injury in SOF paradigm shift.** Moral injury in SOF requires a paradigm shift throughout the SOF enterprise. Moral injury and post-traumatic stress disorder (PTSD) are distinct but interrelated in the SOF context and are impacted and influenced by SOF culture.
2. **Moral injury in SOF trilateral relationship.** SOF ethics, moral drift, and moral injury in SOF are all strongly correlated and mutually reinforcing. Cascading effects from these three domains can create either a positive or negative directional spiral in SOF culture.
3. **Reimagined SOF PME and training.** Reimagined Professional Military Education (PME) leverages innovative and integrative teams to unlock creativity and design thinking, thereby building ethical, morally resilient next-generational SOF Highly Educated, Hyper-Enabled Responsible Operators (H.E.²R.O.). Training is imperative for the SOF team and community to raise awareness, understanding, and reaction times and improve effectiveness when responding well to SOF ethos and ethics, moral drift, and moral injury.

Organization of Monograph

This monograph is designed for the entire SOF community and for all who support its success. Now is the time to: (1) elevate SOF's leadership awareness and capabilities on MI in SOF, (2) enhance the overall ethical culture/ethical climate throughout the SOF enterprise, and (3) encourage discourse on MI in SOF at USSOCOM as well as the entire SOF enterprise even though it can be uncomfortable, messy, emotional, psychological, moral, spiritual, and personal.

The authors utilize a qualitative-research framework to address MI in SOF and mitigation strategies while focusing on SOF readiness, resiliency, and fitness capabilities. A basic summary of the chapters of the monograph are as follows:

Chapter 1. A discussion of aspects of SOF culture to reduce SOF vulnerabilities to moral injury.

Chapter 2. A review and summary of both PTSD and moral injury as overlapping but unique phenomena in the SOF community.

Chapter 3. An examination of ethos and ethics, moral drift, and moral injury in the SOF community.

Chapter 4. A reimagined SOF PME and moral injury training.

Chapter 5. A presentation of new and innovative ways in which everyone on SOF teams and in the SOF community can be trained in the prevention, intervention, and postvention of moral injury.

Chapter 1. SOF Culture and Moral Injury

Unseen wounds are not unknown wounds. War and combat related stressors, especially as experienced over multiple deployments, have a cost. Function and professional achievement may not be the optimal measure of health, resilience, and wholeness, as warriors will not quit, they will not drop their packs, even at a cost to their souls. - Phillip Hogan

Introduction

When members of the SOF community were qualitatively interviewed over the past two years about whether they had ever encountered the axiom “embrace the suck” during their various training, exercise, mobilization, and deployment experiences, most SOF operators responded with some variation of, “Yeah, who hasn’t heard that around here?” Several of those same SOF operators tacked on to that nearly universal response something to the general effect of wry humor, “We’ve heard it . . . *ad infinitum, ad nauseam*.” But when asked some follow-up interview questions as to what this SOF (and now DOD-wide) truism is really saying to SOF operators, the answers became less humorous. Their much more serious responses distilled down to a few main themes, e.g., be resilient, be optimistic, and/or be aggressive. However, when questioned during the individual and group interview process about how this important SOF truism of embracing the suck specifically applies in a holistic context of what it means to be both an outstanding SOF operator and simultaneously an excellent, morally agentic human being of ethical integrity, the room often went uncomfortably silent. This silence was not due to a lack of knowledge, skills, or ethical sensibility in those SOF operators (who have research and training on ethical leadership, ethical culture, grappling with character challenges, and dealing with potentially morally injurious events/experiences [PMIEs])—but quite the opposite. The noteworthy French existentialist philosopher (and Holocaust survivor) Emmanuel Levinas would interpret these SOF operators as “saying” something profoundly important in that silence far beyond what was simply not being “said.”³

SOF operators are consistently assessed⁴ as some of the most intelligent, most skilled, and most honorably striving human beings in the U.S. military. An immediate question is this: If the silence is not due to a lack of knowledge, skills, or ethical sensibility, does it point to a subculture of silence within SOF operators? The answer may be both illuminating and infuriating to the SOF community and point to a culture war. The answer is yes. It is best understood and expressed by the following paraphrase: “Embrace the suck works in (and for) SOF, so don’t complicate something that’s working for us with stuff that really doesn’t matter.” Unfortunately, that general response is both experientially correct and incorrect. In other words, the tradition and truism of “embrace the suck” both works and does not work in SOF theory and in SOF practice. It is a paradox.

Welcome to the phenomenon of moral injury (MI) in SOF. It is a phenomenon of paradoxes at every level of analysis. The long-held tradition and truism of “embrace the suck” both decreases and increases the SOF operator identity, SOF culture, and SOF community to being vulnerable to MI. Discussing MI in depth and detail necessitates a little more discussion on “embrace the suck.”

SOF operators do (and probably should) utilize “embrace the suck” in various warfighting contexts, such as in the complexities of combat deployments. In those extreme operating environments, it is appropriate (and even desired) for SOF operators to embrace the suck as the best possible solution to many unique, low-intensity conflicts and their attendant covert and clandestine, low-intensity, asymmetric, irregular, or unconventional warfare-relational contexts. However, it is equally important to recognize that “embrace the suck” is rarely an appropriate solution for SOF operators after returning home and engaging in some equally complex and confusing relational contexts with family.

In those incredibly challenging relational situations at home after being exposed to the crucibles of combat, embrace the suck needs to be readdressed, reconsidered, and replaced in the SOF community with alternative perspectives on the role of emotions (especially moral emotions) in SOF operator identity, SOF culture, and SOF community that are different and better for all involved. This presents both a culture shift and a paradigm shift. Better understanding an alternative perspective on the importance of treating emotions differently and better in SOF—versus simply always

embracing the suck—requires consideration of SOF ontology in all places and with all people.

Ontology is the study of what is real. It can be argued that SOF ontology is the study of what is most real in SOF-operator identity, culture, and community. Whether acknowledged or not, what follows are some of the existential realities that theoretically transcend all other aspects of SOF, if not yet practically. SOF members are human. Independent of age, gender, socio-cultural backgrounds, rate/military occupational specialty, training/exercise/ combat experience, current socioeconomic status, or any other demographic question, SOF members are human beings. Every single member of SOF has made it successfully through rigorous and extensive selection processes and are master negotiators who most often prevent conflict. Even though they can carry out demigod-like performances in the art, science, and practice of warfighting, they are still mortal human beings. This is critically important to both explicitly acknowledge and remember.

The number one SOF truth is, “Humans are more important than hardware.” USSOCOM continues to emphasize this and the other SOF truths in relation to SOF culture and ethos. Furthermore, it is compellingly clear that the best commands and units understand that human capital is the most important asset of their organization. Former USSOCOM Commander General Richard D. Clarke reaffirmed this SOF ontological perspective when he testified before the House Armed Services Committee in April of 2019:

Our people, our force, and our families are at the core of our competitive decisive advantage. It is imperative that we build and maintain a force mentally, physically, spiritually, and socially capable of sustaining the readiness and resilience required to execute missions throughout their demanding careers. Because we are committed to preserving our force, we will lead the way, we will transform, we will invest in our people, and we will win.⁵

With the understanding that SOF operators are human beings with mental, physical, spiritual, and social lives, some basics of human existence are helpful to flesh out.

In Western philosophy, certain perennial questions deal with existence and existential matters that have affected, and continue to affect, all humans. Examples of these questions are, “Who am I?” and “What is the purpose of life?” Most SOF operators would be loath to claim that they are deeply

philosophical, unless in jest, but they are practical philosophers every day. They prize being personally accountable in their learning, training, and understanding in the art, science, and practice of all forms of warfare, both modern and postmodern. Everything they do is a type of morally pragmatic leadership. This is further reinforced when they seek to recognize and understand the intent of both the USSOCOM component commander and SOF commander as well as anything else critical to dealing with their immediate mission. They will pursue any missing data points relentlessly until they fully understand the mission. Socrates is credited with teaching, “Question everything, find truth.” This is an essential characteristic feature of almost every SOF operator. They are not mindless killing machines.

While SOF operators may accept the ubiquity and reality of endless strife, struggle, and suffering due to their significant responsibilities of being at “the tip of the spear,” this does not mean they are resigned to it thoughtlessly. Sometimes SOF operators do not know exactly what course of action to take. In those overwhelming moments, that exhausting and exasperating phrase, “embrace the suck,” comes out. After a seemingly never-ending war against terror, repeated deployments, endless missions, and devastating personal losses, however, that infuriating phrase becomes less than helpful. At that point, denying, ignoring, and repressing becomes the default position of SOF operators, who then remain numb enough to stay operational and not lose the only family that really understands them anymore, i.e., their team. Ask them about their willingness to work through their human, moral emotions of having dealt with the darkest side of human nature, and they often will just look at you blankly. They shake their heads, and say, “You just don’t know,” and steer clear of you from that point forward. What SOF operators understand cognitively, but not always emotionally, is that extreme ownership of their loss, guilt, shame, pain, and suffering cannot only prove helpful but also optimal when it comes to having them stay at their best, either individually, with their teammates, tactically/operationally with their teams, and relationally with their family and loved ones.

How tactical mental health and tactical moral health tie into a strong relationality from a holistic and human perspective in valued professional and personal relationships is not yet something well understood. Nor are there many training resources and initiatives that clearly and compellingly assist SOF operators at both a moral–ethical level and an existential–spiritual level. Instead, a schematic reversion to the social–psychological norm of

“toxic positivity” is creeping into SOF operator identity, culture, and community. This is a problem. There seems a lingering resistance within the SOF community to create new options to “embrace the suck.”⁶

Toxic Positivity

Toxic positivity is a social–scientific construct starting to gain more traction among scholars. In this research space, scholars define toxic positivity as the mindset which “seeks to reject, deny, or displace any acknowledgement of the stress, negativity, and possible disabling features of trauma, and instead looks only through rose-colored glasses.”⁷ This definition shares how toxic positivity is both a specific and an impractical stance that denies the existence of negativity in life. Additionally, “toxic positivity considers non-stop positivity the norm, or at least a possibility, while completely rejecting all negativity. This suggests anyone who doesn’t adhere to this completely unrealistic norm is flawed and in need of transformation.”⁸ Taken together, these definitions of toxic positivity can begin to help the SOF community understand that adherents to this rigid mindset portray those who see things differently as fundamentally weak and somehow fatally flawed. Furthermore, this absolutist viewpoint completely pulls individual experiences out of context and can invalidate any negative experiences, including among those who labor in extreme operating environments like SOF operators.⁹

A prescient piece in *The Washington Post* states, “While cultivating a positive mind-set is a powerful coping mechanism, toxic positivity stems from the idea that the best or only way to cope with a bad situation is to put a positive spin on it and not dwell on the negative.”¹⁰ Thus, it is like “shoving ice cream in someone’s face when they don’t feel like having ice cream; it’s not going to help make them feel better.”¹¹ Expanding on this, one researcher points out that when behaving in a toxically positive way, “You’re stating that there really isn’t a problem that needs to be addressed, period. You’re kind of shutting out the possibility for further contemplation.” A further observation states, “It’s a problem when people are forced to seem or be positive in situations where it’s not natural or when there’s a problem that legitimately needs to be addressed that can’t be addressed if you don’t deal with the fact that there is distress or need.”¹²

Toxic positivity has been around for more than a few generations and involves both a largely impractical perception of events and experiences

and a nearly delusional denial of reality. Again, the point here is not that embracing the suck is entirely bad for SOF operators. There is a time and a place for that mindset, especially during times of conflict and war. A SOF chaplain who served in four conflicts from the Cold War to the Global War on Terrorism (GWOT) states,

I told the Commander that we had a growing concern with our guys. They were great in every regard. But I noticed that once we got home, they were more and more bringing the war home with them. It's because they didn't know how to switch off embrace the suck. Even with their kids. Do we really want to bring what we do elsewhere home with us? That's not fair to them or to us.¹³

Toxic positivity is not the same as optimism. Optimism “reflects the extent to which people hold generalized favorable expectancies for their future.”¹⁴ Put simply, when an optimistic SOF operator encounters an issue, they might tend to expect good outcomes even if the downrange issue is difficult. Social science researchers who specialize in optimism explore how it is linked to health: “Optimists appear to take action to minimize health risks.... They attend to risks, but they do so selectively.... Optimists appear to scan for threats to well-being but save their behavioral responses for threats that are truly meaningful.”¹⁵ Additionally, an optimistic SOF operator can acknowledge the possibility of negative outcomes whereas a SOF operator struggling with toxic positivity cannot accept negativity in any form. Toxic positivity does not allow for growth in a negative situation because *it does not recognize negativity in the situation at all.*

Furthermore, those SOF who take up a mental position of toxic positivity tend to go to the extreme with their opinions. In other words, this type of individual tends to view any SOF operator who does not believe in their toxically positive framing as someone in need of help getting their minds right. On the contrary, optimistic SOF operators might prefer the company of other optimistic individuals, but they certainly do not require that all individuals in their lives espouse the exact same viewpoints about everything around them. In sum, optimism is an *authentic feeling* of positivity whereas toxic positivity is a *forced feeling* of positivity. One can begin to see that toxic positivity and optimism both have widely divergent implications for SOF.

Toxic Positivity in SOF

In SOF, toxic positivity can arise through a variety of situational and dispositional factors. For example, when completing a training exercise, it is not unusual to hear the phrase, “At least you don’t have ...” to characterize an experience as “not that bad” or under the guise of “it could always be worse.” But this phrase can be dangerous insofar as it removes the positives of addressing the negative experiences as negative. Instead, it seems to be telling SOF operators to “just deal with it” and may leave them with the impression that their experiences of suffering are invalid.¹⁶ If their experiences of suffering in training are invalid, that could lead to the fallacious logic that all their life experiences of suffering are invalid. This is a concern because this flawed logic not only invalidates the individual SOF operator’s lived experiences but also can shift their mindset to one that discounts (and invalidates) their own negative experiences and the negative experiences of others—including when they return to their homes and loved ones. And, unfortunately, some in SOF think that since their experiences are invalidated while training and operating, that means that they can and should invalidate the experiences of others.

Put plainly, it can often be a case of an “is-ought fallacy”—assuming that because things are a particular way, they ought to be that way. This fallacious invalidation can then drive even more negative cognitive behaviors surrounding toxic positivity. It can make the SOF operator think that “everything is fine” when there might be a real relational problem at work and/or home that must be addressed in a different and better way.

One example of this type of flawed thinking is if a young SOF operator is told they are not supposed to complain or “gripe” about anything while on deployment. This same SOF operator may not understand the differences between complaining about something trivial, like not getting jalapeño and cheese in their MRE, and the real need to express grief over the loss of a comrade in arms (to contrast two extremely different situations).

That inability to recognize the differences between the extremes results in a blurring of the lines between what really does matter and what does not. Instead, it is more and more of a norm to wear the mask of false positivity in all situations, whether in reference to a trivial matter or a legitimate concern. In this example, no one, not even the young SOF operator, really

knows when they would be legitimately in need of help because they have convinced themselves that everything is fine.

Modern military culture has historically presented SOF operators with the idea that they need to bury their problems, to embrace the suck.¹⁷ SOF operators then turn around and adhere to that notion with near perfection. They avoid talking about their problems unless necessary, and even so, with great reluctance. Oftentimes, their problems (including deep, soul-crushing ones) are not addressed and fester. Even if a struggling SOF operator openly expresses problems, the possibility remains that those around them will tell them to “suck it up” because “it could always be worse.” Leaving the problem alone on the basis that it’s “not that bad” can lead to negative physical and psychological health outcomes.

Health Outcomes of Toxic Positivity

As previously defined, toxic positivity is the unwillingness or inability of an individual to acknowledge negativity in their life, including in SOF. As such, these types of individuals, enculturated to take up toxic positivity, tend to avoid or dismiss negativity within themselves and their environments. Unfortunately, at the time of this writing, no studies are available that specifically explore toxic positivity’s effect on physical health. An important 2018 study determined that individuals who spurn their negative emotions on a regular basis may end up feeling worse: “People who tend to not judge their feelings, not think about their emotions as good or bad, not try to avoid or put distance between themselves and their emotions, these people tend to have better mental health across the board.”¹⁸ The same study concludes that those who acknowledge but do not judge their experiences can experience improved psychological well-being, whereas those individuals who withdraw and reject their experiences can experience worse psychological health.¹⁹

Taking the findings of this study into consideration, one can make a modest correlational conclusion that toxic positivity can be linked to worse psychological health in the SOF enterprise and in their best human assets. Furthermore, research has demonstrated that individuals with major depressive disorder tend to suppress negative emotions, leading the researchers to conclude that emotional suppression was linked to depression as well as a personal fear of emotions.²⁰ Though no definitive evidence as yet links toxic positivity with physical health issues, a tentative reasonable conclusion can be made that negative psychological health outcomes of toxic positivity can

result in negative physical health outcomes. This is important for a force and formation that needs to remain in peak condition, not just physically and psychologically, but morally and spiritually. So, what might be a different and better alternative to toxic positivity in SOF operator identity, SOF culture, and SOF community? Tragic optimism.

Tragic Optimism

“Tragic optimism” is defined as optimism in the face of tragedy. It is “optimism that one possesses in the face of pain, guilt, and death.”²¹ Tragic optimism has links to Holocaust survivor Viktor Frankl’s logotherapy—that is, “striving to find a meaning in one’s life.”²² The theoretical basis involves taking a traumatic experience and trying to find ways forward despite how that experience may have negatively affected the individual. Tragic optimism has supporters and proponents that SOF work with internationally, ranging from young adult sexual assault survivors who develop eating disorders and those who work with crisis counselors on the African continent after terrorist events.²³ In scientific studies on both of these groups, researchers used tragic optimism to empower their traumatized clients and help them find positive ways to move forward.

Further relevant research explored the possibility of using tragic optimism in positive psychology and how it can contribute to post-traumatic growth (PTG), which can be defined as “the experience of positive change that occurs as a result of the struggle with highly challenging life crises.”²⁴ Tragic optimism and PTG are two complementary models that can work together to help people remain positive in the face of negative experiences, which can help them find a path forward from their trauma without disintegrating into toxic positivity.²⁵

SOF operators can help each other by realizing that traumatic experiences can help fuel the drive for tragic optimism without forcing a goal of happiness. Tragic optimism does not require that SOF operators seek happiness during the process of interpreting their experiences, either mentally or emotionally. This is critically important because happiness is not, and should not be, something that mentally and emotionally suffering SOF operators should feel they need to aspire to during (and immediately following) the many kinds of traumatic events to which they are exposed. Instead, happiness can be delayed and understood as the eventual down-the-line byproduct of an

individual who is finding meaning in their suffering. If SOF operators strive first to find happiness without first finding meaning in trauma, they will not be able to cope as well as those who cultivate an attitude of tragic optimism.²⁶

This cultivation of the attitude of tragic optimism is buttressed by emotional authenticity and regulation. An examination of how both positive and negative emotional regulation impacted daily lifestyles the difference between toxic positivity and tragic optimism and their attendant existential results clear: “Reappraisal of positive emotions was associated with increases in positive affect, self-esteem, and psychological adjustment”²⁷ as well as finding that regulation through reappraisal (i.e., tragic optimism) was beneficial—whereas suppression (i.e., toxic positivity) was not beneficial.²⁸ In short, tragic optimism involves SOF operators taking ownership of a traumatic experience first and eventually seeking a positive perspective of that experience. This is also done in much more authentic and respectful ways to both those who came home and those who did not. This crucial theoretical insight is best exemplified by the age-old adage that there can be a silver lining, no matter the circumstances. To further drive home the fundamental difference between tragic optimism and toxic positivity, a SOF operator utilizing tragic optimism could try to find a positive in a negative experience whereas a SOF operator utilizing toxic positivity denies the negative experience completely.

A recent article published on the BBC website takes a deeper look into the differences between tragic optimism and toxic positivity. It argues that people need a space to be vulnerable and emotional—things that make humans feel human. It goes on to argue that tragic optimism is the more favorable approach to trauma when compared to toxic positivity.²⁹ This is the case because tragic optimism can lead to positive growth after a negative experience whereas toxic positivity can result in no growth at all. Restated again for emphasis, *tragic optimism is a more beneficial means of examining negative experiences whereas toxic positivity is a more detrimental means of examining negative experiences.*

Tragic Optimism in SOF

In the SOF community, tragic optimism can provide a new and more optimal method and means of coping with the traumatic experiences encountered both in and outside the wire. It is no secret that SOF operators can and often will encounter negative experiences during their careers. However, through tragic optimism, they can try to find meaning behind those negative

experiences. That meaning, in turn, can help them cope and move forward from these physically, psychologically, spiritually, and ethically distressing experiences. Tragic optimism is not a means of completely resolving traumatic experiences but is instead a way forward. It is still recommended that those with negative experiences be advised on steps toward resolution.

An example of tragic optimism in the SOF community comes from a well-regarded GWOT-era U.S. Navy SEAL corpsman. In an interview with his former Task Force Leader, this combat-decorated SEAL recounted an incident in Iraq that resulted in a tortuous experience and even categorized it as a PMIE. In this PMIE, the SEAL allowed a higher-ranking physician's assistant (PA) to perform a medical procedure that the SEAL believed would likely have a deleterious outcome with cascading negative effects on his severely wounded teammate. His hunch was correct, and, tragically, his teammate experienced preventable death. This experience has haunted him. However, he was able to take that negative experience, reinterpret and transform it, and use it to drive his determination to earn entrance into Harvard Medical School and become a board-certified medical doctor able to handle the hardest trauma cases.³⁰ Though this honorable former SOF operator expressed that he still feels guilt over letting his teammate down, and some sense of partial responsibility for his death, he demonstrates how any SOF operator can take a compound MI and go through the healing process. The soul wound is never forgotten but is instead transformed for the good in honoring the fallen.

This is just one of many largely unspoken true stories of honor, courage, and sacrifice in the SOF community by SOF operators who utilize tragic optimism to heal deep soul wounds that stem from their military service. As more of these stories are told, tragic optimism can replace the false-positive attitude of toxic positivity and serve as a means of reframing SOF operators' perceptions of a negative experience. It can then be utilized for constructive action. When reformulated in the mind and heart of the soul-wounded SOF operator, then injected into a controlled and regulated delivery system, the soul wound has the potential to transform into positive possibilities. By harnessing tragic optimism, a SOF operator's soul can function even with the high SOF operations tempo—even after experiencing devastating soul wounds.

Physical and Psychological Outcomes of Tragic Optimism

Tragic optimism has clear physical and psychological benefits for those individuals who adhere to its principles, including for SOF operators. In a 30-year, meta-analytical study, the relationship between stress and the human immune systems was explored. Scientists discovered that chronic stress resulted in more adverse consequences when compared with acute stress.³¹ The main implication of this important research for the SOF community is that chronic stress (e.g., repeated deployments) can have an unsurprisingly adverse impact on physical health. However, individuals (including SOF operators) who have a more positive outlook on their unique work-life situations are less stressed and therefore have much more effective immune systems.

Additional research explored the effect of happiness on human behavior. It was discovered that a positive mood resulted in fewer instances of unhealthy behaviors like substance abuse and self-medicating. Furthermore, the study concluded that a positive mood could result in higher quality of work and better social relationships.³²

Researchers also investigated how a positive mindset might affect and reduce anxiety.³³ They found that authentic and respectful positive thinking was helpful in reducing worry. Furthermore, they found that reduction of worry and anxiety could be achieved regardless of how sad and severe the content related to anxiety-provoking thoughts. In other words, SOF operators can find relief from the anxiety-causing aspects of their service if they can be both authentic and respectful of theirs and other's mindsets. In short, the latest research points to the fact that tragic optimism in organizational contexts, including in SOF, is a healthier means of adapting to traumatic experiences than toxic positivity.

PMIE can be further defined as: "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."³⁴ PMIE might also be used as an acronym for potentially morally injurious *experiences* (as contrasted with "events") and defined as "experiences that might lead to lasting moral injury."³⁵ Considering both definitions, it can be deduced that both might be slightly different ways of describing the same concept.

PMIEs in SOF

In SOF, PMIEs can encompass a wide variety of situations. The following examples are not intended to shame the various SOF units but to illustrate how diverse and encompassing PMIEs can be. Examples may range between: an Air Force Special Tactics pararescueman unable to save a wounded comrade while under fire; an Army Ranger ordered to not engage hostile forces attacking unarmed civilians; a Navy SEAL commander who learns that one of their SEALs is killed in action while on a mission they ordered; a Marine Raider on a patrol who misses an improvised explosive device (IED) that detonates and wounds their entire squad; an Air Force Tactical Air Control Party who accidentally gives the wrong coordinates for an air strike, resulting in a friendly fire incident; a Navy Special Warfare Combatant-Craft crewman who can hear friendly forces being engaged further inland but cannot reach their position; or the wounded SOF operator who is told that they are being medically discharged from the military. Of course, the examples are not all-inclusive, but they do begin to peel away the layers that exist under the umbrella of PMIEs that can and will be encountered while serving in SOF.

Peer-reviewed research exploring the different general and specific types of PMIEs that cut across all SOF warfighting contexts, other than that conducted by the authors of this monograph, does not currently exist. Neither is there any available research that clearly defines what a PMIE is (or is not) in relation to the best modes of individual response that demonstrates physical, psychological, and moral healing that returns the morally wounded SOF operator to complete readiness. While researching this topic and conducting interviews, the authors repeatedly heard frustration that there is rising sociocultural stigma about MI due to the way PTSD and MI are defined, diagnosed, and treated in SOF, the Department of Defense (DOD), the VA, and in American society. This can be devastating and deadly to those who suffer from either PTSD or MI, or both—especially in the SOF community.

Overcoming Stigma in SOF

Stigma, “exists when elements of labeling, stereotyping, separating, status loss, and discrimination co-occur in a power situation that allows them.”³⁶ Stigma is an exclusionary practice resulting from social and cognitive adaptations by humans.³⁷ It is a situation that involves an individual or individuals in identity-threatening circumstances where a group in power exerts itself.

Stigma can also be a form of stereotyping against a certain group of individuals who exhibit an undesirable trait or traits. In the SOF community in particular, stigma can take various forms. One of the more familiar stigmas is a severe aversion by SOF operators to get help with mental, moral, and spiritual health.

In the SOF community, where SOF operators believe that they need to be strong in every possible way, owning weakness is an unsettling and uncertain business. But that is mainly due to the SOF operator's belief that they will no longer be eligible for clearances and thereby will lose operability. This need not be the case. What if there were the possibility that a soul-wounded SOF operator could seek help from someone with the appropriate clearances who works around them? This could be termed a "roundtable approach." Utilizing this roundtable approach, the SOF operator could seek advice and help confidentially from their teammates, team leaders, enablers, SOF chaplains, RSTs, psychologists and doctors, and even senior leaders. Soul wounds are not included in the American Psychiatric Association (APA) *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*) and not a mandatory report item. Seeking help with these PMIEs need not be stigmatized. If that idea begins to permeate the SOF community, there can be a transformation of the lives of those affected, resulting in PTG.

Such PTG involves "personal strength, relationships with others, new possibilities, appreciation for life, and spiritual and existential change."³⁸ For SOF operators, this is accomplished through a multi-step process starting with learning from the trauma and perhaps by understanding how the event is impacting the present through the manifestation of PTSD.³⁹ The second step is managing distress—finding healthy methods like sleep and exercise to regulate the powerful emotions associated with PTSD.⁴⁰ The third step is disclosure, which involves opening up about traumatic experiences in a safe and nonjudgmental environment with individuals who actively listen and accept the experiences for what they are—experiences.⁴¹ The fourth step is putting the story together—finding meaning and direction in the jumble of trauma and growth.⁴² The fifth and final step is leveraging the mission—finding strength from trauma and pursuing a new life goal.⁴³ Through these concepts and this process, these SOF operators can find a way forward in their lives to help them find meaning and strength, whether physical, mental, emotional, ethical/moral, and/or spiritual.

A recent study by Sevin examined the factors surrounding PTG in SOF operators who had been medically discharged from the military. In this study, the ways PTG “is manifested in the SOF operator is in an increased appreciation for life in general; more meaningful interpersonal relationships; and increased sense of personal strength, changed priorities, and richer existential and spiritual life.”⁴⁴ Furthermore, a myriad of factors can positively and negatively affect PTG for SOF operators. For example, Sevin found that the more a SOF operator identifies as an operator, the more difficult it will be for them to find meaning and a path forward if they are injured and subsequently medically discharged.⁴⁵ To help with that transition and personal identity shift, the research notes that hardiness and resilience can help the injured operator contend with their circumstances.⁴⁶ Combat-wounded SOF operators need to be authentic and open about their backgrounds, injury and recovery experiences, and transition to civilian life. The SOF-operator research participants in Sevin’s study expressed that they felt isolated from their units and a loss of camaraderie due to their units’ continuing missions while they had to stay behind. Some also felt anger and guilt over their inability to be with their units and over how their condition had shifted so drastically. This also led some of the participants to feel as though they were failing their fellow operators in a shameful way. In other words, they were unable to be with their units, which led to feelings of anger, guilt, and shame. Furthermore, the SOF operators in the PTG study also expressed difficulty in finding the same types of relationships outside of the SOF community. Thus, three main themes are critical to the conceptualization of PTG: “core beliefs and assumptions, meaning-making and coherence, and personal agency.”⁴⁷

It is important to make an additional note here regarding the preceding research. It needs to be highlighted that three emotions that repeatedly show up in this research (and all quality research on PMIEs and MI) are guilt, shame, and anger—all moral emotions, although they are not explicitly identified as such—in much of the excellent research that can be directly tied into SOF operator identity, culture, and community as discussed above.⁴⁸

Conclusion

In conclusion, one of the chief lessons learned in the SOF community is that the SOF truism, “embrace the suck,” has some important limitations on the new postmodern battlefields of the 21st century in which SOF will

labor. A second chief lesson learned is that a significant difference exists in SOF operator identity, culture, and community between being toxically positive and tragically optimistic. Toxic positivity in SOF leads to negative holistic health outcomes, while being tragically optimistic in SOF leads to positive holistic health outcomes. This is a critical point of understanding when it comes to confronting this new (but paradoxically very old) agent of deadly destruction (i.e., MI or soul wounds) that is incredibly dangerous to all within the SOF community.

Current comprehensive conversations within SOF's integrated and holistic teams in both SOF components and Theater Special Operations Commands agree on the importance of models that connect personality and its application to MI in SOF. This cannot be understated and remains crucial to understanding the hermeneutic dialectic between the SOF operator identity, culture, and community. Appendix 1 unpacks an analysis based on qualitative research examining the Five Factor Model of Personality of SOF connected to MI in SOF as well as a state-of-the-art qualitative summary of three categories of SOF operators.

The next chapter will compare PTSD and MI in SOF, utilizing the best research in the field.

Chapter 2. PTSD and Moral Injury in SOF

What does it mean to survive moral trauma if the resulting losses permanently diminish or limit human flourishing? - Zachary Moon

Introduction

For thousands of years, warriors from nearly every nationality, culture, tribe, and background have been tormented by the consequences of preparing for, going to, and coming home from war. SOF operators are no exception to this universal experience. However, in the same way that SOF operators are lifelong learners, so, too, are those who play key support roles in their operational lifespan and subsequent civilian lives.

One of the discoveries made in the past decade that will be of great help to both operational readiness and the eventual transition into civilian life is the new understanding of an old foe. That old foe has been known by many names through the centuries. In the early 20th century, it was known as shell shock. After World War II, the label changed to combat fatigue. Most recently, it was scientifically categorized by clinical psychologists and medical physicians as PTSD.

However, SOF operators, SOF RST, and Preservation of the Force and Family (POTFF) team members recently began to report a unique strain of complex PTSD that remained entrenched in SOF operators despite the best psychotropic and therapeutic interventions available. There were times that neither medical nor psychological assistance alone, or in tandem, could explain or control this incredibly damaging strain. This deep and resistant wound to the SOF operator's soul would finally be labelled MI. It is essential and helpful to compare the similarities and differences between PTSD and MI.

Post-Traumatic Stress Disorder

PTSD is a familiar psychological condition that has received widespread exposure within the SOF community due to the abundance of research on the topic.⁴⁹ Stated concisely, PTSD “results from exposure to an overwhelming stressful event or series of events.”⁵⁰ It has received considerable attention and research focus to the point where it is now included in the *DSM-5*.

Although it has been called by many names throughout history, the effects of PTSD within SOF have remained relatively unchanged. Even in the more recent conflicts our military has been engaged in, PTSD has presented a significant risk to our combat forces.⁵¹ Some surveys have shown that 16–20 percent of SOF meet the criteria for PTSD.⁵² Unfortunately, even with advances in understanding about PTSD, there is still a negative stigma in the SOF community connected with reaching out for mental health support.⁵³

Moral Injury in SOF

MI in SOF is an emerging construct slowly gaining recognition as an adverse mental health condition in the SOF enterprise. “Moral injury results from an individual being exposed to events that involve the perception of either personally perpetrating or witnessing actions that violate one’s moral values, or betrayal by the individual, a leader, or other trusted authority.”⁵⁴ It is not currently documented as a clinical diagnosis by the APA, nor is it included in the *DSM-5*. This lack of recognition as a diagnosis presents challenges, including the absence of institutional recognition of MI as a combat-related injury and difficulty obtaining health care coverage for treatment. Research on MI has shown that it is linked to PTSD, military suicide, and other mental health ailments.⁵⁵ Unfortunately, MI has no universally accepted definition, diagnostic criteria, typology, or treatment method(s). Additionally, there may be a spiritual component of MI that is not addressed through traditional counseling and therapeutic measures. However, building understanding and acknowledging MI for what it is can help turn the tide against this adverse mental health condition. As described by Philip Hogan, MI can also be seen as “an all-encompassing change [that] takes place, which creates a crisis of identity and self-understanding, not to mention stunned family members experiencing fear and hurt in the absence of explanation for the person they no longer recognize.”⁵⁶ William Nash has researched the facets of MI (see Figure 2.1), which has implications on MI in SOF.⁵⁷

Diagnostic Criteria for PTSD

The APA’s *DSM-5* diagnostic criteria for PTSD as applied to the military is as follows⁵⁸:

- Service member is exposed to death, serious injury, or sexual violence;



Figure 2.1. Nash's Facets of Moral Injury. Source: William P. Nash, MD

- Service member suffers recurrent flashbacks and/or dreams about the traumatic event(s);
- Service member avoids aspects of their life that reminds them of the traumatic event(s);
- Service member experiences negative changes in cognitions or moods linked to the traumatic event(s) and/or changes in arousal and reactivity connected with the traumatic event(s);
- Service member experiences significant distress in their professional and personal life, not connected to substance or medication; and
- Service member has symptoms that last longer than one month

Possible Diagnostic Criteria for Moral Injury in SOF

As stated above, MI does not currently have any clinical diagnostic criteria. However, research has shown that it can be characterized by the moral emotions of guilt, shame, and anger surrounding the individual's perception of the experience,⁵⁹ and additional research concludes that MI should also include "a betrayal of what's right, by someone who holds legitimate authority, in a high-stakes situation."⁶⁰ Both of these definitions encompass the

overall theme of the perceived transgression of an individual's moral values by themselves or by others. Furthermore, as was seen in the previous chapter, PMIEs play a role. They are subjective: The perception of the individual is what determines whether an MI has occurred. This is a critical piece of information insofar as PTSD is physically based or objectively experienced, whereas MI is existentially based or subjectively interpretive. This is not to say that MI is not real. It is to say that PTSD and MI are qualitatively different experiences that can have overlapping features.

Associated Features of PTSD

PTSD manifests itself differently in the individuals it affects. Symptoms are typically based on adrenaline and fear, tapping into the individual's "fight or flight" response.⁶¹ Some individuals have nightmares, flashbacks, or relive the traumatic event. Others might avoid situations that can invoke memories of the traumatic event, including talking about their experiences. PTSD can cause the individual to lose trust in themselves or others and have a hard time dealing with relationships. PTSD can also make the individual feel "on edge" as they tend to always be on the lookout and alert.⁶² Depression is also associated with PTSD, as shown in recent research.⁶³

Associated Features of Moral Injury in SOF

MI typically invokes feelings of shame and/or guilt in the individual as the result of a perceived moral-ethical violation. The individual can also feel anger related to the interpretation that they are incapable of being forgiven and that their experiences are something to be hidden away. Research has shown the role guilt plays in increased suicide risk among members of the military.⁶⁴ Feelings of guilt (e.g., "I let my buddy die") can inhibit forgiveness whereas feelings of shame (e.g., "If they knew what I did, they would think I was a bad person") can lead to social isolation. Guilt can lead to an individual feeling like they cannot be forgiven or cannot forgive others. Shame can lead to an individual feeling worthless and undeserving of good things in their lives. These feelings can, in turn, lead to amplified risk for suicide ideation and suicidality as the individual feels they are unworthy of life itself.⁶⁵

With these factors in consideration, a point might be made that survivor's guilt is one of the more common, but previously unrecognized, forms of MI in SOF. Shame (e.g., "I should've died instead of them") and guilt (e.g., "How

am I going to tell their kids?") associated with survivor's guilt reflects shame and guilt felt by those suffering from MI.

Moral Injury Distinct from PTSD

PTSD involves an emotional and physical response to fear and danger, hyper-alertness, and rise in adrenaline necessary for action in combat. This response then becomes an involuntary reaction to remembered life-threatening fear, which can be triggered by reminders of the trauma. MI results from exposure to an experience that violates deeply held moral beliefs and values, thereby provoking shame, guilt, and anger. SOF operators who are religious or have been raised in a religious environment (whether they are themselves religious or not) may be particularly vulnerable to moral conflict. Although both MI and PTSD have different causes, some of the behaviors displayed may appear similar. It is important to get to the root cause of the stress to determine how SOF operators must be treated by those in the clinical space and responded to by those other than clinicians and physicians (see Figure 2.2).⁶⁶

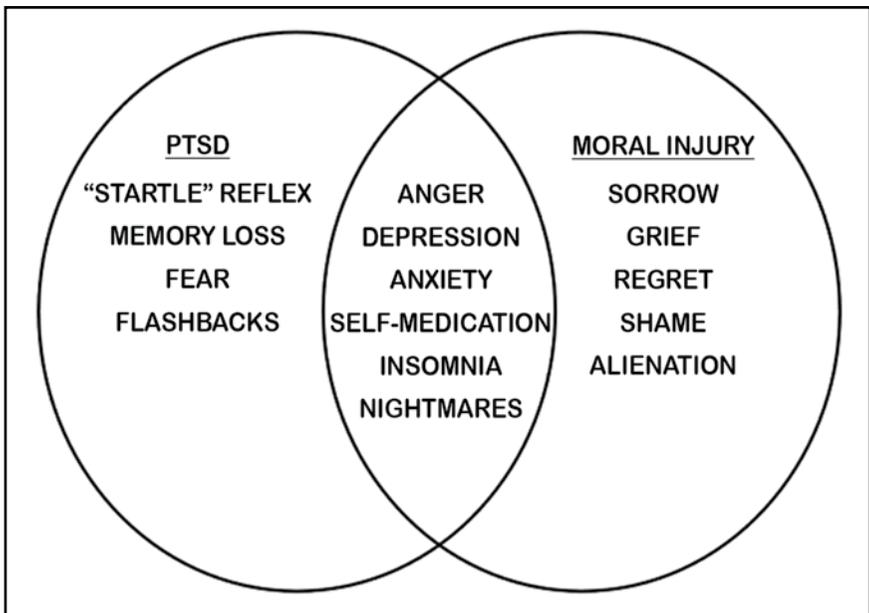


Figure 2.2. PTSD and moral injury comparison and contrast. Source: *The Huffington Post*

Differential Diagnosis

Although PTSD and MI are related, it is also important to understand how the two are different. There is some overlap in signs and symptoms, but there are distinguishable aspects that exist apart from one another.⁶⁷ PTSD is based on a life-threatening event that involves fear whereas MI can be a traumatic experience that a SOF operator perceives as violating their moral values.⁶⁸ Additionally, researchers using magnetic resonance imaging (MRI) and functional magnetic resonance imaging (fMRI) technology have discovered that there are different neurological responses in PTSD compared to MI. Both studies discovered that the left inferior parietal lobule related to wrongdoings and betrayal associated with MI whereas both the left inferior parietal lobule and bilateral precuneus were associated with PTSD symptoms.⁶⁹ It is important that the differences between PTSD and MI be understood and acknowledged instead of trying to categorize them together as the same diagnosis. They are distinct and separate, but from a clinical perspective related, each can lead to adverse mental health outcomes connected to the sufferer's military experiences.

Research on Neurological Differences

A brief examination of the neural differences between PTSD and MI follows. MRIs were used to examine the association between the amplitude of low frequency fluctuation (ALFF) in 26 participants. Utilizing the Clinician-Administered PTSD Scale 5 (CAPS-5) to evaluate PTSD and the Moral Injury Events Scale (MIES) to evaluate MI, the researchers were able to notice differences in neural correlates in the participants. The results showed that the left angular gyrus related to greater indications of perceived transgressions and lesser indications of perceived betrayals with no relationship between ALFF and PTSD. This means that the left angular gyrus (linked with moral decision-making and social cognition) responds differently to perceived transgressions and betrayals. Furthermore, the research supports the hypothesis that MI and PTSD are distinct neurological conditions.⁷⁰

Another study in 2019 examined neural differences between MI and PTSD with fMRI in 26 participants. This study also looked at ALFF in seven regions of the brain—specifically the dorsal anterior cingulate cortex, medial prefrontal cortex, posterior cingulate cortex, left/right amygdala, and left/right inferior parietal lobe. Researchers utilized the MIES to examine

transgression and betrayal and the CAPS-5 to differentiate between the neural correlates. The researchers discovered that both MIES results related negatively with ALFF in the right posterior insula (linked with pain experience and management). The MIES (transgression) was linked with the left inferior parietal lobe (linked with social cognition and moral processing) and related with the right fusiform gyrus (linked with object and facial recognition) and right posterior insula (linked with pain experience and management). The MIES (betrayal) was linked with the left precuneus (linked with episodic recollection and memory) and related with the left angular gyrus in the left inferior parietal lobule (linked with perception of emotions). The left inferior parietal lobule was related positively to transgression but related negatively to betrayal and no relation to PTSD. Not only does this demonstrate that PTSD and MI are different, but that transgression and betrayal are also different responses. The inferior parietal lobule is associated with social cognition and moral processing; hence, why there are responses to MI but not PTSD? PTSD was associated with the left and right precuneus (linked with recollection, memory, and reactivity). The researchers concluded that MI and PTSD are associated with different neural correlates: MI has aspects of transgression and betrayal whereas PTSD is primarily fear-based.⁷¹

The research study in 2019 also used fMRIs to examine the differences between MI and PTSD. The researchers' findings supported previous research that demonstrated MI related to activity in the left inferior parietal lobule. Furthermore, they noted that activity in the left precuneus, retrosplenial cortex, left inferior frontal gyrus, and anterior insular cortex were negatively associated with guilt and shame. Interestingly, these areas were also positively linked with pride. Shame was likewise linked with neural activity in the dorsolateral prefrontal cortex (working memory and attention), posterior cingulate cortex (cognition), and sensorimotor cortex (sensory and motor integration). Guilt was likewise linked with neural activity in the ventral anterior cingulate cortex (social evaluation), posterior temporal regions (memory encoding), and precuneus (recollection and memory). The bilateral amygdala (social and emotional stimuli) and right rostral anterior cingulate cortex (integrate emotion and cognition) were associated with fear-based PTSD. The researchers concluded that neural responses are different among trauma types, MI is not fear-based, and PTSD is not the same as MI.⁷²

A study in 2020 also used fMRIs to examine neural patterns associated with MI recall in participants. The researchers realized that MI recall was

associated with increased activity in the left postcentral gyrus (defensive response) and left dorsolateral prefrontal cortex (top-down cognitive control of emotions). The dorsal anterior cingulate cortex was associated with moral processing (response to social violations, shame, guilt, and social pain); some participants described MI recall as “nauseating and painful.” Additionally, the right superior frontal gyrus was negatively correlated with shame scores whereas the left posterior insula was associated with more serious changes in mood and cognition (social disengagement and self-blame). The researchers concluded that when SOF operators recall an MI event, high levels of shame were associated with activation within the dorsomedial prefrontal cortex, which led to maladaptive moral cognition and altered self-reflection. They also found that emotional numbing is related to excessive left posterior insula activation.⁷³

Comorbidity

Although PTSD and MI are separate and distinct, they can also exist together within the same SOF operator.⁷⁴ A SOF operator can suffer from PTSD alone (e.g., a Green Beret surviving an IED attack on their convoy), MI alone (e.g., a Marine Raider throws a grenade into a room and discovers that insurgents were using women and children as human shields), or PTSD and MI together (e.g., a SEAL is exposed to multiple traumatic experiences over the course of a six-month combat deployment). Unfortunately, MI and PTSD together often result in unsought mental health consequences such as heightened risk for depression and suicide.⁷⁵

Informal Screening Methods

Informal screening methods for PTSD or MI can be as simple as being informed and engaging a SOF operator in conversation. As PTSD research has progressed through the years, there has been an increase in general understanding of its signs and symptoms. SOF enablers and support personnel have become more aware of the triggers and how it affects those who suffer from it. We collectively have a better sense of how we can help these individuals and guide them to a path of healing. With a basic understanding of PTSD, one can talk with someone suffering from PTSD and recognize the signs and symptoms.

A major obstacle with MI is that these stories do not want to be told. These stories involve tremendous loss and trauma that cannot be easily communicated to others. The holders of these stories fear the judgment they will receive if they let their story out. Their perception of these experiences revolves around their personal guilt and shame. The perceived transgression of their personal moral–ethical principles entices them to hide their experiences from others. Taking these points into consideration, it will be difficult for someone, even a trusted friend, to bring these stories out of a SOF operator with MI. However, when these stories are brought to the surface, they are often characterized by feelings of guilt and/or shame. The SOF operator might express their desire to change some aspect of their experience or to have foreseen some detail that might have altered their decision-making process. Informal screening initiated by peers or leaders might be aided by asking permission to raise the topic of PTSD or MI (e.g., “Can I ask you about your combat experience?”), normalizing the possibility of PTSD or MI (“Most SOF combat-arms operators have challenging experiences in combat”), and asking specific questions for PTSD (e.g., “How often are you bothered by memories, flashbacks, or nightmares of combat?”) or MI (e.g., “How often are you bothered by guilt, shame, or moral conflict by things you did or saw in combat?”).

Formal Screening Methods

Two of the more common methods for screening for PTSD are structured interviews, such as the CAPS-5, and self-report surveys such as the PTSD Checklist (PCL-5). Though many health care providers can conduct a CAPS-5 interview, it is best to find one with experience working with the military population. The CAPS-5 examines the frequency and intensity of PTSD symptoms and other symptoms. The PCL is a self-report questionnaire established by the staff at the National Center for PTSD and takes less time to complete than a structured interview like CAPS-5.⁷⁶ These screening methods are helpful to the degree that the respondent is honest and forthright about their experiences. Stigma and concerns about career repercussions (e.g., having a security clearance held up, fear of being removed from an operational role) can often inhibit honest responding. In chapter 5, this is examined in more detail.

Although there is not a universally accepted means of formally screening for MI, there are several promising tools for consideration. The Moral Injury Symptoms Scale-Military Version-Short Form (MISS-M-SF) was found to be a valid and reliable measure of screening for MI that focuses on guilt, betrayal, shame, loss of trust, loss of meaning, and loss of religious faith. Additionally, this 10-item survey examines the personal perception of the individual from a psychological and religious standpoint (important aspects of MI) although it does not screen for specific events.⁷⁷ However, the MIES is a 9-item survey that considers the perception of the individual regarding transgressions by themselves and by others. However, there is no separation between the individual's feelings associated with the experience and the experience itself.⁷⁸ The Expressions of Moral Injury Scale-Military Version-Short Form (EMIS-M-SF) is a 17-item measure that lacks the brevity of the MIES and the MISS-M-SF and only examines the emotions and beliefs surrounding their experiences. However, it still provides clinicians and providers with a means of assessing where the individual's emotions are directed—at themselves or others.⁷⁹ Many of these screening measures can also aid in assessing symptom changes over time. Using screening measures at two points in time is often used to measure the effects of treatment for MI (and PTSD). Although the MISS-M-SF, MIES, and EMIS-M-SF are not perfect measures by any means, they are still a step forward regarding screening for MI.

Focus of Treatment for PTSD vs. MI in SOF

PTSD is a psychological wound, and treatments are generally psychotherapies with a focus on trauma, like cognitive processing therapy (CPT) and prolonged exposure (PE). CPT focuses on negative thoughts surrounding the traumatic event and how to reframe them.⁸⁰ PE focuses on facing negative feelings about the trauma and how to control them.⁸¹ PTSD treatment generally focuses on fear associated with the trauma, whether it be by controlling the fear or changing the way the SOF operator thinks about it.

Unlike PTSD, MI is not a psychological wound but a spiritual wound with a moral/ethical background. As such, treatment methods tend to focus on reconciling the moral and ethical dilemmas associated with it. Unfortunately, providers attempting to use PTSD evidence-based psychotherapies (EBP) such as CPT and PE to treat MI found that those veterans still suffered

from MI.⁸² EBP is useful in treating the fear associated with PTSD but is not well suited for treating MI.⁸³ Two of the more important aspects of healing MI are forgiveness and reconciliation, both featuring spiritual and existential foundations. More recently, military and VA chaplains have been more proactive in assisting in the screening and treatment of MI. SOF chaplains have been a previously overlooked resource that multiple researchers have advocated should be utilized to help with MI.⁸⁴ The author of the seminal research article on MI has also voiced his support for chaplains helping to heal the spiritual aspects of MI.⁸⁵ By focusing on the previously unaddressed spiritual facet of MI, healing can occur.

Conclusion

Although in the past PTSD and MI have been categorized together, it is important to understand how, from a clinical perspective, they are separate but related adverse mental health conditions. PTSD is a fear-based psychological wound whereas MI is a moral/ethics-based spiritual wound. As such, they cannot be screened for or treated in the same way. However, they can still be connected to one another and require SOF operators, leadership, families, medical professionals, counselors, therapists, and chaplains to understand the differences. Categorizing PTSD and MI together risks overlooking and undervaluing the spiritual component of MI that remains unaddressed through traditional counseling and therapy. By understanding the inherent differences, we can move forward to a better path of healing those suffering from MI.

The following account comes from the American Civil War by Captain D. P. Conyngham of the Irish Brigade at the Battle of Malvern Hill⁸⁶ on 1 July 1862. It describes an instance of MI that led directly to suicide:

I had a Sergeant Driscoll, a brave man, and one of the best shots in the Brigade. When charging at Malvern Hill, a company was posted in a clump of trees, who kept up a fierce fire on us, and actually charged out on our advance. Their officer seemed to be a daring, reckless boy, and I said to Driscoll, 'if that officer is not taken down, many of us will fall before we pass that clump.' 'Leave that to me,' said Driscoll; so, he raised his rifle, and the moment the officer exposed himself again bang went Driscoll, and over went the officer, his company at once breaking away. As we passed the place I said, 'Driscoll, see

if that officer is dead—he was a brave fellow.’ I stood looking on. Driscoll turned him over on his back. [The officer] opened his eyes for a moment, and faintly murmured ‘Father,’ and closed them forever. I will forever recollect the frantic grief of Driscoll; it was harrowing to witness. He was his son, who had gone South before the war. And what became of Driscoll afterwards? Well, we were ordered to charge, and I left him there; but, as we were closing in on the enemy, he rushed up, with his coat off, and, clutching his musket, charged right up at the enemy, calling on the men to follow. He soon fell but jumped up again. We knew he was wounded. On he dashed, but he soon rolled over like a top. When we came up, he was dead, riddled with bullets.⁸⁷

From this account, Sergeant Driscoll was so distraught over killing his son that he recklessly charged the enemy lines, even after he had already been wounded. A conclusion might be made that Sergeant Driscoll was reckless because he felt guilty from unknowingly shooting and killing his own son. He sought death to release himself from the pain and anguish he was experiencing. The following section includes some vignettes to better help the reader begin to understand the primary differences between PTSD and MI in real-life military situations.

Vignettes: PTSD, MI, PTSD and MI in SOF

PTSD scenario. Visualize a situation where an Operational Detachment Alpha (ODA) is inserted at night via helicopter to a landing zone (LZ). The ODA comes under fire upon reaching the LZ, and one of the helicopters is shot down. The ODA works quickly to set up a perimeter, recover the wounded crewmembers from the crash site, and call for a medical evacuation. The ODA stays at the LZ for about an hour until they can be extracted. About a year after the incident, a member of the ODA reports that they have recurring nightmares about the night at the LZ, flashbacks whenever they hear a helicopter overhead, and has intermittent physical outbursts around family and friends.

MI scenario. Visualize a situation where a SEAL platoon is conducting an operation in a village with some team members providing perimeter security. A group of kids starts talking with a team member near a vehicle when insurgents attack the village with mortars. The team member takes

cover and sees a mortar blow the leg off a little girl. She starts hopping away in the smoke when a villager snatches her up and runs off. The team member thinks about their own kids back home and is shattered by the loss of innocence in that incident. They also feel in some way responsible for the wounding of the little girl. “If I weren’t there, then maybe she wouldn’t have gotten hit.”

PTSD and MI in SOF scenario. Visualize a situation where elements of Alpha Company, 1st Ranger Battalion, 75th Ranger Regiment are engaged and have multiple casualties. The decision is made to insert Air Force Pararescue Jumpers (PJs) via helicopter to stabilize the wounded until an LZ can be cleared for medevac. The PJs are successfully inserted and reach the Rangers on the ground. The PJs begin treating the wounded, but several Rangers succumb to their wounds before the LZ is secured. About a year after the incident, a former PJ who participated in the operation reports that they are having trouble sleeping, have flashbacks whenever they smell smoke or burning meat, and have verbal outbursts. Additionally, they feel guilt for not saving the wounded Rangers and often express disgust in themselves for not being a better medical professional. They blame themselves for the subsequent deaths of the Rangers and feel that they are unworthy of being alive.

Conclusion and Shared Features

The following are helpful summary tables of shared features of PTSD and MI, PTSD symptoms, and MI in SOF symptoms. Table 2.1 shows how PTSD and MI compare favorably; Table 2.2 shows PTSD symptoms; and Table 2.3 shows MI symptoms. Please note how much still needs to be done when it comes to understanding MI in SOF symptoms.

Table 2.1. Post-Traumatic Stress Disorder and Moral Injury Symptoms in SOF.

Results from traumatic experience(s)
Adversely impacts military readiness
Less likely to seek out help or care
Negative effects on professional and personal relationships
Nightmares and trouble sleeping
Depression and anxiety

Source: Authors

Table 2.2. Post-Traumatic Stress Disorder Symptoms.

Type	Short-term	Mid-term	Long-term
Re-experiencing symptoms	Flashbacks, nightmares, triggers	Unknown	Substance abuse
Reminders/triggers	Avoid reminders of event, crowds, talking about event	Avoidance of triggers	Social isolation
Hyperarousal	Feeling on edge, irritability	Trouble concentrating	Chronic anxiety, difficulty sleeping
Negative cognitions	Trouble remembering	Losing relationships with family/friends	Loss of cognitive functioning

Source: Authors

Table 2.3. Moral Injury in SOF Symptoms.

Type	Short-term	Mid-term	Long-term
Guilt	Unknown	Feelings of worthlessness	Unknown
Shame	Unknown	Unknown	Social isolation/ withdrawal
Betrayal	Anger, helplessness	Unknown	Does not trust others

Source: Authors

Chapter 3. SOF Ethos and Ethics, Moral Drift, and Moral Injury

SOF ethical decision-making is essential for leaders at all levels of SOF in order to remain mission-focused while recognizing the invisible hazards of moral drift. - Wojciech John Labuz, Army Special Operations Forces Command Sergeant Major (Retired)

Introduction

A leading clinical psychologist succinctly sets the stage for an ever-expanding conversation on warrior MI and its complexities, stating, “Throughout history, warriors have been confronted with moral and ethical challenges, and modern unconventional and guerilla wars amplify these challenges.” Additionally, arguing that, especially in our 21st century reality, wartime morally injurious events can produce long-term emotional, psychological, behavioral, spiritual, and social harm to the warrior.⁸⁸ For more than a decade, many specialists from various backgrounds have entered the MI in SOF conversation with an appreciation of the uniqueness, distinctions, and nuances of the SOF community. For the past seven years, Joint Special Operations University (JSOU) has made significant strategic shifts in leadership and ethical decision-making education, specifically in the College of Special Operations and the Joint Special Operations Forces Senior Enlisted Academy (JSOFSEA).⁸⁹ Additionally, the context of the future SOF environments has received particular emphasis, and recently the JSOU Future of SOF Forum Series focused on “Exploring SOF’s Identity.”⁹⁰ During the forum, SOF ethical considerations were addressed by two panels. The latter tackled two questions: How can SOF manage ethical decision-making in complex and decentralized SOF environments? And how do the proposed SOF ethical truths help SOF reimagine the professional SOF ethic?⁹¹ Throughout the panel dialogue, the conversation gravitated toward SOF ethos and ethics, moral drift, and MI.

One could argue that given societal trends and influences, moral drift in SOF should be expected, especially with recent examples of moral failures in SOF that have been documented in both social and national media. The JSOU

Press Research Topics for 2021 notes that these “widely publicized” occurrences by the SOF community highlight ethical lapses in some instances, even “criminal activity.”⁹² Each incident is cringe-worthy: Green Berets involved in drug trafficking, a Marine Raider guilty of negligent homicide, and a Navy SEAL posing in a photo with an ISIS corpse.⁹³ Such activities have given a black eye to the SOF community. How do events like this happen? How did we get to a place where such cases are possible? Some argue it is because of the gradual decay of moral and ethical standards within the SOF community, in short, SOF moral drift. Wojciech John Labuz, retired Army Special Operations Forces Command Sergeant Major and JSOFSEA Academic Chair, shares that this aspect is fundamental to human dynamics and states that concept is like “mission creep.” Without a fixed point to identify moral drift, most people often remain unaware that drift occurred. Small changes over time lead to big changes,⁹⁴ and unchecked moral drift can lead to large moral failure. There is a loss of moral bearings, and this often leads to rationalizations, which predictably ends up on CNN or Fox News. In short, moral drift will happen, and it will likely lead to negative consequences. In most cases it leads to MI. This dialectic cannot be underestimated in the SOF community.⁹⁵

Additionally, quantitative research throughout the last decade has provided a clear picture of SOF characteristics, profiles, and traits that inform the SOF community and culture/ethos, which impacts, influences, and intersects the ethical decision-making process and SOF character challenges that can lead to moral drift. The preceding section introduced SOF operator identity and SOF culture⁹⁶, yet another clarifying note of the potential correlation of these is important. The typical SOF member has an IQ significantly higher than average⁹⁷. They can gather more data from the environment, process it faster, synthesize it thoroughly, and draw accurate conclusions. They frequently underestimate their own intelligence. They score high on complex thinking, breadth of interest, innovation, tolerance, energy level, and dependability measurements. Most of them are socially skilled introverts. They are calculated risk takers—but not foolish; they will do risky things but only with the right people, training, and equipment. They can be cooperative yet at times stubborn and will take a stand and defend, be assertive, and make things happen.⁹⁸ Besides a higher IQ, other key profile characteristic indicators can be summarized as follows: their competency is key, their cultural identities are very strong, and they are flexible and

adaptable. SOF traits are also a factor. They are stress-resistant, possess extreme competitiveness and self-reliance; they are self-critical and exhibit stoicism. Emerging research is starting to reveal that these traits impact SOF ethical decision-making, moral drift, MI, and the healing process.⁹⁹

SOF Moral Drift

Why does moral drift occur in SOF? Although the SOF community has a rigorous selection process and continuous training, it is not immune to moral drift. Qualitative research has highlighted nearly a half dozen factors contributing to SOF moral drift.¹⁰⁰ The first factor is *human nature*. This may seem rather rudimentary but should not be missed. Though those in SOF do not typically reject their training and education, there is a tendency to maintain moral autonomy and the belief that moral drift will not happen to them. As already indicated, moral drift prompts rationalization. Choosing shortcuts, selfishness, and peer pressure can also be factors. Perhaps primary among human nature factors is isolation leading to relying solely on personal wisdom and rejecting accountability relationships.

There are also the factors of *competition* and *culture*. The SOF trait of extreme competitiveness frequently correlates because SOF operators hate to lose. The mantra, “If you are going to do it, do it better than everyone else” rings true, especially when looking for an advantage over adversaries. This can cause one to bend and be willing to sacrifice character to accomplish the mission. There are many amazing things about the SOF ethos and culture, yet it can breed negative tendencies. Many have reported that SOF operators think they are “special” and do not need to abide by conventional force rules. It is hard to choose right when those around you are choosing wrong or choosing the expedient/easy path versus choosing the right path. At times, there is a lack of accountability for moral drift if the mission is accomplished. There are even a few who believe that others get away with moral drift (no harm, no foul). Finally, the team dynamic and cultural cost of moral-ethical choice can prove too high, for it is easier to “let it slide” than call it out and lose a friend/reputation.

The complexity of the SOF environment is another major factor contributing to SOF moral drift. A myriad of dynamics can be cited here. Often the nature of the mission of being “whatever is needed” plays out in gray areas and gray zones. Then there is choosing the lesser of two evils. One researcher

proposed that moral drift is “behavior whereby the choice between the lesser of two evils somehow makes it right.”¹⁰¹ Though SOF operators are deliberate risk-takers, environmental complexity and lack of clear guidance can facilitate innovation that stretches moral boundaries. Being far from flagpole scrutiny can play a role as well as the fact that partner forces have different moral and ethical standards; these realities can, and have in instances, influenced SOF ethical decision-making. It is obvious that the future is only getting more complex.

A final factor contributing to SOF moral drift is *no fixed point*. With the rules of engagement constantly moving and changing, it is more and more difficult to know one’s right and left stake limits. Even in the SOF community, it is possible to not recognize moral dilemmas and ethical/character challenges. When one cannot identify these things, moral drift becomes more prominent. The JSOFSEA team puts it well: “Because inattention often goes hand in hand with moral drift, people and organizations only realize it after the long-term effects of moral drift have become observable.”¹⁰²

The consequences of moral drift in SOF impact the SOF community and culture. Though moral drift is not unique to SOF, the implications and ramifications are amplified by the nation’s fascination and preference for the SOF operator and team. In summary, SOF moral drift over time leads to large moral misconduct. This leads to mission failure with legal and/or moral failures. Such failures have a force multiplier effect of inspiring our adversaries and lead to failed confidence in SOF units/teams from our partners and the American public. As moral drift increases, the chance of MI increases. Once moral drift is identified, it should be addressed immediately to prevent further drift. SOF leaders owe it to their teams to fight against moral drift and prevent MI in their commands.

SOF Moral Drift Intervention and Prevention

Two essential sets of considerations must remain primary in counteracting SOF moral drift and setting the stage for intervention and prevention. The first set is education and training (addressed in greater detail in the following two chapters). The second set is culture and ethos (addressed in greater detail in chapter 6).

Education and Training

First, we must educate and train the SOF community about 21st century ethical decision-making and moral drift. Key to this procedure is teaching SOF members to recognize and live out SOF moral–ethical standards, the SOF commander’s intent, and SOF core values. It is critical that they can anticipate moral drift as possible and recognize it when it occurs. To assist in this process, the *JSOU Ethics Quick Look*¹⁰³ proposed six SOF ethical decision-making truths to provide SOF units with pragmatic anchors while addressing three considerations: (1) the reality of the SOF environment, (2) the need for operational effectiveness, and (3) the imperative for responsible and sound ethical decisions.

JSOFSEA pioneered and is promoting a “SOF Ethical Decision-Making Model” to illuminate how the complexity of the SOF operational environment impacts SOF teams and operational outcomes. Their moral drift model seeks to accomplish three things: (1) a common language, (2) collective ethical understanding, and (3) increased trust impacting leadership and those individuals whom SOF serves. A comprehensive treatment of the model was published in *Small Wars Journal*, and Figure 3.1 visually captures this new paradigm.¹⁰⁴

Culture and Ethos

Second, the SOF community must develop and sustain a SOF culture and ethos where ethical decision-making thrives and moral drift cannot survive. Recommendations for SOF operators include infusing ethical and moral concepts into SOF units’ purpose (why we exist), culture (how we live), and brand (how we are known). Also, deputize every echelon of leadership to address moral drift, and develop a tangible “fixed point” that all SOF members can clearly recognize to identify moral drift. SOF leaders should hold those who demonstrate moral drift once it occurs. Develop moral courage by rewarding or highlighting positive moral–ethical behavior. Infuse ethos into units by inviting credible authorities to speak to the consequences of moral drift. Consistently remind SOF members of what is at stake.

Another emerging shift is to introduce and promote the notion of the SOF *warrior knight* with chivalry setting the ground rules for behavior. As a corollary and complement to this, USSOCOM’s *Special Operations Forces Ethics Field Guide* (SOF EFG) Subtitle – “13 Ethical Battle Drills for SOF Leaders” training and educational resource is designed specifically to address

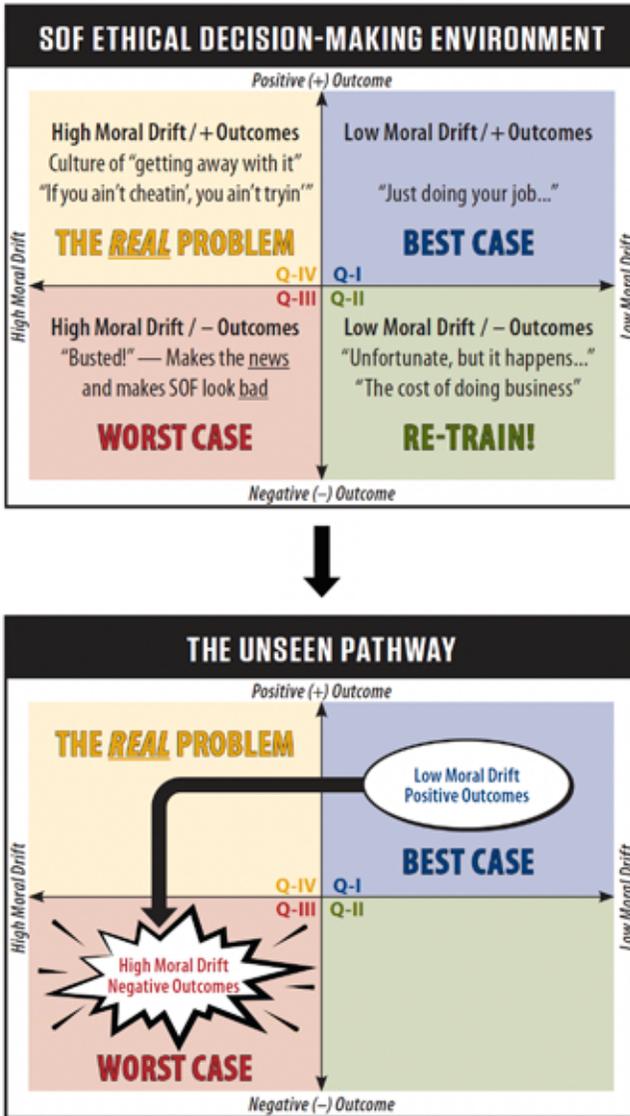


Figure 3.1. SOF Ethical Decision-Making Environment & Unseen Pathway. Source: Kari Thyne, John Labuz, Joseph Long, and John Edgar Caterson

ethical/moral decision-making and moral drift and to reimagine the SOF culture and ethos. Both General Richard D. Clarke and Chief Master Sergeant Gregory A. Smith frame the SOF EFG by stating:

Selection to serve in SOF units is a tremendous achievement, and more importantly, it is a commitment. Though we are quiet professionals who often work in the shadows, it is remarkable how many eyes are turned on our force each and every day. These are not eyes searching for misdeeds, or skeptical of accomplishments. These are people drawn to our teams for their technical and tactical competence and character. Special operators are both role models and emissaries of the American people.

Being a part of this organization requires the absolute best from each of us. Physical courage, strength, skill, determination, and ingenuity—these are not enough. Our reputation for ethical reasoning, moral courage, and integrity must be held in equal or higher regard. Competence means nothing without character, discipline, and accountability. Together, these elements build a foundation of unshakeable trust inside and outside of our formation ...

SOF operate in the most challenging, ambiguous environments imaginable where ethical decision-making is tested daily. Modeling and upholding good ethical behaviors take work, and you must train for it with the same zeal and focus that you apply to any other aspect of the profession. This handbook provides some thoughtful vignettes to bolster discussion and deepen ethical reasoning.¹⁰⁵

The SOF EFG seeks to shape SOF culture and ethos by addressing the fundamentals of handling character challenges with honor. It carefully presents the importance of understanding internal and external dangers then provides a step-by-step standard operating procedure for ethical decision-making as well as preparations for challenges to one's character. Suggestions for establishing one's *character brand* are introduced. The section concludes with steps to strengthen one's ethical leadership. The remainder of the guide takes the SOF operator and SOF community through "13 Ethical Battle Drills for SOF Leaders" presented in four categories: (1) showing courage, (2) getting the job done, (3) balancing, and (4) judging.

Conclusion

The SOF environment and changing landscape are becoming more and more complex. The stakes are too high for SOF units to allow moral drift into their

ranks, and the SOF mission is too important to fail. Many others are relying on our SOF teams to accomplish the mission. It can be argued that we do not accomplish a mission if it has been done immorally. SOF education and training, as well as SOF culture and ethos, are integral to SOF moral drift intervention and prevention. General Clarke and Chief Master Sergeant Smith have summed it up well, “Trust is our currency with the American people. This is a powerful but fragile credibility. When called up, we must win for the Nation with our values intact.”¹⁰⁶

Chapter 4. Reimagined SOF Professional Military Education and Moral Injury

Producing the next-generation SOF H.E.²R.O.TM Professionals the Nation requires today, and will need tomorrow, is the unique purpose, value proposition, and *raison d'être* of the Joint Special Operations University (JSOU). - Dr. Isaiah “Ike” Wilson III President, JSOU

Introduction

JSOU states that its vision is to be USSOCOM’s Center for Special Operations Thinking, or its “Think-Do Tank.” Its mission is to prepare “SOF Professionals to address strategic and operational challenges, arming them with the ability to think through problems with knowledge, insight, and foresight.”¹⁰⁷ JSOU President Dr. Isaiah “Ike” Wilson III advanced a critical imperative of providing “strategic foresight-oriented Leader-Operator Education” and he “identified five mutually reinforcing Learning Pathways.” These new learning pathways directly illuminate, advance, link to, and support “SOF core knowledge and competencies arenas.”¹⁰⁸ Wilson identifies six tenets to SOF’s “Rediscovery” needed to shape SOF leader education and development. Tenet number six is crucial and foundational for a reimagined Professional Military Education (PME) that addresses SOF MI. He states, “The utility of SOF must always remain exquisite, proactive, and aimed at solving problems, and in ways that avoid MI to the Nation.”¹⁰⁹

It is critical to note that the five learning pathways were not shaped in a vacuum, but with the participation and agreement of SOF commanders as well as enterprise command senior enlisted leaders (SELs). The JSOU team created the five pathways that will help learners to become “Enterprise Future Experts” that will inform and benefit both current and future critical and creative thinking that can adapt and address the future SOF operating environment.¹¹⁰ The pathway most relevant to the conversation of SOF MI PME is the “Joint SOF Leadership and the SOF Professional Ethic.” This Integrated Programs of Study (IPoS) SME team, in collaboration with JSOU’s IPoS taskforce, clearly delineates a workable framework:

As SOF remains perpetually engaged in global operations supporting strategic competition, SOF professionals must develop and sustain the ability to engage in strengthening partner resiliency as part of strategic irregular and unconventional warfare operations. And to do so, for others (i.e., allies and partners), SOF must first and always reconsider the moral-ethical factors and aspects of its own identity. This requires that SOF formations understand leadership and ethical decision-making in the context of unfamiliar and highly complex combat environments involving indigenous and irregular paramilitary partner forces who often lack any formal military training. The leadership challenges that SOF operators face involve the need to understand cross-cultural and relational leadership styles within complex adaptive systems and networks in conditions when SOF teams are alone, outnumbered, and completely reliant on their partner force for survival.

The leadership skills necessary for engaging in SOF-specific *partner force leadership* are characteristic of the joint SOF profession, yet they build on the foundation of the quality military leadership training and experiences that service members receive before joining SOF. In conjunction with executing military operations in unconventional, irregular, counterinsurgency warfare, and gray zone environments, the joint SOF professional must also understand how to lead in a complex network of actors that includes their irregular partner forces, affiliated partner and foreign military formations, local government officials, local civilian populations, other friendly military presences, and potential adversaries that evolve at the micro-level in developing countries and in tribal societies. Knowing doctrine, speaking a foreign language, and having cultural awareness are necessary skills, but understanding *partner force leadership* is the critical educational tool that remains distinct and peculiar to the joint SOF profession. This pathway provides the necessary leadership and ethical decision-making education for preparing SOF leaders at all levels to thrive in highly complex *partner force leadership* environments.¹¹¹

Programs both at JSOFSEA and JSOU are committed to facilitating this pathway and reality. This lends to a pressing requisite for a re-imagined PME that addresses MI in SOF properly nested in corollary and in cooperation within leadership and ethical education appreciative of SOF truths, SOF priorities, SOF culture, and SOF trending issues encountered by U.S. Special Operations Forces and their families. Currently, JSOFSEA instructors are rewriting ethical decision-making and SOF leadership development curriculum to impact SOF SELs. The dialectic between moral drift and MI is part of this new “leader shift” education.¹¹²

JSOU is also stepping up to the challenge through the College of Special Operations and its Special Operations Chaplaincy Advanced Courses (SOCAC) program.¹¹³ This curriculum, developed in 2015 (and reviewed and updated yearly), has specific emphasis in SOF ethical and moral leadership, SOF ethical risk assessment, SOF ethical decision-making, SOF ethical advisement, and SOF holistic models of well-being with a particular focus to mitigate suicidality as well as PTSD, MI, and other SOF peculiar stress-related conditions.¹¹⁴ Through a rigorous evaluation, critique, survey, extended interview, peer review, and after-action report (AAR) process, JSOU’s SOCAC team gathered lessons-learned and best practices for creating strategic foresight-oriented, anticipatory outcomes-based approaches and teaching models for ethical and moral education. This includes prevention, intervention, and postvention for ethical-risk, moral drift, MI, moral well-being, and crisis care. A foundational SOCAC pedagogical underpinning is an end state and outcome that realizes the development of new models that can be utilized by the entire SOF enterprise and shape the future of the organization. Each culminating project or capstone results with the model presented in a final white paper, commander’s brief, or program. An example would be a new SOF ethical decision-making model or a model for SOF MI.

SOF Integrated Interdisciplinary Team Environment

Research and careful listening have confirmed that many within the SOF community are reticent to dive into and/or continue the dialogue on SOF ethics and MI in SOF.¹¹⁵ This is compounded by the sacred nature of the SOF team room, where it’s possible for honest conversation to take place. Not just anyone can enter the SOF team room; you must be a member of the team

or invited in. Reimagining of SOF ethical or moral PME must appreciate and create the SOF Integrated Interdisciplinary Team Environment (SOF IITE).

SOF PME best practice for tackling complex and compound ethical and moral issues is found first in making sure the *classroom team* (students in the class) is populated by both SOF non-commissioned officers (NCOs), SOF SELs, and SOF officers. This may seem basic but should not be missed. In the SOCAC program, leveraging the knowledge and experience of both enlisted personnel and officers has repeatedly produced fruitful interchange on ethical and moral issues. Incorporating *Bloom's Taxonomy* into SOF IITE ensures that cognitive, affective, and sensory domains are covered, and the learning objectives and outcomes are honored.¹¹⁶ This is crucial for processing and creating ethical and moral models. A corollary consideration is to promote team learning environment modeling, which accelerates adult learning in tackling the complexity of ethical decision-making and MI.¹¹⁷ Additionally, the program promotes SOF IITE with a pedagogical *Framework of Four Sets of Three Lenses* to facilitate addressing moral leadership issues while ensuring the creation of models that are knowledge-based (moving toward higher thinking through analysis, synthesis, and evaluation), emotion-based (moving toward higher affective domains of valuing, organizing, and characterizing) and action-based (moving from complexity, adaptation, to origination).¹¹⁸ The first set is “Joint, SOF, and RST,” allowing for every issue to be analyzed, synthesized, and evaluated with this framework, as each provides a different angle on SOF moral dilemmas. The second set is SOF “Operator, Culture, and Community” that informs SOF ethical and moral character challenges.¹¹⁹ The third set is “Readiness, Resiliency, and Fitness,” appreciating that when it comes to SOF-specific and peculiar issues, each of the SOF component commands has a contribution in creating, characterizing, and originating a moral way forward from their unique vantage point (see Figure 4.1).¹²⁰ The fourth set is “Legal, Ethical, Moral,” illustrating the compound and complex nature of character challenges heightened in a SOF context. Finally, the educational team environment is richer when hearing from each of the POTFF domains (POTFF Peer-to-Peer Coordinators have proven to be a complementary fit to the SOCAC program and integrated team).¹²¹ Moving toward a final capstone on SOF MI, the elements of SOF IITE are indispensable.

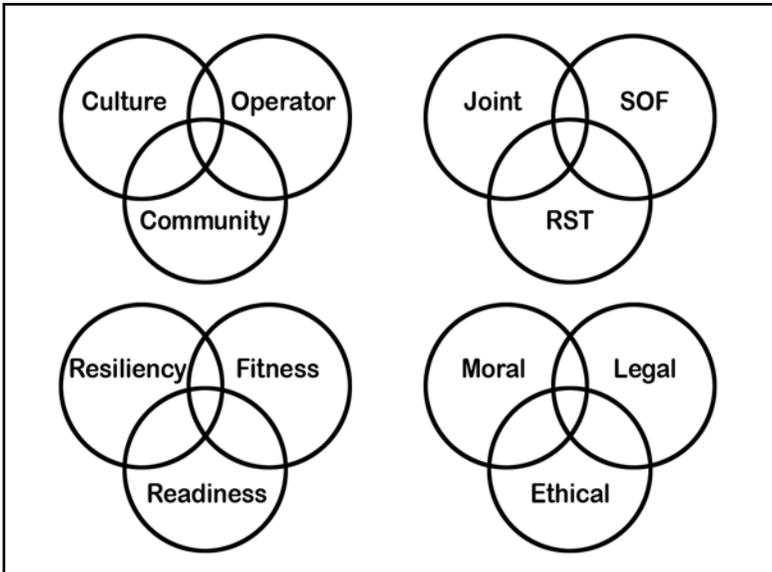


Figure 4.1. Framework of Four Sets of Three Lenses. Source: John Edgar Catterson

SOF Virtual Hybrid World

The SOF environment continues to change as it is responsive to technological advances, national and geopolitical climates, the great power competition, and the changing face of conflict and war along with the growing complexities of a never-ending global pandemic that have accelerated the warrior caught in a “teleworking reality.” These have brought a myriad of complexities to executing PME at the “speed of SOF.” Enter the new normal of the *SOF Virtual Hybrid World*. The pre-pandemic gold-standard was to be assigned for temporary duty at a PME institute. Few institutions of higher learning placed an emphasis on distance learning (DL), virtual courses, or hybrid courses. The world has changed, though, and many are still playing catch up.

Fortunately, JSOU has been on the front edge of the virtual hybrid world, especially through its SOCAC program. From its inception, a *robust DL reality* has been in place. This was not solely anticipatory, but also because best practices mandated that DL be part of PME to undertake the complex nature of SOF-related care issues. Also, from its launch, a *module approach* for DL and virtual, hybrid, and resident phases were put in place for course content to be presented at levels of specificity and complexity to achieve objectives

and outcomes. The program modules can be, and have been, nuanced and then leveraged in multiple courses to link to SOF RST and POTFF core competences. An example would be that a module on ethical decision-making is necessary for SOF commander advisement, moral resiliency, and SOF-related stress issues and is thus presented in all three advanced courses. In the same vein, MI case studies also are used in each course, which enables the student and the team to interact with this crucial issue from three different vantage points. *Best-practice DL tools* like interactive multimedia instruction, journals, blogs, and discussion posts allow team members (students) to function independently, with the instructor, and in groups online both asynchronously and synchronously as ethical and moral issues are addressed.

Virtual execution has not hindered JSOU's SOF MI PME. However, adaptation has become a necessity. When this PME is conducted in the resident classroom, team building and a battle-buddy approach naturally come together. Even recreating the 'team room' atmosphere happens on a regular basis. A large part of education takes place on the way to the breakroom, the water fountain, or at a classroom table between lesson instruction. Recreating this atmosphere in the virtual world—without sacrificing the deep dive needed to get to analysis, synthesis, evaluation, and creation—has presented a challenge. The *virtual SOF PME classroom* has leveraged platforms like Zoom and Microsoft Teams. Armed with chat rooms, emojis, virtual whiteboards, and breakout rooms, these platforms have enabled the SOF ethical and moral conversations to continue. There are *four keys* that have contributed to successful learning in this virtual environment: (1) breakout rooms, (2) case studies, (3) battle buddies or teammates, and (4) peer review encounters. Additionally, the above-mentioned process has also contributed to education and training for SOF component commands on ethics, moral drift, and MI.¹²²

SOF Innovation Design Laboratory

The SOCAC program has always functioned as a SOF Innovation Design Laboratory primarily because wrestling with SOF-specific and related issues that often live and breathe in gray zones and environments dictates unconventional PME. The SOF operator, SOF community, and SOF culture necessitate approaches and methodologies that resonate within SOF and are apparent in SOF operators' traits and characteristics. Normal modes will not open the door to combating ethical challenges or MI. In this pursuit, three

best practices have been developed and validated: (1) story design expression, (2) innovation play, and (3) M-Labs: movies, music, and metaphors. Each of these has proven exceptional in both the virtual and residential classroom setting, and they are instrumental to producing the next-generation SOF H.E.²R.O. professional who is versed in SOF ethical advisement, moral resiliency, and crisis care for the SOF enterprise.

Story Design Expression. Narrative integration teaches us that we are intimately connected to our story and wedded to the stories of others.¹²³ In other words, our stories intertwine with the stories of others. Fundamental to SOF culture is being part of an eclectic team where each individual team member's uniqueness should be embraced and is often leveraged in order to accomplish the mission. Diverse backgrounds and personalities among SOF team members frequently lends to a SOF unit's success. Sacred is the SOF team's story and the stories of each individual team member. As a corollary to this truth, our stories impact each other. Storytelling is indispensable for healthy SOF communities, for the SOF community has stories that tell us who we are and that shape our identity, ethos, and culture. Stories have the power to help in the overcoming and healing process of MI. *Story design expression* is the rubric SOCAC utilizes that accelerates dialogue and moves toward the healing process. Much of this is captured in pioneering activities embraced wholeheartedly among the SOF community. Each activity can be used throughout module phases and learning levels to capture identity, domains of the human spirit (self-awareness, social-awareness, self-motivation, self-regulation, and sense of agency), emotional intelligence, strengths discovery, ethical decision-making, moral drift, MI, PTSD, and suicide prevention to postvention. The first is *story whiteboards*. The adage, "A picture says a thousand words" finds new meaning when this is employed with ethical dilemmas, moral drift, and MI scenarios (see Figure 4.2).¹²⁴ The second is *story journals*, which can either be written or drawn, private or shared with a team, and are extremely effective to developing stories or parts of an event or encounter (see Figure 4.3).¹²⁵ The third is *storybooks*. This activity helps to see story, episode, deployment, etc., in a greater narrative arc (see Figure 4.4).¹²⁶ The fourth is *story mind mapping*; this proves impactful when looking at either the parts of the story, the whole, or developing lessons learned (see Figure 4.5).¹²⁷

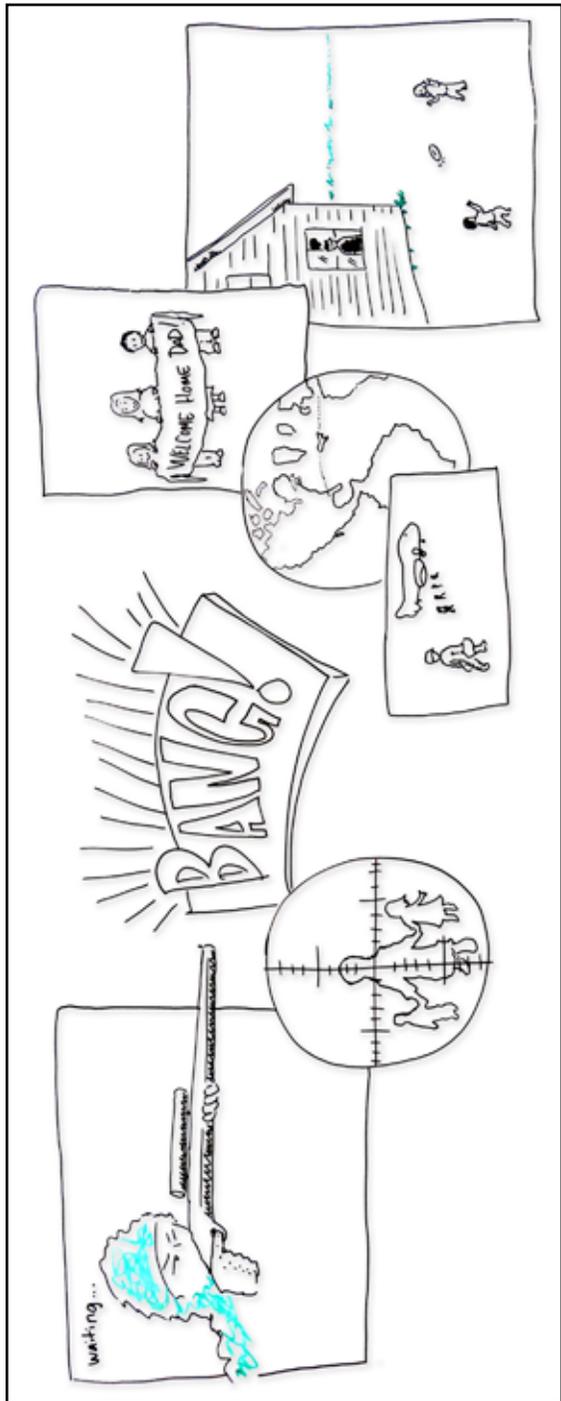


Figure 4.2. Whiteboard assignment depiction of moral injury. Source: John Edgar Caterson



Figure 4.3. Story journal assignment (visual expression). Source: Timm Beasley

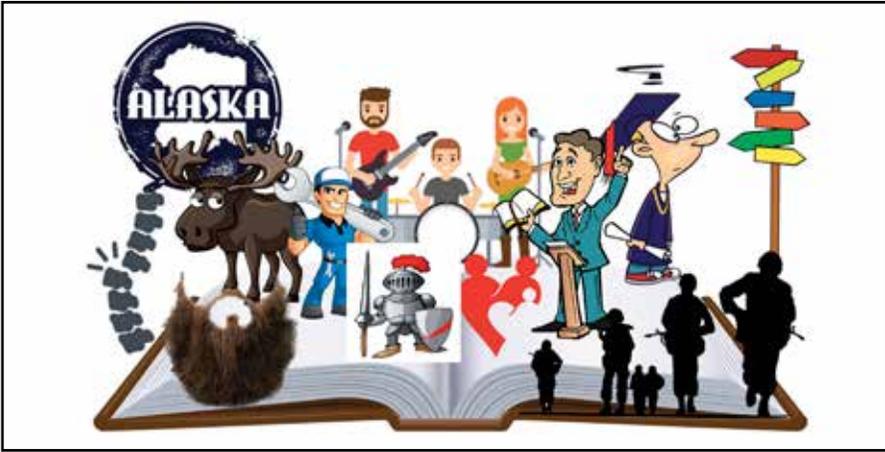


Figure 4.4. Storybook assignment (digitally created). Source: John Edgar Caterson

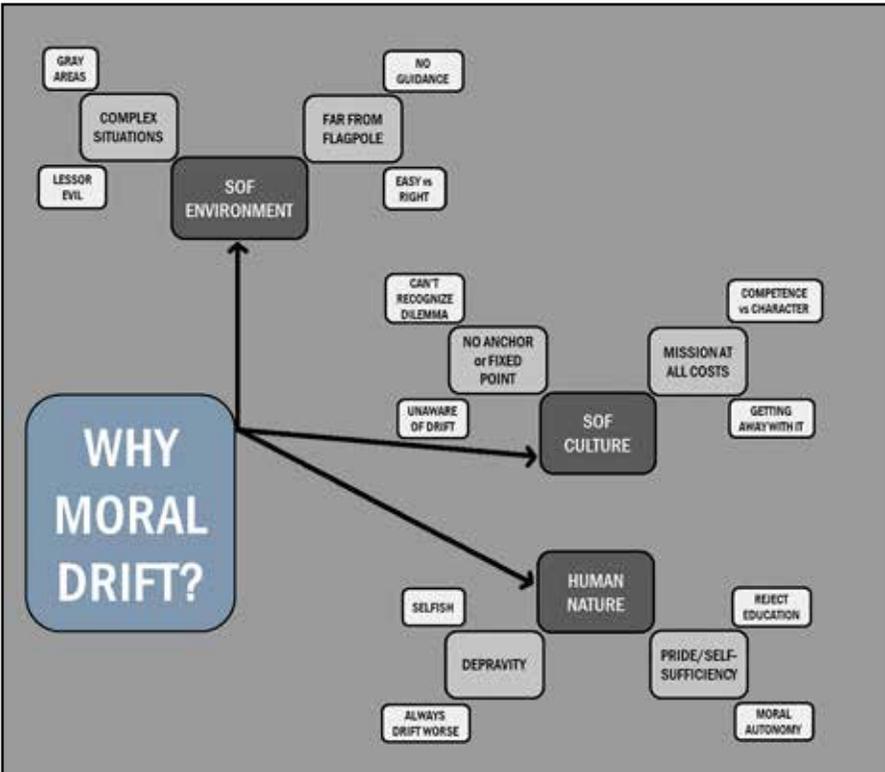


Figure 4.5. Story mind map assignment. Source: John Edgar Caterson

The potential for dealing with and overcoming traumatic events and MI through stories is great, because our stories provide us with a perspective to reveal our trauma in context while leading to an exploration of the implications on our lives. The power of recognizing that our stories have an element of brokenness allows us to begin the healing process. We need help to heal; we cannot do it in isolation. The end state is the ability to create a new story. From a SOF RST perspective, it is possible to make a logical assertion that we need a higher, greater, even an eternal story in the process of healing. Such are the findings of the SOF Principled Story Model (see Figure 4.6) introduced in SOCAC as an example of an interdisciplinary model that continues to be effective in addressing MI and other SOF-specific issues. By leveraging four disciplines, it is possible to address compound, complex SOF peculiar issues like moral injury from four distinct vantage points resulting in greater self-discovery leading to accelerated healing.¹²⁸

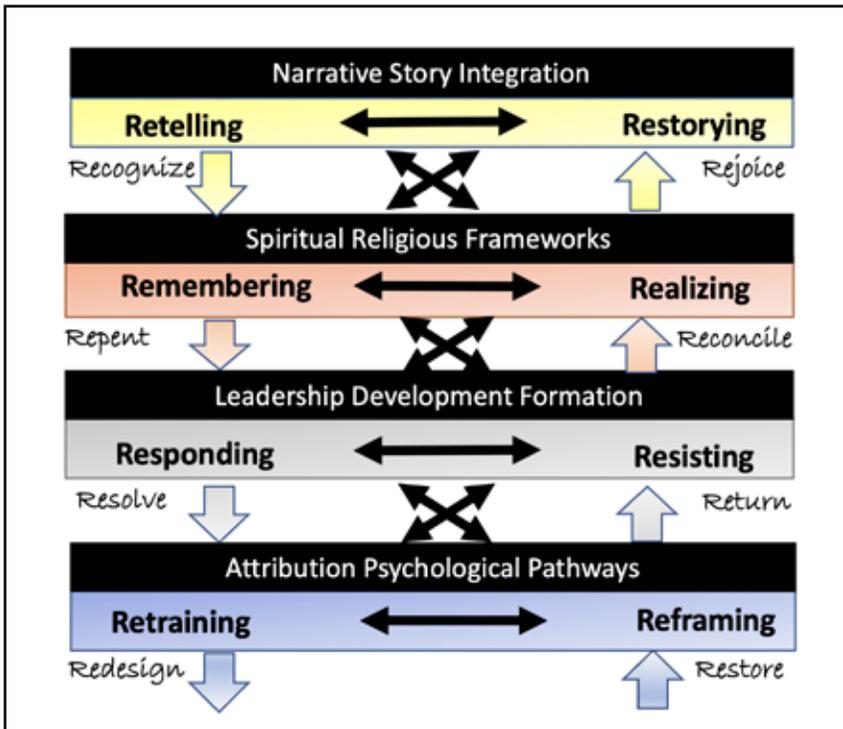


Figure 4.6. SOF Principled Story Model. Source: John Edgar Caterson

Innovation Play. Another best practice that opens the ethical and moral conversation is *innovation play*. It can be argued that a high percentage of the SOF community are kinesthetic learners.¹²⁹ Provide them with *tactile aides* like Play-Doh®, Hot Wheels®, M&M's®, or LEGO's®, and they will be willing to engage and dialogue about complex moral issues (see Figure 4.7).¹³⁰ Play is an essential tool for creative problem-solving. One best-practice example of this is the *LEGO SERIOUS PLAY*® method. It is built upon a process that stems from the heart of LEGO bricks ... used as a tool to unlock innovation. It “makes it easy for participants to put together models which represent something they wish to communicate.”¹³¹ In SOF, this transformational model is used to provide space to tell one’s story, build thoughts, speak the truth, overcome creative barriers, and unpack complexities of ethical challenges and MI (see Figure 4.8).¹³² A final best-practice tool that leverages play and creativity is the *mini-whiteboard assignments*. These can be used at any learning objective level for the individual or team assignment but work most

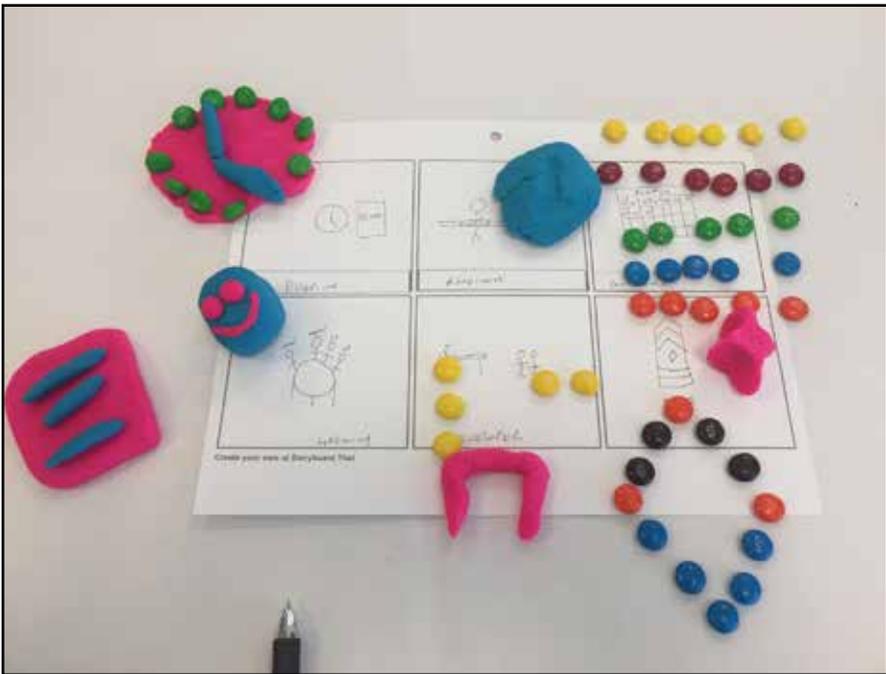


Figure 4.7. Examples of tactile aids for innovative play. Source: John Edgar Caterson



Figure 4.8. LEGO[®] SERIOUS PLAY. Source: John Edgar Caterson

effectively for analysis, synthesis, and evaluation and creating outcome-focused brief backs and models. When used in combination with tactile aides like LEGO[®]s, there are few other tools that can bring an entire ethical/moral issue event, encounter, or story together as well as mini-whiteboard assignments (see Figure 4.9).¹³³

M-Labs: Movies, Music, and Metaphors. A final best-practice approach in the innovation design laboratory is *M-Labs*. In short, it creatively leverages movies, music, and metaphor to inform and shape ethical and moral models. The visually oriented, 21st century SOF community is able to experience the world in “sound bites” and “nano clips.”¹³⁴ SOF PME that appreciates this reality wisely engages students with visual and audio storytelling. Both

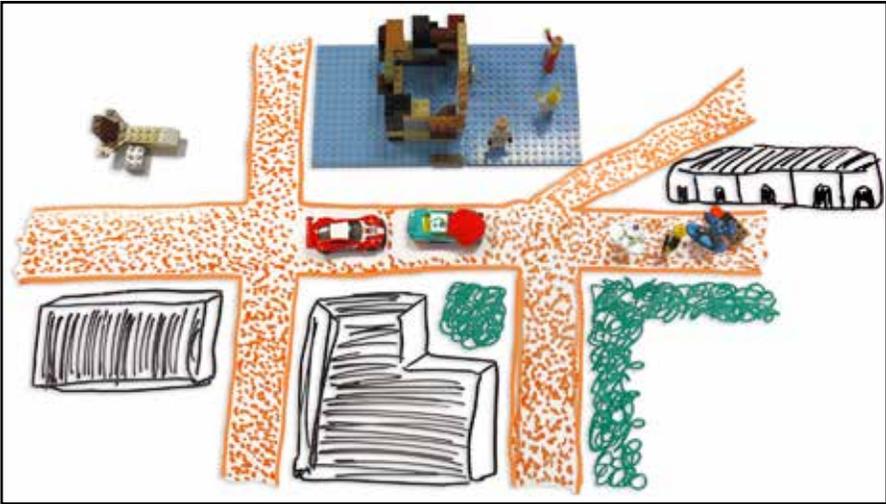


Figure 4.9. Mini-whiteboard assignment of moral drift and injury. Source: John Edgar Caterson

in virtual and residential iterations of SOCAC courses, learning module assignments and activities utilize movie (and TV series) clips to advance the ethical and moral conversation. Throughout the entire learning phase, students are encouraged to document and memorize movie recommendations on a class whiteboard. Movie clips from films that portray SOF ethical and moral encounters such as *Lone Survivor* or *American Sniper* are presented, dissected, and discussed in team breakout rooms and then back briefed to the class.

Furthermore, music can open a person's heart and mind in ways that are hard to explain. It can jog the memory and plumb the depths of one's soul. How often does the SOF community hear the commanding officer (CO) recall a moment of SOF history during a weekly brief and then play a song that was prominent on the day of the event in history? Hearing that song transports you back in time and may trigger emotions and mental pathways that possibly had been buried deep inside. In the process toward wholeness and healing, music can serve as a force multiplier, especially to the next generation warfighter.

Metaphor is another tool employed to further the conversation. As was introduced in chapter 3, metaphor is effective in numerous ways for shaping dialogue around identity, character formation, ethical decision-making,

and moral well-being. Since 2019, elements of the SOF community have engaged in a warrior and knight debate, especially as it relates to the warrior's code and the knight's chivalry. Ultimately, M-Labs can assist in cognitive, affective, and sensory formation and contribute to the creation of models of readiness, resiliency, and fitness that address ethical and moral leadership challenges.

SOF Enterprise Future Experts (SOF EFEs). The building of SOF-integrated, interdisciplinary teams versed in SOF ethical advisement, moral resiliency, and crisis care for the SOF enterprise remain crucial for the 2020s and beyond. SOCAC strives to produce outcome-focused, solution-based leaders proficient in ethical decision-making, moral well-being, and crisis care that are seen as SOF enterprise future experts. In this quest, two best practices have been developed and validated: (1) innovators, early adopters, and entrepreneurs (IEAEs) and (2) platforms to advise commander. Both continue to evidence a significant force multiplier promise toward creating the next-generation SOF H.E.²R.O. professional.

Innovators, Early Adopters, and Entrepreneurs. Reimagining SOF PME that concentrates on the complexities of ethical and moral issues needs to focus on IEAEs and set them loose to create and test the models for the SOF community. On an innovation and adoption scale, innovators and early adopters come first. They make up a total of 16 percent of the population with innovators comprising the first 2.5 percent.¹³⁵ They are key to developing and testing new ideas as well as adopting new products and services. Gallup research states that COVID-19 initiated “unprecedented innovation” in business, and more leaders realize that creating a culture of innovation is key to being able to compete in the future.¹³⁶ Additionally, innovation must create customers, or it is not valuable. Research shows that entrepreneurs are key, for they can bring the best innovation to the marketplace.¹³⁷ The implications for SOF should be apparent. The SOF community is made up of innovators and early adopters, and SOF culture is saturated with an entrepreneurial spirit. This is validated by both quantitative and qualitative studies.¹³⁸ SOF members are being leveraged to create best-practice models, programs, and resources that impact the SOF community's specific stress-related issues. Over the past four years, SOCAC, SOCH, and POTFF have capitalized on this reality. In 2018, the SOF *Chaplaincy Workbook* and training program on suicide (also addressing PTSD and MI) was developed from 100 qualitative

interviews.¹³⁹ The following year, USSOCOM's POTFF and Uniformed Services University of the Health Sciences worked in collaboration with SOCH and JSOU's SOCAC to develop a *Case Study Workbook* to implement SOF Chaplaincy and RST best practices with particular emphasis on interdisciplinary team collaboration while caring for the SOF family. It addresses SOF specific stress-related issues like PTSD, MI, and suicide.¹⁴⁰ Finally, the SOCH team leveraged JSOU faculty and SOCAC students (along with SMEs from the SOF component commands) to develop and implement the *13 Ethical Battle Drills for SOF Leaders*, which continues to gain momentum throughout the SOF enterprise.¹⁴¹

Platforms to Advise Commander. The Training for Trainers (T4T) approach is not new to SOF or the military. SOCAC advances T4T training for several tools and programs that impact ethical and moral readiness such as *13 Ethical Battle Drills for SOF Leaders* and Strengths-Based Resiliency. The addition of what can be called "Platforms to Advise Commander" can help a SOF EFE's ethical and moral leadership expertise to be developed but also can move them closer to becoming a next-generation SOF professional. SOF PME should have the strategic foresight to provide platforms that will help enable SOF EFEs to become valuable command advisors. Critical to advancing this is educating SOF members to move toward becoming SMEs in SOF ethics and moral injury and giving them a stage or a platform to demonstrate their expertise and command advisement acumen. The SOF Moral Injury Symposium (SOFMIS) provided such a platform. SOCAC students were given the opportunity to write white papers and commander's briefs and present them at the inaugural SOFMIS in Washington, D.C.¹⁴² As a result, some SOF component commands have utilized these scholars as strategic command advisors in the area of MI in SOF.

Conclusion

Reimagining PME in SOF with the dual emphases of developing a SOF leader's character and educating SOF leader creativity is key to enacting the best preventions, interventions, and postventions for MI in SOF. Using best practices pedagogically to better ensure that this development and education is bought into (and owned) by SOF leaders requires the use of many different unconventional approaches. These innovative and highly effective approaches briefly discussed in this chapter have shown repeatedly that they

significantly improve the moral awareness, ethical competence, character credibility, and moral creativity of those who throw themselves into the learning experiences at JSOU. In turn, these same SOF leaders who have undergone this unconventional and reimagined PME consistently report back to JSOU how they are deeply grateful that they are better prepared, critically enabled, and more empowered. They felt prepared when interacting with various partner force leadership styles while embedded within complex adaptive systems and networks where the stakes were very high for them, their SOF teams, and their SOF-specific partner forces. Programs both at JSOFSEA and JSOU are committed to facilitating this type of immediately useful pathway and meaningful reality, especially as it relates to an ethical education on MI that is appreciative of the SOF truths, SOF priorities, SOF culture, and SOF trending issues encountered by U.S. Special Operations Forces and their families. This unconventional and multi-faceted way to both share and understand our SOF individual, SOF team, and SOF community stories is an important part of forging the types of SOF identity, ethos, and culture that has been called for repeatedly by our senior leaders in USSOCOM. In so doing, this reimagined PME in SOF is helping the next generation of SOF leaders to both overcome their own soul wounds and help those they lead to start the healing process for MI in SOF.

Chapter 5. Training SOF Teams to Combat Moral Injury

But if all of that is true, what is also true is that we were soldiers who loved one another with a fierceness and a purity that has no analog in the civilian world. - Clinton Romesha

Not all challenges in SOF can be met by critical support professionals. Only rarely does awareness come to them. In fact, initial awareness of challenges and difficulties among SOF operators in SOF teams often comes first to their team peers and to the enablers who work closest to them. This chapter refers to these support individuals as *immediate responders*. Peers, and for this current discussion, fellow SOF, are in a critical place to (1) understand the potential operational challenges of MI in SOF, (2) notice possible signs of MI, (3) raise a discussion about MI, and finally, (4) facilitate referrals to resources to help address MI in SOF.

Peer-to-Peer Interventions

Peer assistance models to help distressed SOF operators, as opposed to relying exclusively on professionals, have been used in a variety of areas including suicide prevention and health risk reduction. Suicide prevention in many communities has relied on a “gatekeeper” approach, which assumes that SOF operators at risk of suicide will most likely interact with other members of the same community in which they live, work, and play. One prominent gatekeeper approach called *Question, Persuade, and Refer* (QPR), involves training of peers around three tasks¹⁴³ to help those at risk of suicide: question (i.e., ask about suicide), persuade (i.e., encourage the person to address suicide), and refer (i.e., help the SOF operator get connected to a professional who can provide assistance). Research on gatekeeper training has shown significant improvements among peers in their sense of readiness, willingness, and ability to help a peer or community member who is at risk of suicide.¹⁴⁴

In the area of health risk reduction, another model has been developed and implemented by peers and non-professionals called *Screening, Brief Intervention, and Referral for Treatment*.¹⁴⁵ This approach is designed to maximize brief conversations about potential behavior change. The first step

involves screening, often by using a specific question offered verbally or by a brief questionnaire about the topic of interest. The second step involves a brief intervention, oftentimes involving eliciting from the SOF operator their own values or reasons for considering the change and then verbally reiterating these values or reasons back to the SOF operator in the form of one or more reflective listening statements. Finally, this intervention concludes by making referrals for treatment to appropriate resources or providers known to help with the topic of interest. One added advantage of this approach is that it draws attention to the SOF operator's own motivation and makes this part of the conversation.

Overview of the Intervention

To be clear, there is no sole best approach to raising awareness of MI in SOF. However, the approach described in this section is based on motivational interviewing and a respectful approach to help others resolve ambivalence toward change. It involves good listening and eliciting the other person's motivations for making change. When it comes to making lasting personal changes, research has shown that this approach is superior to being directive or strongly prescriptive because those approaches tend to bring out the person's opposite arguments, often resulting in less motivation for change.¹⁴⁶

A proposed approach, by analogy, is like Tactical Casualty Combat Care, where the first responder is not typically a combat trauma specialist. The first responder does not attempt—nor are they usually qualified or adequately equipped—to provide surgical support or care. Similarly, the intervention model described here involves an approach to assist the immediate responder (typically a fellow NCO or team member) to provide initial assistance with MI. The first responder in a combat trauma situation is not expected to provide the full range of care that would result in healing and complete recovery from MI. Likewise, the immediate responder to a teammate with MI is not a specialist in care for MI in SOF and would not be expected to provide care for the full range of interventions for psychological, spiritual, or relational help or recovery from MI. Rather, the immediate responder for MI is in a critical role to make contact, bring MI into focus, engage in a motivational conversation and, if the SOF operator is ready, discuss next options for addressing MI. Those next options, in many cases, involve more specialized care. Specialized care may include eliciting assistance from a

range of professionals, including support embedded within SOF units (e.g., chaplains and psychologists) and resources outside the SOF community (e.g., therapists in private practice, clergy). In this way, the immediate responder also serves as a gatekeeper for the SOF operator with MI to connect that SOF operator for additional services.¹⁴⁷

Preparing

Immediate responders should regard these processes as flexible and not as a rigid sequence or set of steps. This intervention is not a script to read or a set of steps to follow. The most important goal of this intervention is preparing the SOF community to plan for addressing MI in SOF, which in most cases involves a referral to a relevant resource or provider. Demonstrating understanding remains crucial.

The most frequent mode of interacting with the SOF operator, therefore, should be conveying understanding through reflective listening. An effective intervention should include at least as many reflective listening statements as questions and, ideally, more reflective listening statements. Research has shown that reflective listening is a prerequisite to understanding, and understanding is a prerequisite to trust and openness to change. Reflective listening is a learnable skill and a critical tool for working with SOF operators as well as for conducting focus groups, where listening is essential.

A brief word on reflective listening: doing so does not always feel natural, especially at first. Listening can be difficult, especially when a SOF operator expresses themselves in a way that may be unsettling to the listener (e.g., “I don’t think I was ever meant to be part of this organization”). Such responses might trigger a strong counter statement (e.g., “What are you talking about? Of course, you were meant to be in this organization!”). Such a reaction, sometimes called the “righting reflex,” is normal and often well-intended. The effect of such statements, however well-intended, may be to shut the SOF operator down or bring out some defensiveness, which may move the SOF operator away rather than toward planning for change.

Reflective listening is needed to avoid shutting down the conversation. A reflective statement that matches the example above might be, “Your time in SOF has turned out very different from what you had hoped, and that bothers you.”

A verbal approach to helping another SOF team member may be readily dismissed as “touchy-feely” and too soft by fellow SOF team members. The intent is not to turn SOF operators into therapists or chaplains. It’s simply an approach that opens a conversation, shows respect to the SOF operator, brings their personal motivations into the conversation, and discusses options. This approach does not mean you have to change your style or approach MI in SOF conversations in a way that feels odd or awkward. The most important focus for such conversations is that the checkpoints in Table A.5 are met (see Table A.5 in the Conclusion section). The more of these checkpoints are met, the more likely the conversation can move in a helpful direction.

Four Assumptions

The effectiveness of the motivational approach described in this section is based on the following four assumptions: (1) partnership, (2) acceptance, (3) compassion, and (4) evocation.

1. Partnership

In a scenario involving MI in SOF, the immediate responder is a partner whose job is to work with the SOF operator with MI. This partnership is a meeting of two mutual experts. The immediate responder is an expert on helping others with MI. The SOF operator with MI is an expert on themselves, and their expertise is based on their values, experiences, goals, how MI has caused challenges and difficulties, and what hopes they may have for recovery.

The opposite of partnership is a one-way, expert-led conversation. Such a conversation, however well-intended, will likely lead to the other person shutting down, getting defensive and angry, or even feeling more confused or helpless about their situation. Example statements that may convey this partnership include:

“No one knows you better than you.”

“My intent is to talk through this moral injury stuff with you, and, if you want, talk about options that might help.”

“I have learned a few things about moral injury that might be helpful for you.”

2. Acceptance

This motivational approach maintains a stance of acceptance for the SOF operator's strengths, abilities, and challenges and offers them a choice as to what course is best for them. This extends to accepting that the SOF operator did not choose MI and that they may be on the fence about addressing it. An attitude of acceptance can help the SOF operator at risk of MI feel more open when talking about it.

The opposite of focusing on acceptance is focusing on weaknesses or deficits. This approach will likely promote defensiveness—particularly for SOF operators whose characteristic traits are a strong sense of capability and a keen interest in maintaining a respected reputation in the community. Focusing on brokenness will likely not be successful. Examples of statements that may communicate acceptance include:

“You get to choose the best course of action for you—whatever will help.”

“Moral injury does not mean you are broken. It is actually a sign of strong values.”

3. Compassion

Although compassion is commonly understood as kindness and a sense of concern for others, compassion, in this motivational approach, refers to doing what is in the other person's best interest. The best interest of the SOF operator often refers to their long-term well-being and invariably fits with their important values.

The opposite of compassion is imposing a goal, value, or interest other than that held by the SOF operator. With the example of a SOF operator who may be considering leaving the military, outside perspectives could be institutional (e.g., threat to retention goals) or personal (e.g., the potential loss of a colleague in uniform). Example statements that convey compassion from this motivational perspective may include:

“No matter what pressure you may feel from others, it is important that you choose a course of action that is best for you.”¹⁴⁸

“Only you get to choose the right course of action.”¹⁴⁹

4. Evocation

Inherent to this motivational approach is the recognition that, in terms of motivation, the SOF operator brings important resources to the table. These resources include values, goals, wisdom, and reasons for making change. Example statements that work toward evocation may include:

“What are your best reasons for wanting to work on MI?”

“How important would it be for you to reduce the stress that MI is causing for you?”

The opposite of the principle of evocation is imposing or asserting reasons for change, or assuming that what the person is missing (i.e., motivation for change) can be supplied or provided to them by an outside expert.

The Intervention

There are four processes involved in this immediate responder intervention: (1) engaging, (2) focusing, (3) motivating, and (4) planning.

1. Engaging

During the engaging process with a team member, the immediate responder connects and raises the question of MI. We have learned that for many SOF operators, MI is not often a common part of the vernacular, so the engaging process might entail some education about MI.¹⁵⁰

Additionally, conversations with SOF operators have demonstrated that raising the topic of MI may trigger defensiveness regarding the correctness or appropriateness of certain courses of action in combat. Framing MI as an indicator of strong moral values or as a common experience for many SOF operators may help to mitigate this common response. Another point of engagement in a conversation about MI may include noticing signs that might signal the presence of a MI, including:

- Significant changes in demeanor or mood
- Increased frustration, irritability, or mistrust of others
- Expressions of disillusionment or apathy
- Doubting or questioning commitment
- Withdrawal from others
- Increased stress regarding family

2. Focusing

In focusing, we attempt to determine whether MI in SOF is a concern. While many SOF operators experience “potential” morally injurious events, this does not mean that everyone develops MI. If MI is a concern, focusing also allows an opportunity to talk about what aspects of MI are most troublesome.

3. Motivating

Motivation is a key part of the immediate responder approach. This effort is not designed to trick or manipulate the SOF operator into getting help. To do so would be both contradictory to the spirit and intent of this approach and generally ineffective. Eliciting the SOF operator’s own motivation is critical because it connects the possibility of change to their values, goals, strengths, and hopes.

Simply telling a SOF operator to make changes or giving them a motivational pep talk—however well intended—will not likely help guide them toward lasting change. And for a SOF operator who is ambivalent about making changes or seeking help, a direct approach is likely to backfire and trigger responses that are against change.

4. Planning

The planning process helps to determine whether the SOF operator is ready to make changes. If they express readiness to change, then it may make sense to discuss options or courses of action. Part of the previous process of eliciting motivation includes bringing out the SOF operator’s own values, goals, and wisdom. In this approach, prioritizing the directions and preferences that they relate is essential. It conveys respect, honors their autonomy, and leads them in a direction toward change.

During this process (or as needed in the eliciting motivation process) it may also make sense to share information about available resources. To remain consistent with supporting this respectful approach, immediate responders should offer information and advice with permission. While there is no guarantee that the SOF operator will accept the advice or be open to the information, asking permission before offering advice will likely lead to a more favorable reception.

Conclusion and Application of the Intervention

The intervention processes are depicted in Appendix 1, Table A.5: Talking About Moral Injury in SOF: A Guide for SOF Teams.

In numerous discussions with SOF operators pertaining to MI in SOF and the intervention process, several themes have emerged that lend themselves to application of this intervention:

- Start a discussion of MI early in the SOF training pipeline (i.e., selection school, initial qualification training), “not on the back end but on the front end.”¹⁵¹
- Conduct senior NCO leadership training at JSOFSEA about initiating these essential conversations on the topic of MI.
- Implement the *13 Ethical Battle Drills for SOF Leaders* training with emphasis on MI.
- Develop resources and trusting relationships with providers since there is significant hesitancy among SOF operators to talk with professionals.
- If using group intervention, approach as a focus group rather than as a debriefing or psychotherapeutic intervention.

In this chapter, we have emphasized the important role the peers play in the process of intervening with MI and presented an intervention that follows a first responder approach that engages SOF operators in a conversation about MI, focuses on the question as to whether MI is present, elicits motivation for addressing it, and addresses options for moving forward. This approach follows the idea that there are many roles in helping SOF personnel address MI and its effects. Most important is the critical idea that peers play an indispensable role in helping SOF personnel find the courage to address this challenging issue.

Conclusion

Moral injury is the ‘signature wound’ of today’s veterans. - David Wood

USSOCOM and the SOF community will benefit from knowing that MI in SOF can be a powerful agent of destruction to the entire enterprise if the community does not acknowledge, understand, and intervene. The time is now to move away from the traditional “normal science” paradigm of dealing with MI in general and in SOF. The chief reason is that MI is a total

existential experience heightened and impacted by the SOF environment and culture. It is not merely (nor should it be easily) compartmentalized as a medical or psychological issue for the SOF operators and those who serve them. As such, there needs to be a “new science” paradigm that includes and investigates how SOF culture, SOF identity, SOF ethos and ethics, and the SOF community are affecting (and affected by) MI.

Some problematic aspects can be identified in the interplay between SOF culture and MI. Specifically, the idea of toxic positivity needs to be eliminated from SOF culture and replaced with tragic optimism. In so doing, the SOF community can help past, present, and future generations of SOF operators overcome the visible and invisible wounds of war. The sociocultural norms, biases, stereotypes, schemas, and stigmas need to be replaced to best optimize resiliency in SOF combat contexts. The replacement of toxic positivity with tragic optimism will also lead to better overall holistic health outcomes for each SOF operator in both combat readiness and upon returning home. This will shape the SOF community positively.

It is essential to further compare PTSD and MI through social-scientific research that utilizes both qualitative and quantitative methods. There is clear and compelling, theoretically developed, and empirically derived evidence that PTSD and MI are functionally independent of each other but still overlap. MI is not a medical or psychological diagnosis. That does not mean, however, that it is not real or not a potentially powerful agent of destruction to the SOF community. SOF MI is very real and very dangerous to the overall holistic health of the SOF enterprise at the individual, team, tactical, operational, and strategic levels. It must not be ignored, misdiagnosed, or mistreated. There is no wrong door when it comes to the SOF operator seeking out help for their MI.

With the SOF environment becoming more and more complex, the stakes are too high for our SOF units to allow moral drift into our ranks. The SOF mission is important, and it remains prudent to address SOF ethos/ethics, moral drift, and MI together. These three constructs provide a framework needed SOF enterprise-wide to bring the necessary paradigm shift to help SOF’s morally wounded. In short, ethical leadership and ethical culture drive SOF ethos/ethics. These are not static constructs. SOF operators need to make explicit to themselves their moral, ethical, and spiritual assumptions. SOF operators and teams must hold themselves accountable to live (and fight) with ethical integrity and ethical consistency as the bedrock of their

character and identity. SOF education and training, as well as SOF culture and ethos, remain integral to SOF moral drift intervention and prevention. It is a high calling to make these a SOF priority. Anything less can lead the SOF community down the road toward moral drift, and that would prove both unacceptable and eventually eliminative to the success of USSOCOM in the 21st century.

A reimagined SOF PME addressing MI in SOF is critical to reinforcing the SOF ethics/ethos and SOF culture for the future. Such a reimagined SOF PME has clearly defined objectives and outcomes to combat MI while helping to develop the next generation SOF H.E.²R.O. professionals versed in SOF ethical advisement, moral resiliency, and crisis care for the SOF enterprise. Foundational to accomplishing this involves creating a SOF-integrated interdisciplinary team environment, SOF innovation design laboratories, and consciously producing SOF enterprise future experts. When this is done, MI will be reduced due to the significant increases of moral awareness, moral competence, moral credibility, moral compassion, moral creativity, and ethical integrity in each leader who completes the demanding and rigorous educational gauntlet.

The combination of the SOF team and the SOF community are needed to provide impactful training that will address wounds of war and MI on SOF. This vital training approach tackles MI and its identification, recognition, intervention, and postvention within both a SOF team setting and those who support these SOF teams. A first responder approach is equally important, for it recognizes that peers play an indispensable role in helping SOF personnel find the courage to face their soul wounds and address MI and its compound, complex effects. Just as significantly, previously morally wounded SOF operators will be more enabled to begin the healing process, return to a more holistic state of readiness, and live to fight another day.

The three key takeaways presented in this work are:

1. **MI in SOF paradigm shift.** MI in SOF requires a paradigm shift throughout the SOF enterprise. MI and PTSD are distinct but interrelated in the SOF context and are impacted and influenced by SOF culture.
2. **MI in SOF trilateral relationship.** SOF ethics, moral drift, and MI in SOF are all strongly correlated and mutually reinforcing. Cascading effects from these three domains can either create a positive or negative directional spiral in SOF culture.

- 3. Reimagined SOF PME and training.** Reimagined PME leverages innovative and integrative teams to unlock creativity and design thinking, thereby building ethical, morally resilient next-generational SOF H.E.²R.O. professionals. Training is imperative for the SOF team and community to raise awareness, understanding, reaction times, and amelioration effectiveness when responding well to MI in SOF.

A recommendation for future study is an examination on how to increase resiliency by offering a refined and updated SOF theory to begin crucial conversations coupled with a stakeholder theoretical approach to morally wounded SOF. We proposed that these two facets will aid overcoming MI in the SOF community. An emphasis can be placed on the idea that every SOF operator is embedded in a dynamic, loyal, and trustworthy human network of social stakeholder relationships. This incredible, interdisciplinary network can not only help the SOF operator with their physical and psychological wounds, but the network can help with the SOF operator's ethical, moral, and spiritual wounds, too. According to a stakeholder perspective, this roundtable approach wherein there is "no wrong door" for the morally wounded SOF operator is best done initially by their assigned SOF RSTs. If done with compassion, seriousness, urgency, creativity, and wisdom by SOF RSTs, then more morally wounded SOF will not just survive their soul wounds, but eventually enter a healing process that leads to PTG. When this happens, then the SOF community will begin to thrive again regardless of the SOF contexts they are thrust into prior to returning home again.

This monograph has only touched on the enormous issue that MI in SOF, and its attendant soul wounds, are in the SOF community. It has provided the outline of a grounded theory for MI. However, the reader can begin to see that this fightback against MI in SOF is just beginning. It is the most dangerous invisible agent of destruction that can be wielded against the SOF operator, SOF identity, SOF culture, SOF ethics/ethos, the SOF community, USSOCOM, partner forces of SOF, and the entire SOF enterprise. Assessing and intervening for MI needs to be a top priority in the SOF enterprise—from the least experienced SOF recruits to the most experienced SOF senior leaders. If done in this manner, then the SOF community will become the best leaders in the world in every sense of the phrase—leaders who not only will return home physically, but also psychologically, ethically, and spiritually.

Appendix A. Scientific Research Analysis Tables

Table A.1 unpacks an analysis based on qualitative research examining the Five Factor Model of Personality of SOF connected to MI in SOF. In it, the personality factors, specific traits, SOF strengths, potential blind spots, and how these all combine to connect with MI help illuminate this complexity. This analysis is one of the critical first steps in establishing a holistic understanding of the rudiments of prevention, intervention, and postvention regarding MI in SOF.

Tables A.2, A.3, and A.4 undertake a state-of-the-art qualitative summary of three categories of SOF operators. Category 1 is the prototypical junior SOF operator. Category 2 is the prototypical senior SOF operator, and Category 3 is the prototypical senior leader in SOF. Tables A.2, A.3, and A.4 all have similar headers that describe (1) a key SOF personality trait, and (2) relevant concepts from the Five Factor Model of Personality. The main detail of these tables discusses how each trait is a strength in the context of SOF. Each table concludes with a description how each trait—while a strength in one context—can also lead to becoming a pathway to MI to those in SOF who possess the trait. These are not meant to denigrate, disparage, or demoralize but to share an understanding of how certain categories of SOF operator identities can be affected by MI. In so doing, this helps the SOF community rally around those who silently suffer in their quiet professionalism and to render the best types of aid based on the types of soul wounds with which they grapple.

Table A.5 summarizes all the key elements of this proposed intervention. The first column describes the four intervention approaches. With each approach, a summary for that step is provided (second column) together with examples of questions and reflective listening statements—neither of which are meant to be a rigid script to read or memorize. These examples are meant to prompt specific responses to the SOF operator who will ultimately use their own words and style while engaging a fellow team member in a conversation about MI. The last column is labeled “Checkpoint,” which is a general guide for each approach. These help determine whether the approach has been used successfully and if it makes sense to move to the next approach.

Table A.6 provides a SOF stakeholder analysis with simple and clear “Start, Stop, Continue” feedback for each stakeholder of the soul-wounded SOF operator. This SOF stakeholder analysis is based on a comprehensive research review of the scientific literature on MI in SOF by the authors.

Table A.1. Five Factor Model of Personality as Applied to SOF and MI.

Personality factor	Specific traits	SOF strengths	Potential blind spots	Relevance to MI
Negative emotion	Anxiety, angry hostility, discouragement, self-consciousness, impulsivity, stress sensitivity	LOW: Tend to be more emotionally stable, composed, and controlled. They may find it hard to relate to those who express strong negative emotions.	Negative emotions are less familiar territory. May be less likely to give adequate time to recognize and process these strong emotions.	Key theme: Moral emotions Moral emotions such as shame, guilt, anger, and revenge may feel overwhelming and may require extra time, space, and support to process.
Extraversion	Warmth, assertiveness, fast interpersonal tempo, excitement-seeking, gregariousness, positive emotions	HIGH: Tend to be more outgoing, assertive, and capable of navigating the human landscape. They crave excitement and a fast interpersonal tempo.	Being outgoing and connected is often a standard interpersonal mode. They engage and invest in others. Working alone or disengaging from others may be uncomfortable.	Key theme: Loss Social engagement inevitably involves the development of close bonds. Involvement and investment in teammates and mission partners makes losing them more difficult.
Openness	Imagination, interest in arts and literature, emotional intelligence, need for novelty, intellectual curiosity, progressive values	MEDIUM: Tend to thrive on change and new learning. Learning from emotions, arts and literature, imagination and progressive values are less appealing to most.	Familiar and repetitive routines and missions are likely to be dissatisfying. They may find it hard to relate to the artistic, abstract, and progressive side of work and current events.	Key theme: Value conflicts Pressures from the media or more progressive political policies that question or rebuke individual or team actions on a mission are likely to cause rifts and resentment.
Agreeableness	Trust, unassuming, altruism, compliance, modesty, tender-mindedness	MEDIUM: Are more altruistic and modest. They thrive on competition and are cautious about trust and candor. They are tough minded.	Prone to make extensive self-sacrifices for the mission. A default mode of being modest, guarded, and suspicious of others might make it difficult to confide in others when needed.	Key theme: Moral actions Events that cause the individual to question whether they acted morally or in the best interest of teammates, family, or friends are likely to be challenging experiences.
Conscientiousness	Competence, organization, dutiful, achievement striving, self-discipline, deliberation	HIGH: Have a high sense of competence. They set and maintain high personal standards and self-discipline. They are organized and careful about decisions.	Sometimes it can be difficult to disengage from occupational pursuits. Disorganized, undisciplined, and indecisive leaders and environments are likely to be very aggravating.	Key theme: Duty Moral dilemmas and events that cause the individual to cast doubt on competence or question their high standards are likely to be very distressing experiences.

Source: Authors

Table A.2. SOF Operator Category 1 (Prototypical Junior Operator) Traits, Strengths, and Pathways to MI.

Trait	Five factor model of personality concept	SOF strengths	Potential pathway to MI
Openness	Openness: Novelty and change	These individuals crave novelty and newness. They find routine to be boring. Such individuals are well-suited to the operational environment.	An eagerness to have new experiences inevitably puts them in a higher operational tempo, and more missions increases the probability of exposure to potential MI events.
Self-determined Self-critical Self-disciplined	Conscientiousness: Self-discipline Dutifulness	These individuals can muster energy and effort to pursue goals. These are hallmark traits that qualify an individual to enter and maintain a role in the operational community. Being guided by one's own internal compass when no one is looking establishes a reputation of reliability and earns the operator trust from others.	<p>An intense focus on one's own willpower and self-determination may increase the frustration and demoralization that can occur when potential MI events are out of the operator's influence.</p> <p>Being highly committed to one's own high standards can present conflict when ordered or being otherwise compelled by tactical demands to do something that violates those standards. It will be harder for this individual to accept the reassurance, "You did what you had to."</p> <p>A highly internalized discipline makes it hard to relate to lazy, careless, or neglectful behavior. Such actions in others, whether intentional or not, have a high potential to be experienced as betrayal and possible MI.</p>
Stoic	Agreeableness: Tender-mindedness (LOW)	Being tough-minded affords this individual the ability to detach and focus on practical actions. They are not likely to be dissuaded or distracted from the mission when they encounter the suffering of others.	There are limits to remaining detached all the time. Inevitably, and sometimes unexpectedly, such an individual will be touched by the suffering or distress of others in a way that challenges that tough-mindedness. Not only might this suggest a potential weakness, but such an experience will likely be unfamiliar and uncomfortable territory for the person.
Hyper-focus on specialty	Conscientiousness: Achievement-striving	These individuals are constantly pursuing promotion, specialization, and other accomplishments. This translates into persistent motivation to excel in the organization.	A dogged pursuit of achievements within the operational community represents substantial commitment to the organization. A demoralizing or morally injurious event can feel like a betrayal and a contradicting insult for having invested so much in one's career.

Source: Authors

Table A.3. SOF Operator Category 2 (Prototypical Senior SOF Operator) Traits, Strengths, and Pathways to MI.

Trait	Five factor model of personality concept	SOF strengths	Potential pathway to MI
Decisiveness	Extraversion: Assertiveness	These individuals are forceful and dominant and do not hesitate to voice their opinions. They are often natural leaders.	Being assertive often translates into taking responsibility for team outcomes. When outcomes are adverse, the burden of guilt can be compounded. This can be accompanied by second-guessing oneself.
Role of mentor	Agreeableness: Altruism	Contribution to the success of others matters. Such efforts contribute to a legacy that will outlast their time in the SOF world.	Inasmuch as this individual takes on a mentoring role with others, they may also feel more responsible if something goes wrong for the mentored individual. This can range from betrayal from unethical behavior or guilt due to a casualty to mishap on a mission.
Use of dark humor	Agreeableness: Tender-mindedness (LOW)	Being tough-minded affords this individual the ability to detach and focus on practical actions. They are not likely to be dissuaded or distracted from the mission when they encounter the suffering of others.	There are limits to remaining detached all the time. Inevitably, and sometimes unexpectedly, such an individual will be touched by the suffering or distress of others in a way that challenges that tough-mindedness. Not only might this suggest a potential weakness, but such an experience will likely be unfamiliar and uncomfortable territory for the individual.
Take pride in a strong personality	Agreeableness: Compliance (LOW)	These individuals are undeterred by criticism and may even thrive on it, especially if the criticism is a trait that sets them apart as possessing advantage or uniqueness compared to others.	A constant focus on one's own relative status provides clear feedback as to one's own standing. MI experiences that are unique to the operator and not shared by the team may cause a sense of conflict and disconnect for fear of not measuring up or being surpassed by teammates who do not have similar experiences or reactions. Isolation and even shame may result.

Source: Authors

Table A.4. SOF Operator Category 3 (Prototypical Senior Leader) Traits, Strengths, and Pathways to MI.

Trait	Five factor model of personality concept	SOF strengths	Potential pathway to MI
Perspective-taking	Openness: Ideas	This individual is open to learning and alternative perspectives that can be satisfied by reading widely and engaging information from a variety of sources.	Despite effort to learn and be open, value conflicts can cause them a great deal of friction—particularly when literary, academic, or news media sources are critical, dismissive, or condemnatory of a team or mission.
Careful about trust close circle of confidants	Agreeableness: Unassuming (LOW) Agreeableness: Trust (MED)	They maintain secrecy well. They maintain an outward demeanor that does not belie their mission or objectives. These individuals are less likely to be deceived or tricked by others. They maintain very high requirements for trust.	Processing moral emotions such as guilt, shame, and anger requires vulnerability, which may be an uncomfortable prospect given the effort they have made to guard against these emotions and their associated experiences. A small or shrinking support system may mean that there are fewer confidants to lean upon to work through a potential MI event.
Increased priority on family	Agreeableness: Compliance)	Moderate levels of this trait suggest that the individual still enjoys competition, but they may also have relationships with others characterized by collaboration and doing what is best for the team.	Whereas romantic and family relationships used to be more transient, they now take on a higher priority and, consequently, produce more tension.
Obsessive about planning	Trust, unassuming, altruism, compliance, modesty, tender-mindedness	These individuals thrive on organization and attention to detail and have been rewarded in their careers for it.	They are prone to make extensive self-sacrifices for the mission. A default mode of being modest, guarded, and suspicious of others might make it difficult to confide in others when needed.
Desire to be remembered as a good leader	Conscientiousness: Competence	This individual thrives on a sense of capability and effectiveness. They will not tolerate feeling underprepared or incapable in the areas of mission-critical tasks.	Weakness is seen as a threat to be eliminated. While this trait translates into continuous improvement, there will be inevitable situations where the operator could not prepare for everything or foresee every possibility. Any mishaps that result from these unavoidable limitations are likely to be seen as very painful.

Source: Authors

Table A.5. Talking about MI in SOF: A Guide for SOF Teams.

Approaches	Summary	Examples: questions	Examples: reflective listening	Checkpoint
<p>1. Engaging</p>	<ul style="list-style-type: none"> - Starts a conversation about MI in SOF. - Establishes a climate of trust. - Conveys an intention to help. - Typically, an explanation of what MI is. 	<ul style="list-style-type: none"> • "I read an article about a thing called moral injury. Would you be OK if I shared what I learned?" • "I couldn't help but notice _____. Would you be open to a quick chat about it?" • "How often during the last year, if ever, have you felt dissatisfied or ashamed about your SOF role?" 	<ul style="list-style-type: none"> • "There have been some things that have been bothering you." • "Your experience in SOF has not been the same since that tough experience last year." • "I appreciate that you are open to talking about this." 	<p>Were we able to engage in a conversation about possible MI in SOF?</p>
<p>2. Focusing</p>	<ul style="list-style-type: none"> - Helps identify MI in SOF is a concern for the individual. - Determines which aspects of MI are of most concern. 	<ul style="list-style-type: none"> • "To what degree do you think is a concern for you?" • "In our conversation so far, it sounds like MI has happened to you. Would you agree?" • "Given everything we have talked about so far, what are your thoughts about moral injury?" 	<ul style="list-style-type: none"> • "You can see that some of your experiences fit into the definition of moral injury." • "For you, moral injury events have been a part of your SOF experience." • "Your military work has taken a toll in several ways." 	<p>Did we determine if MI is a concern?</p>
<p>3. Eliciting motivation</p>	<ul style="list-style-type: none"> - Brings out the individual's motivation for change/seeking help. - Connects the individual's values with change/seeking help. 	<ul style="list-style-type: none"> • "How would your career or life be different if moral injury was less of an issue?" • "How might it benefit you to talk to someone about moral injury?" • "On a scale of 1 to 10, with 10 being high, how important is it for you to address moral injury?" • "Why is it not a lower number?" 	<ul style="list-style-type: none"> • "It bothers you that those difficult experiences still take a toll on you." • "You wish you could turn time back to when moral injury was not a problem." • "You have wanted to reach out to someone about this experience for a long time." 	<p>Did the individual voice their own motivation for change or seeking help?</p>
<p>4. Planning</p>	<ul style="list-style-type: none"> - Reviews options for support or help for MI in SOF. - Summarizes the conversation. - Assesses motivation to act. 	<ul style="list-style-type: none"> • "Can I share with you some resources that might be available to help with moral injury?" • "What are your main takeaways from our conversation?" • "If you were to make a change or seek out help from someone, what do you think you would do?" 	<ul style="list-style-type: none"> • "On the one hand, you are feeling a bit cautious about talking to someone. And on the other hand, you don't think things will get better if you keep this to yourself." • "Our conversation has given you some new ideas for how deal with moral injury." • "It has been helpful to talk about this, and you have some next steps in mind to move forward." 	<p>Did we discuss plans or next steps for addressing MI?</p>

Table A.6. SOF Stakeholder Analysis of the Soul-Wounded SOF Operator (Start, Stop, Continue Feedback).

	Wounded Warrior	Teammate	Team leader	Loved one	Senior leader	Chaplain	Clinician	Physician	Command
Start	Repairing one's identity through reconciliation and forgiveness ¹⁵²	Looking at negative changes in behavior as possible moral injury ¹⁵³	Looking for hidden signs of shame and/or guilt in operators ¹⁵⁴	Looking for experiences where the operator is searching for meaning ¹⁵⁵	Looking at moral injury as a significant factor for increased suicidality in operators ¹⁵⁶	Speareading efforts to link spirituality and healing moral injury in operators ¹⁵⁷	Including chaplains in helping to heal moral injury in operators ¹⁵⁸	Exploring the social, psychological, behavioral, and spiritual aspects of an operator, not just the biomedical ¹⁵⁹	Weeding out toxic leadership and malpractice within the command ¹⁶⁰
Stop	Blaming self for morally injurious experience(s) ¹⁶¹	Allowing alcohol abuse to be a means of coping with moral injury ¹⁶²	Seeing negative performance as not a possible mental health issue ¹⁶³	Seeing anger and cynicism as "just a bad day" and not possibly morally injurious symptoms ¹⁶⁴	Enabling unethical culture to thrive within the ranks ¹⁶⁵	Deferring only to mental health providers on the topic of moral injury ¹⁶⁶	Deferring only to chaplains on topics of religion and spirituality ¹⁶⁷	Relying only on medication for addressing moral injury effects ¹⁶⁸	Utilizing ethical models that do not consider the ambiguity of the modern battlefield ¹⁶⁹
Continue	Examining moral injury and PTSD as separate conditions ¹⁷⁰	Providing peer support to operators struggling with moral injury ¹⁷¹	Watching team members for signs of negative changes in behaviors and cognitions ¹⁷²	Focusing on communication, trust, sharing, and mutual forgiveness ¹⁷³	Emphasizing better leadership and more combat ethics training ¹⁷⁴	Providing spiritual care and guidance to operators than can help with healing moral injury in operators ¹⁷⁵	Using compassion training to help operators refine social connections for support ¹⁷⁶	Treating moral injury in operators with the same severity level as PTSD ¹⁷⁷	Advocating for operators to utilize mental health professionals and chaplains ¹⁷⁸

Source: Authors

Appendix B. SOF and Moral Injury: A Literature Review

Background

Despite a comprehensive and focused search in scholarly databases, there was a lack of published research on MI in U.S. SOF available in the best scientific journals globally. All search queries were independently replicated, and results verified by different researchers on the team at two different locations and two different times. Some examples of search terms used in this online database research were: “complex PTSD,” “guilt and shame,” “moral injury,” “Special Operations,” “Special Operations Forces,” etc. In total, 14 relevant, peer-reviewed, scientific articles were found dealing with MI in U.S. SOF. Of the fourteen relevant research articles initially selected for review, five were related to aspects of both SOF and moral injury and therefore selected for inclusion in this literature review.

Scholarly Research Articles

The first article, “Military Retirement: Reflections from Former Members of Special Operations Forces” (published in 2013 by authors Kira Harris, Eyal Gringart, and Deirdre Drake), examines the transition from military to civilian life by five Australian, British, or Israeli SOF members.¹⁷⁹ The five participants were interviewed about their transition and their perceived challenges from the military to civilian life. Participants initially described a military environment akin to a family (fraternal bonds) with four distinct personal attachments to their military identity: “camaraderie, distinction from mainstream society, elitism and significance, and intensity.” In addition to the firm attachments made in the military, there was some sense of disconnect with those comrades who were still in the military. The elitist view pertained only to those on active duty; once retired, they felt like they were on the outside looking in. Some still tried to retain some sense of their cultural identity in civilian life. However, others tried to avoid reminders of their military careers to prevent individual negative cognitions. The researchers concluded that those who tried to retain some of their cultural identities were better adjusted than those who were avoidant of their military service.

The researchers theorize that this avoidance might be due to guilt or shame associated with the individual's military service.¹⁸⁰

This article shows the importance of addressing the aspects of guilt and/or shame connected with one's military service. Not only does avoidance contribute to negative cognitions regarding the military, but it can also adversely affect the command if the individual negatively portrays their associations with the command to external organizations. By helping to ameliorate the moral emotions of guilt and shame, it can give the operator a more positive outlook on their military service instead of being more avoidant. Addressing the loss of purpose, identity, and fallen comrades before a SOF operator retires from the community will enable them to have a social support network instead of struggling through their issues alone.

The second article, "Distinguishing War-related PTSD Resulting from Perpetration- and Betrayal-Based Morally Injurious Events" in 2017 (by authors Alexander Jordan, Ethan Eisen, Elisa Bolton, William P. Nash, and Brett T. Litz), studied the connection between PMIEs and PTSD in a sample of 867 Marines who experienced heavy ground combat while deployed overseas. The researchers intended to determine the prevalence of PMIEs as well as their relationships to PTSD. The results showed that over a third of the Marines reported exposure to PMIEs, specifically betrayal-based and perpetration-based. Furthermore, the results showed that betrayal-based PMIEs were related to PTSD symptoms through anger, and perpetration-based PMIEs were related to PTSD symptoms through guilt and/or shame. The researchers also concluded that guilt and shame are not adequately addressed within the current classification of PTSD as defined in the *DSM-V*. With the previous focus on danger-based experiences, it is possible that shame and guilt are being overlooked in PTSD diagnoses and treatments.¹⁸¹

The significance of this article is that operators in combat deployments have the potential to be exposed to PMIEs that manifest themselves through anger (betrayal) or guilt and/or shame (perpetration). They are in turn connected to PTSD symptoms manifested in the operators. These three emotions have been linked to MI, and, if left unaddressed in operators, can create further negative cognitions. It is important to understand and recognize that PMIEs encountered in combat deployments have long-lasting adverse effects. By only focusing on the PTSD symptoms and not addressing MI, only part of the problem is being resolved. Focus on moral emotions, such as guilt and shame, can help ameliorate MI resulting from PMIEs.

The third article, “Exposure to Civilian Casualties is Related to Guilt and Suicidality in Post 9/11 Veterans of Iraq and Afghanistan” (published in 2021 by authors Matthew L. McCue, Ashlee N. Fisher, Kristina R. Johnson, Antonella Bariani, Marvin M. Cabral, Shaylee Edmonds, Carolyn B. Allard and Quyen Q. Tiet), studies the connection between exposure to civilian casualties and guilt and suicidality in combat veterans. Participants were 223 veterans and included U.S. Military Academy West Point alumni, members of the U.S. Marine Corps Reconnaissance Association, and Student Veterans of America who deployed to Afghanistan and/or Iraq after 9/11. The participants were then categorized by special operations, recon, combat arms, medics/corpsmen, pilots, combat support, and service support. The results showed that some veterans who had experiences with civilian casualties felt guilt over being unable to save them. Others felt guilt over inadvertently wounding or killing civilians in the course of their careers. This guilt was in turn significantly associated with suicidal thoughts and behaviors. Additionally, those veterans who held higher ranks (senior enlisted and commissioned officers) were less likely to experience guilt, or experienced lower levels of guilt, than junior officers.¹⁸²

This article shows the importance of addressing the guilt some operators may feel when civilian casualties are encountered and how this guilt can lead to suicidality. Guilt is associated with negative cognitions, which include suicidal thoughts and behaviors. Helping operators ameliorate the guilt they feel over exposure to civilian casualties will in turn help them reconcile their suicidal thoughts and behaviors.

The fourth article, “Psychological Impact of Remote Combat/Graphic Media Exposure among U.S. Air Force Intelligence” (by authors Alan D. Ogle, Reed Reichwald, and J. Brian Rutland), researched the psychological impact of U.S. Air Force intelligence officers who were exposed to remote combat and graphic media in 2018. More than 350 Air Force intelligence analysts participated in the study to determine the extent of exposure to disturbing events. Almost half reported seeing things they considered morally wrong, over half reported seeing immoral acts committed by the enemy, one-fifth reported feeling betrayed by trusted leaders, and one-sixth reported seeing immoral acts committed by their comrades. The researchers acknowledge that these various facets of MI are linked to PTSD as well as increased risk for suicide.¹⁸³

The importance of this research article is that intelligence support can also be at risk for MI when exposed to remote combat media. It also corroborates previous research articles that link MI to increased risk for suicide as well as PTSD. In widening the aperture to include operators who utilize remote media in combat, it is possible that they also might be at risk for MI. This is significant because it shows that these experiences can be remotely viewed and do not need to be experienced in person for negative cognitions to become embedded in the operator. Whereas some operators are only exposed to the experiences while on deployment, others might be subject to continuous exposure, depending on their assigned mission.

The fifth article, “Eye in the Sky: Understanding the Mental Health of Unmanned Aerial Vehicle Operators” (by authors D. Wallace and J. Costello), looked at the mental health of Australian unmanned aerial vehicle (UAV) operators, to include MI, in 2017. The researchers considered MI to be a potential factor in UAV operations; however, they concluded that it would be difficult to distinguish between MI, PTSD, and depression. The researchers cited a review of MI from Forbes et al. in 2015, stressing that the concept of MI remained to be justified at that point in time.

Although this research article is somewhat dated, it is nonetheless important to understand that UAV operators can encounter MI in their duties, and it can negatively affect their mental health. Another interesting finding by the researchers is that barriers to seeking care in service members encompass, “being seen as weak, concern about the risk of adverse effects on career, and believing that their leadership discouraged the use of mental health services.”¹⁸⁴

As with the fourth research article, this article shows that support personnel can be exposed to MI in the course of their duties. Despite the researchers being unable to distinguish between MI, depression, and PTSD, this article shows that there are links to MI and negative psychological outcomes like depression and PTSD. However, it also corroborates the findings of the previous research article in that remote media can also be a means of MI.

Although only five peer-reviewed articles were found that dealt with MI in U.S. SOF and partner SOF, they are helpful in at least two ways: (1) this is a green field that needs to be turned over for the betterment of all the stakeholders of this challenging phenomenon, and (2) this body of research, when taken seriously, provides excellent interdisciplinary work to build upon when it comes to developing identification, assessment, and intervention

programs using multi-disciplinary quick reaction trauma teams for special operators moving forward.

Limitations

Limitations to this literature review include almost all research articles coming from open-source databases. There is admittedly an abundance of open-source research examining SOF and PTSD, but there is not a significant category of unclassified research examining MI in SOF. As such, the lack of available research on SOF and MI might indicate either a complete lack of research in the field or tight control over current research to closed-source databases. In this instance, it is preferable that the latter situation be the case.

Previous Literature Reviews on Moral Injury

This first literature review, “A Review of Research on Moral Injury in Combat Veterans,” in 2016 was indeed a first-of-its-kind review on pertinent literature on MI. As an up-and-coming topic of interest within the psychological community, the researchers wanted to review research relevant to the field, identify areas of future study, and encourage future research and interventions. The first topic of research was the concept of “transgressive acts.” The researchers linked transgressive acts to the definition of “morally injurious experiences,” distinguished as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” The researchers defined “transgressive acts” as circumstances “... that involve the violation—or transgression—of accepted boundaries of behavior.” In helping to measure the prevalence of transgressive acts, the researchers turned to the MIES and the Moral Injury Questionnaire—Military Version (MIQ-M). The researchers concluded that the MIES and MIQ-M both are adequate measures for measuring distress due to perceived betrayal by others and transgressive acts. However, the researchers also noted that both the MIES and the MIQ-M distorted causes and effects of exposure together and categorized committing and witnessing transgressive acts together. The researchers then examined literature on PTSD and transgressive acts, concluding that shame and guilt have been associated with severe PTSD in veterans. Furthermore, researchers found links to self-injurious actions such as substance abuse, suicidality, social withdrawal, and self-condemnation.¹⁸⁵

The researchers concluded that many combat veterans across multiple conflicts are at risk for exposure to transgressive acts as well as the suffering afterward. The researchers propose that reducing deployment length and frequency in a service member's career, increasing battlefield ethics training, and management of anger and grief can help decrease the risk of committing transgressive acts. The researchers give several recommendations for future research: clarification of "transgressive acts," improved measures of transgressive actions, insight on risk and self-protective aspects (i.e., features that improve resiliency) for exposure to transgressive acts, collateral effects of experiencing transgressive acts other than PTSD symptoms, and mediators of MI and PTSD symptoms. As a final note, the researchers summarized research on three interventions for MI: adaptive disclosure, building spiritual strength, and acceptance and commitment therapy. The researchers suggest that utilizing PTSD-focused treatments for MI might aggravate shame in the participant and be less effective than treatments focused on specifically reducing guilt and shame.¹⁸⁶

This literature review is useful to SOF due to its examination of MI in military backgrounds. A vast majority of the research studies reviewed in this study examined exclusively active-duty military and veteran populations. Considering that SOF recruits often come from conventional units, it's possible they may have experienced a PMIE or have MI before joining SOF. In addition, the high-operations tempo of SOF units means a higher likelihood of exposure to MI.

"Moral Injury: An Integrative Review," published in 2019, examines multiple disciplines, including psychology, psychiatry, social work, philosophy, and religious/spiritual studies, in relation to MI. The researchers noted immediately that there is no universally accepted classification of MI and no definitive evidence showing how far-reaching its effects are felt. However, they do offer that it encompasses "either perpetrating or witnessing actions that violate one's core beliefs or betrayal by a leader or trusted authority." The researchers therefore sought to review existing literature on MI and recommend future research directions. The researchers developed a search method through multiple databases that yielded 116 research articles on MI that they reviewed. The researchers then divided up the articles as basic science or applied science based on if they were descriptive/predictive or impact focused. Under basic science articles, the researchers found that those who were exposed to PMIEs were at a greater risk to develop psychiatric

symptoms; PTSD and MI had overlap regarding trauma types; and MI was associated with guilt, shame, anger, depression, spiritual distress, suicidality, and social withdrawal. Additionally, suicide risk among those exposed to PMIEs was related inversely to the stability of social relationships. However, religious, and spiritual struggles resulting from MI led to “feeling abandoned by God, doubting one’s beliefs, questioning one’s purpose, and perceived ethical violations.” Under applied studies, the researchers found that two of the more established PTSD treatment methods, Prolonged Exposure and Cognitive Processing Therapy, are not well-suited for treating MI. They are focused on fear whereas MI is more embedded with shame and guilt. As such, though they are sometimes co-occurring, there are instances of individuals who are exposed to trauma and suffer from MI but not PTSD. Alternative treatment methods include Adaptive Disclosure (AD), Building Spiritual Strength (BSS), and Acceptance & Commitment Therapy (ACT) as well as the Impact of Killing intervention. Finally, the researchers acknowledged that some studies advocated that the use of interdisciplinary teams in treating MI include chaplains.

The researchers concluded that (1) there is no universally accepted classification of MI, (2) MI is unique in its trauma and symptom manifestation, (3) exposure to PMIEs does not necessitate MI itself, (4) MI is not exclusive to the military, (5) MI is multidimensional, (6) MI is difficult to classify using existing psychiatric disorders, and (7) measures of MI need to be developed and continually updated. The researchers also advocate for a heightened social awareness of MI as a way to help morally injured individuals heal within their social community.¹⁸⁷

This literature review is useful to SOF because it separates PTSD from MI yet shows how they can co-occur. It also offers additional treatment methods and introduces the concept of utilizing interdisciplinary teams to help treat MI. This can bring together the myriad of professionals available to SOF units for the common cause of ameliorating MI in operators. The following table summarizes the theoretical, quantitative, and qualitative research done on MI. Clearly, more internal and external top level, peer-reviewed research needs to be done relating to SOF and MI.

Table B.1. Moral Injury Research Article Count.

	Theoretical	Quantitative	Qualitative
Total	116	98	42
Military-specific	49	74	21
SOF-specific	0	2	0

Source: Authors

Conclusion

As included in this literature review, research on MI in SOF shows that negative implications exist (including increased suicidal ideation and suicide risk) by leaving MI unaddressed. By addressing the moral emotions of guilt and shame, it is hoped that there will be less risk of developing negative mental health outcomes such as PTSD, suicide ideation, and suicidal behaviors. Additionally, research shows that PMIEs do not have to be experienced in-person but can be viewed remotely via technology. This is important because it acknowledges that MI can be an outcome of graphic combat media viewed by SOF operators and SOF enablers.

Appendix C. Examples of Moral Injury in SOF

U.S. SOF

Vietnam War, U.S. Army Ranger officer:

When a quick reaction force arrived on-station and was unable to rappel in the dark, the officer in charge told the team leader to leave his dead and to escape and evade to a landing zone 800 meters away. The officer in subject refused. “I won’t leave my people,” he said. “Either we all go, or no one does.” “We’ll recover the bodies in the morning,” came the response. “No,” he said, flatly. Team members in life, they were still part of his team in death. The officer in charge tried giving the Ranger team leader a direct order—however, again, the officer in subject refused, knowing that the opinion of the leader on the ground overrode the pilots in the air. The officer in subject received a second Silver Star and another Purple Heart, but the medals weighed heavily on his conscience. He would never fully recover from the loss of his teammates, believing even years later that he could have done something more or different to change the outcome. The self-doubt would haunt him for decades afterwards.¹⁸⁸

GWOT, U.S. Army Intelligence officer:

A vehicle with a family inside got caught in the crossfire. The father, mother, and son all died. I had orders to find surviving family members and make amends. I found an elderly uncle and the young daughter. They wanted their family’s bodies back for a prompt burial. The bureaucracy and red tape took over a month to get through. During that time, I’d been ordered to give the family solace money. I drove to battalion headquarters and opened the envelope. It had \$750 in it. I didn’t want to give it to them. It wasn’t nearly enough. My commander ordered me to deliver the money. In silence, I handed the uncle the envelope and watched as he counted the bills before flinging them on the ground. The uncle stood up, turned his back to me and left the room, money still strewn on the floor. The young girl’s eyes were glued to me as I put on my helmet, strapped the chinstrap, and left the house, covered in shame.... When the bodies

were finally returned to the family, they were rotting beyond recognition. The family needed death certificates to finalize the burial. I went to get the certificates and they had been each stamped in bold red letters: "ENEMY." These were just civilians, they certainly weren't our enemies.¹⁸⁹

GWOT U.S. Navy SEAL NCO:

So, there's all these civilians around ... they were nice kids, they spoke pretty clear English, and they wanted candy and stuff, and we were chatting with them a little bit, and messing around. And in the evening, a bunch more kids came out, there was a whole group of kids ... So, we're right in the middle of this big field, so you know, we could see anything coming ... and the kids are all playing and then a salvo of 120mm mortars came in. Boom! Boom! And they basically bracketed us, but then where one of them landed was right where ... those poor kids were, and I look over there and I saw like, this beautiful little girl hopping away in the smoke and she's missing a leg ... and then I saw a guy run out and snatch up a little body, and he's just wailing and I thought about my kids back home and what those people are going through and how awful it must be ... we just got to redouble our efforts to stop this crap ... to see innocence shattered like that ... it's rough.¹⁹⁰

GWOT, U.S. Navy SEAL corpsman:

The actions of that day, we lost two really good men.... One of my good friends, one of our good friends, was hit in the face. God, I learned a lot that day. I think we all did. And a piece of us stayed there that day, died with us. You know, this friend was hit in the face, and I remember going ... I remember that radio call going out saying that this friend had been hit and that I was needed; I remember going on the roof and seeing Ryan lying down in a pool of his blood and there's these images in my head that have just so much human compassion in a crazy, chaotic time. And I remember two other people by his side and one is holding his head and holding his hand and just saying, "Just hang on brother, hang on man." And I did the best I could to stabilize him, and he is a trooper, and he was the best of us. Even then, not concerned with his own welfare, but concerned about us being safe. I accompanied him out of there and there's much you can do as a medic in that situation. I'm not keeping him alive.

I'm keeping his airway open and stopping the bleeding and that's it. He's keeping himself alive.... He needed to get to an operating table, stat.... I had one of my biggest failures that day, and it pains me to this day that he didn't see it that way.... He's on this cot and there is no way to get definitive care at this facility.... and the PA put in a NPA (nasopharyngeal airway) into him. And you never do that when the patient has injuries to the face like he did.... We got him to Camp Ramadi to the appropriate level of care to awaiting surgeons and doctors to take care of him. But to me, that is one of my biggest failures because I let him down. And what pains me is that years afterwards, he always thanked me for standing up for him and, "[Friend's name], I don't know why you're thanking me, I failed you." I could've done something more. I could've stood up for my friend a little more. I don't know what I could've done, but I could've done something that he deserved better.... But I made a promise after that that regardless of my rank or where I stood, or power differential, if I saw something wrong like that and I knew someone would get hurt, that I would stand up and speak and not let something like that ever happen again. We see things happen all the time that aren't right ... and you know deep down that it's not right ... and you know there are battles that you should never stand down from. And I swore I would never make that mistake again.... Even in that same day after he was hit, we said, "Get your stuff on, get your gear back on, reload and get back out there." And it pains me to this day that I wasn't there for that assault because I was with [friend's name]. And I am glad that I was by my friend's side, but it meant that I wasn't there for another friend when he was shot and killed. The next time I saw him was in the morgue, giving the final kiss to his forehead.¹⁹¹

GWOT, U.S. Navy SEAL commander:

His suicide came as a shock to fellow SEAL team members. From interviews and Navy investigative documents, it became clear that he was burdened with the deaths of two Soldiers and two SEALs under his command. He feared that if he ever opened up about his stress that his career would be over. He even asked medics not to document when he came for treatment for dehydration.¹⁹²

GWOT, U.S. Marine:

We were pinned down in a gully taking intense fire from an adobe compound. We couldn't move forward and we couldn't retreat, so the squad leader OK'd an attack. So, he lifted a rocket launcher to his shoulder, took aim and fired. The blast blew apart the adobe building and we could hear shouting and wailing. Our interpreter said they wanted to bring out the wounded. It was clear that the Taliban had herded women and children into the building as human shields. And the squad leader is leaning against a wall just sobbing. The thing is you couldn't have known. A few weeks after he came back home, he killed himself.¹⁹³

GWOT, U.S. Marine noncommissioned officer:

This Medal of Honor recipient says that his medal is “a stamp to show the world how bad I failed.” In reflecting on the aftermath of the battle, he states “I might not have physically died that day, but I died. It's one thing to lose one person, but everybody? That's the worst-case scenario. You don't even have anyone from your own team to help put the dead on the bird [helicopter].” He said that he was given the opportunity to go back to the United States after the battle, but instead wanted to stay in Afghanistan. “They were dead, I mean, I still had guys who still needed me. They didn't need me anymore ... That's what mattered to me, the guys I still had left.” He likens his experience to having one's family trapped in a house while it's on fire, then being only one who got out—and you can't get back in to save them. He still tries to do some good with his life to honor them but still remembers about how he failed his team. He pushes himself because he knows that any one of his fallen comrades would switch with him on his worst day just to have one more day. He does not want to waste the sacrifice they gave him.¹⁹⁴

GWOT, U.S. Marine officer:

We wanted to use a Marine replacement battery for the Army's Bradley fighting vehicle. My engineers advised it, and I approved it.... They turned the ignition which caused the current to jump to the turret and automatically fired the gun. The blast scooped out the face of a young private ... 10 medics worked to save him, but they couldn't.... The aftermath of that

was the guilt of the situation because I'm the one who placed the vehicles; I'm the one who set the security. Like most accidents, I'm not in jail right now. Clearly, I wasn't egregiously responsible. Still, I deal with the guilt of having cost him his life, essentially.¹⁹⁵

GWOT, U.S. Air Force pararescue noncommissioned officer:

This noncommissioned officer was deployed to Afghanistan as a PJ during a firefight. The PJs were inserted under heavy fire to assist a unit that had been engaged with the Taliban. He rendered aid to nine wounded Soldiers, four of whom died in his arms. "Consciously, you understand you did the best you could for those guys, but somehow you're very implicated in their death just by your presence, especially once human beings die in your arms in a very horrible way." The memory of the men he lost and buddies he watched die are forever etched in his soul. He found a catharsis through tattooing to express his pain. "I truly believe that the price of combat is grief. And the only way I've found forward through that grief is through creativity and expression."¹⁹⁶ ↑

Acronyms

AAR	after-action report
ALFF	amplitude of low frequency fluctuation
APA	American Psychiatric Association
CAPS-5	Clinician-Administered PTSD Scale 5
CPT	cognitive processing therapy
DL	distance learning
DOD	Department of Defense
DSM-5	<i>Diagnostic and Statistical Manual of Mental Disorders Fifth Edition</i>
EBP	evidence-based psychotherapy
EMIS-M-SF	Expressions of Moral Injury Scale-Military Version-Short Form
FFM	Five-Factor Model of Personality
fMRI	functional magnetic resonance imaging
GWOT	Global War on Terrorism
HE²RO	Highly Educated, Hyper-Enabled Responsible Operators
IEAE	innovators, early adopters, and entrepreneurs
IED	improvised explosive device
IPoS	Integrated Programs of Study
JSOC	Joint Special Operations Command
JSOFSEA	Joint Special Operations Forces Senior Enlisted Academy
JSOU	Joint Special Operations University
LLIS	Lessons Learned Information System

LZ	landing zone
MI	moral injury
MIES	Moral Injury Events Scale
MIQ-M	Moral Injury Questionnaire—Military Version
MISS-M-SF	Moral Injury Symptom Scale Military Version Short Form
MRI	Magnetic Resonance Imaging
ODA	Operational Detachment Alpha
PA	Physician’s Assistant
PCL	PTSD Checklist
PE	prolonged exposure
PJ	pararescue jumper
PME	professional military education
PMIE	potentially morally injurious event/experience
POTFF	preservation of the force and family
PTG	post-traumatic growth
PTSD	post-traumatic stress disorder
RSTs	Religious Support Teams
QPR	question, persuade, refer
SFG(A)	Special Forces Group (Airborne)
SME	subject matter expert
SOCAC	Special Operations Chaplaincy Advance Courses
SOCH	Special Operations Chaplain’s Team
SOF IITE	Special Operations Forces Integrated Interdisciplinary Team Environment
SOFMIS	Special Operations Forces Moral Injury Symposium

T4T	Training for Trainers
UAV	unmanned aerial vehicle
U.S. SOF	United States Special Operations Forces
USSOCOM	United States Special Operations Command
VA	United States Department of Veterans Affairs

Endnotes

1. It is beyond the scope of this monograph to grapple with the perennial conceptual/theoretical debate in the history of ideas as to whether people have souls and/or what souls consist of. For the purposes of this monograph, any use of the word soul (or soul wounds) refers to the intangible but real existential aspect of SOF that have been wounded ethically, morally, and/or spiritually.
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108. Isaiah Wilson, “Learning Pathways-In-Action Primer,” *JSOU (Next) White Paper #5* (June 2020), 1-2, 12.
109. Isaiah Wilson, “Learning Pathways-In-Action Primer,” 2.
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112. This new JSOFSEA leadership development curriculum empowers the next-generation SOF H.E.²R.O. as a program that teaches enlisted team members how to capitalize on their individual leadership experiences while providing advanced, ethically grounded leadership education designed to develop SOF’s senior enlisted leaders (SELs) as highly effective organizational leaders. Within this academic area, SOF enlisted leaders research the essential concepts of proven leadership theories, apply the proven SOF Leadership Competency Model, complete personalized evaluations of leadership traits, and discuss executive leadership considerations centered around tenets of (a) organizational change and (b) management and conflict resolution. Simultaneously, they focus their research and study on creating a culture of shared responsibility and commitment grounded in ethical behavior. See Wojciech Labuz et al., “Ethics in Special Operations,” 2.
113. Isaiah Wilson, “Learning Pathways-In-Action Primer.” Initially developed as the Special Operations Chaplaincy Graduate Certificate program in 2015 and then relaunched as Special Operations Chaplaincy Advanced Courses program in 2019. Program initiated by a USSOCOM Special Operations Chaplains Team (SOCH) requirement, funded by Preservation of the Force and Family (POTFF), and developed by JSOU faculty. Designed primarily for SOF Chaplains and Religious Support Team (RST) NCOs, as well as SOF SELs and POTFF team members assigned within USSOCOM enterprise and desiring an advanced development and implementation of joint SOF-specific spiritual and religious support in collaboration with the other POTFF domains. The program prepares those within SOF in advanced SOF care, acquiring SOF education that provides, connects, strengthens, and assesses the spirituality of the SOF service member to strengthen their core spiritual, ethical, and moral beliefs and values. The program was built by conducting a gap analysis of Joint SOF Chaplaincy Professional Military Education (PME) as well as PME provided by the SOF component commands service. It has undergone a bi-yearly comprehensive review to attain specific goals such as the following: empowering the next generation SOF H.E.²R.O. with a higher level of SOF professional excellence and service to the force and family, contribution to the scholarly community, development of a holistic awareness of how spiritual and religious traditions that inform others in a pluralistic and rapidly changing SOF environment, realization of how the spiritual domain

supports ready and resilient SOF, and integration of spirituality with other POTFF domains in order to advise commanders and train subordinate RST. This graduate-level seminar-based program consists of three blended advanced courses—SOS5850 SOF Chaplaincy Ethical Leadership Advisement, which challenges students to contextualize their respective joint SOF RST and SOF Warrior identity in order to create a spiritual ethical and moral leadership model, learn to perform ethical risk assessment, develop leadership-coaching practices, and write a SOF-specific research paper that supports the spiritual domain of their commander's POTFF program while providing ethical leadership advisement. SOS5851 SOF Chaplaincy Spiritual and Moral Resiliency, which challenges students to explore the place of spirituality in a holistic continuum of care and its fundamental role in contributing to the resiliency by challenging students to contextualize their theological world view within a pluralistic environment to evaluate the elements of spiritual readiness to create a holistic model of well-being with a particular focus to mitigate suicidality, PTSD, moral injury and other SOF peculiar stress related conditions encountered by USSOCOM service members, and their families while creating a holistic, spiritual model of well-being for the SOF warrior. SOS5852 SOF Chaplaincy Crisis Care and Counseling, which challenges students to develop a framework that will enhance their ability to respond to a variety of SOF peculiar situations and issues encountered by U.S. Special Operations Command service members and their families with special emphasis on prevention, intervention, treatment, and post-intervention. The course expands on the theology of suffering, the crisis trauma continuum, and integrated religious crisis treatments for special operations warriors' issues.

114. John Edgar Caterson, "SOCAC Introduction and SOF3" (class lecture, SOS5850 SOF Chaplaincy Ethical Leadership Advisement Course, Joint Special Operations University, Tampa, FL, 12 April 2021).
115. Hundreds of extended interviews with SOF members from 2015–2021 have highlighted a hesitance and reluctance within the current SOF community to readily engage in the ethical and moral dialogue. Often the response is, "OK, I get it," or "Yeah, it's an issue," or "Oh, is this another conversation on ethics or morality?"
116. Lorin W. Anderson and David R. Krathwohl, eds., *A Taxonomy for Learning, Teaching, and Assessing* (New York: Longman Press, 2001): 3, 63–65.
117. Four learning environment model components: (1) Building Blocks, (2) Contexts, (3) Action, and (4) Notation. See: Katelind Hays, "The Four Components of Learning Environment Modeling Language," *Insync Training*, 13 February 2018, <https://blog.insynctraining.com/the-four-components-of-learning-environment-modeling-language>.
118. SOCAC's four sets of three lenses. SOF operator as SOF operator identity used synonymously.
119. SOF Community includes SOF operators, SOF enablers, and SOF family members.

120. Readiness = U.S. Army Special Operations Command/Joint Special Operations Command; Resiliency = Air Force Special Operations Command; Fitness = Naval Special Warfare Command/Marine Special Operations Command.
121. The end state of POTFF is a resilient SOF enterprise with optimized performance across all five domains (physical, psychological, spiritual, cognitive, social and family), enabling improved readiness to best meet operational demands for the duration of a SOF career.
122. USSOCOM SOCH team in conjunction with JSOU faculty conducts training for trainers on the SOF 13 Ethical Battle Drills by utilizing ZOOM and Microsoft Teams and the four keys to success.
123. John Edgar Caterson, "SOF Principled Story," (class lecture, SOS5851 SOF Chaplaincy Spiritual and Moral Resiliency, Joint Special Operations University, Tampa, FL, 12 May 2021).
124. Whiteboard assignment on SOF moral injury.
125. Story journal assignment on SOF identity.
126. Storybook assignments on SOF deployments (digitally created) and military journey (hand drawn).
127. Whiteboard assignments on SOF moral injury, Storyboard assignments on SOF Identity, Storybook assignments on SOF deployments and military journey, and Mind Map assignments on moral drift and moral injury are all foundational in the JSOU SOCAC program.
128. John Edgar Caterson, "SOF Principled Story Model (SOF PSM)," SOS5851 SOF Chaplaincy Spiritual and Moral Resiliency (class lecture, Joint Special Operations University, Tampa, FL, 12 May 2021). From 2015–2021 over 200 extended interviews used to validate model. Grounded theory research disseminated in John Edgar Caterson, "Christian Leader as Overcomer Through Principled Story," DMin diss. (Asbury Theological Seminary, 2002); Art Finch, "Understanding SOF Culture," SOS3628 SOF Religious Support Orientation Team (class lecture, Joint Special Operations University, Tampa, FL, 8 May 2017), Story Journal assignment (visual expression).
129. John Edgar Caterson, "SOF Principled Story Model (SOF PSM)" (class lecture, SOS5851 SOF Chaplaincy Spiritual and Moral Resiliency, Joint Special Operations University, Tampa, FL, 12 May 2021). From 2015–2021 over 200 extended interviews used to validate model. Grounded theory research disseminated in John Edgar Caterson, "Christian Leader as Overcomer Through Principled Story" (Doctor of Ministry diss., Asbury Theological Seminary, 2002); Art Finch, "Understanding SOF Culture" (class lecture, SOS3628 SOF Religious Support Orientation Team, Joint Special Operations University, Tampa, FL, 8 May 2017).
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131. David Gauntlett, "Lego Serious Play Open Source," www.davidgauntlett.com, June 2010, 4.
132. LEGO® SERIOUS PLAY® assignments on ethical dilemmas.

133. Mini-whiteboard team assignment on ethical dilemma and moral injury.
134. Art Finch, "Understanding SOF Culture" (class lecture, SOS3628 SOF Religious Support Orientation Team, Joint Special Operations University, Tampa, FL, 8 May 2017).
135. Geoffrey A. Moore, *Crossing the Chasm* (New York: HarperCollins Publishing, 2014), 15.
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138. Art Finch, "Understanding SOF Culture" (class lecture, SOS3628 SOF Religious Support Orientation Team, Joint Special Operations University, Tampa, FL, 8 May 2017).
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140. U.S. Special Operations Command Preservation of the Force and Family Spiritual Performance Program, *Case Study Workbook: Implementing Best Practices in SOF Chaplaincy* (Bethesda, MD: Uniformed Services University of the Health Sciences, 2019).
141. So far over 8,000 copies have been distributed. USSOCOM's Chaplain's Office and Merit Leadership LLC, *A Special Operations Forces Ethics Field Guide—13 Ethical Battle Drills for SOF Leaders* (Tampa, FL: United States Special Operations Command, 2020).
142. USSOCOM SOF Moral Injury Symposium, Washington, D.C., 5–7 August 2019.
143. Paul Quinnett, "QPR Gatekeeper Training for Suicide Prevention: The Model, Rationale, and Theory," unpublished manuscript, Spokane, WA, 2007.
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Engaging, Focusing, Eliciting Motivation and Planning. For a concise overview of this approach, please refer to Table A.1.

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Nearly 160 years ago, Alexander Dumas concluded, “Moral wounds have this peculiarity—they may be hidden, but they never close; always painful, always ready to bleed when touched, they remain fresh and open in the heart.” In this monograph, the authors share a summary, review, and implications of moral injury in SOF while examining how improperly treated and inadequately cared for moral injury can profoundly affect all within the SOF community. After conducting research throughout the SOF enterprise and considering the implications of moral injury in SOF, the authors conclude that possibilities and probabilities remain for a restored spirit, renewed hope, and curative healing even after operators have experienced ethical, moral, and spiritual crucibles encountered as a result of SOF duties.

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