



Measures of morally injurious experiences: A quantitative comparison

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ABSTRACT

A recent body of literature has examined the psychological effects of perpetrating or failing to prevent acts that violate one's sense of right and wrong. The objective of this study was to examine and compare correlations between the two most widely used instruments measuring this construct in a sample of military veterans and relevant psychosocial variables. Individuals ($N = 182$) who reported military combat experience completed the Moral Injury Events Scale and the Moral Injury Questionnaire-Military Version, along with measures of combat exposure, depression, posttraumatic stress disorder, alcohol concerns, anger, guilt, and shame. Results indicate similar correlations between the morally injurious experiences instruments and negative psychosocial variables, but different correlations with combat exposure. Implications for further research in the conceptualization and treatment of morally injurious experiences are discussed.

1. Introduction

Committing or witnessing acts that violate one's sense of right and wrong has been linked to a wide range of negative outcomes in military members, including suicidal ideation, symptoms of posttraumatic stress disorder (PTSD), and substance use (Bryan et al., 2014; Jordan et al., 2017). To advance research in this area, Litz et al. (2009) reintroduced the concept of moral injury, which they defined as the “lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (p. 697). Importantly, it is necessary to distinguish between the act itself, referred to as a transgressive act, and the moral appraisal of the act. Transgressive acts, such as killing in combat, harming civilians, violating rules of engagement, or experiencing betrayal are relatively common in the military with 10–25% of soldiers reporting the presence of these events (Wisco et al., 2017). If a transgressive act is viewed as a violation of one's morals, it is generally referred to as a *potentially morally injurious experience* (PMIE). The recent surge of research in this area has been aided by the development of two self-report measures of PMIEs: the Morally Injurious Experiences Scale (MIES; Nash et al., 2013) and the Moral Injury Questionnaire-Military Version (MIQ-M; Currier et al., 2015). While some theoretically based recommendations exist as to which measure is most appropriate (Jinkerson, 2016), to date no studies have empirically compared these measures. The aim of the current study is to examine the correlates of these measures and to compare these correlates across a wide range of psychosocial variables.

The concept of moral injury was introduced by Shay (1994) who conceptualized it as a negative response to a betrayal by a “legitimate authority.” Rather than being seen as a psychiatric or psychological disorder (though see recent theoretical work by Jinkerson, 2016), it is instead viewed as a moral or spiritual inner conflict (Hodgson and Carey, 2017). The construct of moral injury implies that harming others, for example firing on an enemy or a civilian, may have different implications than oneself being harmed. Litz et al. (2009) expanded the focus of moral injury by arguing that it could occur after “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (2009, p. 700). Interestingly, while the Litz definition was provided as a description of the *type* of event that can lead to moral injury, others have used it as the definition of moral injury itself (Farnsworth et al., 2014; Maguen and Litz, 2012). A number of authors (Frankfurt and Frazier, 2016; Hodgson and Carey, 2017) have recognized the definitional confusion around moral injury, PMIEs, transgressive acts, etc.

Hodgson and Carey (2017) completed a comprehensive review of definitions of moral injury and were able to identify at least 17 different conceptualizations. Since the publication of that paper at least one additional definition has been offered (Farnsworth et al., 2017). These definitions overlap to a degree, particularly the emphasis on the attempt to reconcile old moral beliefs with new experiences, but vary widely in their focus on the events themselves, that the type of experience, as well as the domains that may be affected by such experiences. While an exact definition continues to be empirically examined and theoretically negotiated, a growing body of research supports the

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hypothesis that reporting a history of potentially morally injurious experiences is associated with a range of negative psychosocial variables. For example, researchers have noted that a combat experience could include both being the victim of violence (leading to PTSD) and perpetrating violence (a PMIE), and thus work has examined the relationship between these constructs (Stein et al., 2012). This research has generally supported (though see Held et al., 2017) a moderate correlation between PTSD and the presence of PMIEs (Currier et al., 2015; Jordan et al., 2017; Lancaster, 2018; Nash et al., 2013). Given the strong overlap between depression and PTSD, additional work has examined and found a strong moderate relationship between PMIEs and depression (Currier et al., 2015; Lancaster, 2018). As there is a theoretical link between moral emotions and post-combat functioning (Farnsworth et al., 2014) as well as theoretical models that suggest the role these emotions may play in the development of moral injury (Litz et al., 2009; Jinkerson, 2016); a body of research has examined the relationship between guilt, shame, and anger and PMIEs (Jordan et al., 2017; Lancaster, 2018). Thus, while the exact nature of what a moral injury is, and how it can be identified, is still a matter of debate – it is clear that the presence of PMIEs is associated with a range of indicators of negative psychological functioning.

To date, the primary measures of experiences associated with moral injury are the MIES and MIQ-M. The MIES was developed by Nash et al. (2013) as a means to assess the occurrence of transgressions or betrayal during military operations. This conceptualization closely matches the definition of PMIEs by Litz et al. (2009) as noted above. Using confirmatory factor analysis, Nash and colleagues reported two primary factors in a sample of Marines – six items that assess transgressions by self or others, and three items assessing betrayal. Using a sample of active duty Air Force members, Bryan et al. (2016) attempted to replicate this factor structure using confirmatory factor analysis. However, fit statistics were poor and thus an exploratory factor analysis was conducted. Results of this analysis suggested the transgression items could be further split, with four focusing on transgressions by self, and two on transgressions by others. They then confirmed this factor structure in a second sample of over 900 veterans, most of whom had served in the Army National Guard. The separation of self and other transgressions has also been used in two recent papers examining the relationship between PMIEs and PTSD (Jordan et al., 2017; Lancaster, 2018). A number of studies have examined the relationship between the MIES, its subscales, and indicators of psychological distress. For example, Nash and colleagues reported a correlation of 0.28 between the full-scale MIES and the PTSD Checklist and a correlation of 0.40 with the Beck Depression Inventory.

Alternatively, while the MIQ-M was developed by Currier et al. (2015) to assess “morally injurious war-zone experiences,” this measure differs from the MIES in that it includes items that assess both event exposure (causal indicators, 13 items) and reactions to these events (effect indicators, six items). Currier and colleagues reported strong correlations between the MIQ-M and combat exposure, work and social adjustment, as well as symptoms of PTSD and depression.

Consistent with the MIES, betrayal items were commonly endorsed in clinical and community samples (Currier et al., 2015). While both of these measures have been widely used in research, no studies have been conducted to examine how they may relate to each other as well as to other common correlates of PMIEs.

Given these limitations in the literature, the aim of the current study was to empirically compare the MIES and MIQ-M on a range of correlates including combat exposure, alcohol concerns, anger, guilt, shame, and symptoms of PTSD and depression. Our goal was to provide clarity and guidance for those interested in assessing PMIEs as well as to better understand potential areas for further scale development.

2. Method

2.1. Participants

Military Veterans who had been deployed to Iraq or Afghanistan theaters of combat completed an online survey administered via Amazon's Mechanical Turk (MTurk) system ($N = 182$). The sample was primarily Caucasian (78.0%) and male (80.2%). The mean age of the sample was 33.66 ($SD = 7.23$). Other common ethnicities were African-American/Black ($n = 16$, 8.8%), Hispanic ($n = 14$, 7.7%), and Asian-American ($n = 4$, 2.2%). The most common branch of military service was the Army ($n = 111$, 61.0%), then Air Force ($n = 31$, 17.0%), then Marine Corps ($n = 27$, 14.8%), and then Navy ($n = 13$, 7.1%).

2.2. Procedure

As fully described in Lancaster and Erbes (2017), we deployed an online survey administered via Qualtrics software and posted it on Amazon's (MTurk) system. The project was described as a survey of military-related experiences and a number of validation measures were used to qualify participants (see Lancaster and Erbes, 2017 for full details). Participants were asked a series of questions about military service that are not common knowledge. For example, we asked specific questions about the service branch, as well as general military terms that are not well known outside of that context. Failure to correctly answer these questions (a full list is available from the first author) led to exclusion from the study. Upon completing the validation measures, participants were asked to complete measures of event exposure, psychosocial functioning, and moral injury. Means and standard deviations for all participants are presented in Table 1. Participation averaged around 20 minutes and participants were paid \$1.75 after completing the survey, which is consistent with other MTurk projects.

A total of 563 individuals accessed the survey. Of those, 113 accessed the informed consent page, but failed to continue. Given the project setup, we are unable to determine if these individuals did not qualify or were simply not interested in the project. An additional group ($n = 118$) accessed the military background questions but failed to continue after that point for unknown reasons (an informal review of responses indicates a number of these participants had not actually

Table 1
Means, standard deviations, and correlations of all variables.

	Mean (SD)	1	2	3	4	5	6	7	8	9
1. MIES	24.71(11.91)	–								
2. MIQ-M	33.70(11.90)	0.75**	–							
4. Combat	6.04(3.63)	0.27*	0.49**	–						
5. Anger	11.11(5.20)	0.61**	0.60**	0.26**	–					
6. Depression	7.17(6.20)	0.54**	0.53**	0.17*	0.77**	–				
7. PTSD	25.14(20.85)	0.37**	0.43**	0.30**	0.43**	0.46**	–			
8. Alcohol	7.05(7.10)	0.60**	0.64**	0.24**	0.76**	0.82**	0.48**	–		
8. Guilt	6.78(5.74)	0.53**	0.58**	0.23**	0.63**	0.70**	0.41**	0.75**	–	
9. Shame	10.98(8.65)	0.47**	0.51**	0.15*	0.55**	0.36**	0.36**	0.67**	0.83**	–

Note. * $p < 0.05$, ** $p < 0.01$. MIES = Moral Injury Experiences Scale, MIQ-M = Moral Injury Questionnaire – Military.

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