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Veterans' Perspectives on the Psychosocial Impact of Killing in War

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Abstract

Based on focus group and individual interviews with 26 combat veterans, this qualitative thematic analysis examines the psychosocial and interpersonal consequences of killing in war. It describes the consequences that veterans identify as most relevant in their lives, including postwar changes in emotions, cognitions, relationships, and identity. Further, it illustrates the linked psychological and social dimensions of those consequences—namely, how the impact of killing in war is rooted in the unique perspectives, actions, and experiences of individual veterans, as well as the social worlds they confront upon returning from war. We argue that, for many veterans, killing provokes a moral conflict with a lasting impact on their sense of self, their spirituality, and their relationships with others. In working with combat veterans, mental health professionals should be sensitive to the complexities of discussing killing and attuned to the psychosocial challenges veterans may face after taking a life in war.

Veterans' Perspectives on the Psychosocial Impact of Killing in War

As the population of Vietnam veterans ages, and the United States reintegrates over 1.5 million men and women who served in the Iraq War and the War on Terror, mental health professionals nationwide are called upon to play an evolving role in the counseling, treatment, and community integration of combat veterans (American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, 2007). The growing need for veterans' mental health services is well documented; significant numbers of veterans who served in Afghanistan and Iraq report symptoms related to the stress and trauma of combat exposure, especially depression (2-10%), post-traumatic stress disorder (PTSD; 5-15%), and associated problems like substance abuse, relationship issues, and domestic violence (Tanielian & Jaycox, 2008). Between 2001 and 2015, the number of enrollees in the Veterans Administration (VA) healthcare system swelled to over 9 million (National Center for Veterans Analysis and Statistics, 2016), including veterans of different generations who may engage with mental health clinicians for the first time years or even decades after their deployments. Many veterans are also seeking guidance or support from private-sector mental health clinicians or from counselors at their colleges, universities, churches, and local veterans' organizations (Danish & Antonides, 2009; Tanielian & Jaycox, 2008). Often, they must turn to clinicians who have not served in the military, who may know little about military culture, and who seldom understand the unique experience of serving in a combat zone during war (Danish & Antonides, 2009). This article sensitizes mental health professionals to one part of the combat experience that can be vital to veterans' sense of well-being and social integration: the experience of killing in war.

At its root, war entails the use of force, and all warriors are trained to kill. Scholars have debated how many combatants actively kill others during war (Chambers, 2003; Grossman, 2014), but the best estimates suggest that killing is a routine part of the combat experience. For example, Hoge et al. (2004) found that 87% of U.S. Marines and 77% of U.S. Army soldiers deployed to Iraq reported directing fire at the enemy, frequently resulting in the death of enemy combatants (65% Marine, 48% Army) and non-combatants (28% Marine, 14% Army). Despite the prevalence of killing in war, few researchers have examined its impact on veterans. Scholarship about the psychological consequences of fighting in war has focused on trauma, understood largely as a result of experiencing risk and fear, enduring stress, and witnessing death and suffering. This literature focuses on the violence that fighters are *exposed to* rather than the violence that they *do*, or it considers exposure to combat *in toto* without differentiating the two (e.g., American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, 2007; Tanielian & Jaycox, 2008).

There is, however, a significant difference between killing and the other exposures of war: killing requires agential participation in acts that would be condemned in virtually any other social context; taking action to end a life constitutes the gravest of crimes outside of war. Killing is thus profoundly incongruous with normal life experiences and shrouded in moral significance —arguably more so than the other unique and impactful experiences of war. For these reasons, it is important to examine killing in its own right as a potentially transformative experience.

Studies that have examined the psychological impact of killing in war suggest that the consequences are significant. Researchers have identified an association between killing in combat and post-traumatic stress among multiple generations of U.S. military veterans (Breslau & Davis, 1987; Fontana, Rosenheck, & Brett, 1992; King, King, Gudanowski, & Vreven, 1995;

MacNair, 2002; Maguen et al., 2009, 2010, 2011; Van Winkle & Safer, 2011). A recent study examining the impact of combat exposures on both PTSD symptoms and depression in U.S. veterans of the wars in Iraq and Afghanistan found that shooting at the enemy contributed to symptoms more than being shot at (McLay et al., 2014). Recent research also shows a strong association between killing in combat and suicidal ideation for both Iraq and Vietnam era veterans (Maguen et al., 2011, 2012; Rice & Sher, 2013).

Guilt and shame appear to be important mediating factors in the relationship between killing and PTSD, depression, and suicidality (Fontana & Rosenheck, 2004; Maguen et al., 2012; Witvliet, Phipps, Feldman, & Beckham, 2004). Steenkamp et al. (2011) have observed that, for many veterans, the most "haunting and impactful" war events are "those involving perceived moral transgressions" (p. 99). Studies of U.S. military veterans show that shame, guilt, and the belief that one has participated in immoral acts are significantly associated with both suicidal ideation (Bryan, Ray-Sannerud, Morrow, & Etienne, 2013; Fontana et al., 1992; Hendin & Haas, 1991) and PTSD (Fontana et al., 1992; Henning & Frueh, 1997; Rice & Sher, 2013; Steenkamp et al., 2011; Yehuda, Southwick, & Giller, 1992). Killing, especially but not exclusively the killing of civilians, is thus hypothesized to be an agent of moral injury (Litz et al., 2009; Maguen & Burkman, 2013) that contributes to the feelings of guilt and shame underlying some post-traumatic stress, depression, and suicidality (Hendin & Haas, 1991; Shay, 2010).

With regard to social and behavioral impacts, Maguen et al. (2010) found that killing in combat independently predicted post-deployment alcohol abuse, anger, and relationship problems among veterans of Operation Iraqi Freedom. Violent combat has also been linked to various dimensions of postwar functional impairment (Maguen et al., 2009), dissociation (Maguen et al., 2009), and personality transformation, including "affective blunting" (Bradshaw

Jr. & Ohlde, 1993) and greater risk-taking behavior (Killgore et al., 2008). A growing body of evidence suggests that killing in combat may be correlated with post-deployment violence against intimate partners and others—for example, by contributing to PTSD symptoms, which are in turn correlated with violence (Beckham, Moore, & Reynolds, 2000; Galovski & Lyons, 2004; Maguen et al., 2009; Sreenivasan et al., 2013; Taft et al., 2005; Van Winkle & Safer, 2011).

To date, research on killing in war consists largely of quantitative analyses that examine the association between killing in war and post-war clinical diagnoses, psychopathologies, or specific maladaptive behaviors. This qualitative study explores the array of psychosocial and interpersonal consequences of killing in war and describes how veterans attempt to process, cope, and live with them. Here, the aim is not to test the relationship between killing in combat and particular symptoms or behaviors; it is instead to shed light on the range of experiences that veterans who have killed in war identify as most relevant in their lives and to show how they describe and define them. A corollary aim is to illustrate the linked psychological and social dimensions of those experiences—namely, how the impact of killing in war is rooted in the actions and experiences of individual veterans, as well as in the social worlds that they encounter upon returning from war.

Method

Research Design

The objective of this study is to elucidate a wide range of experiences and perspectives shared by veterans who have killed in combat, and to provide additional depth and texture to clinicians' understanding of those experiences. Toward this end, we used a qualitative methodology that combined purposive sampling with open, minimally-structured discussions. Qualitative approaches are particularly effective at exploring the meanings, values, and

perspectives that people attach to their own experiences, as well as drawing out new lines of inquiry that lie beyond the already-quantified or quantifiable (Schutt, 2014). Qualitative methods can thus add depth, texture, and context to quantitative research findings like the documented prevalence of PTSD and depression among veterans who have killed in combat.

As our primary mode of data collection, we chose focus groups—a form of group interview geared at eliciting natural attitudes in a supportive, peer-centered environment. Suzuki et al. (2007) note that the interactive dynamic of a focus group interview can "elicit spontaneous and affectively rich statements that would otherwise be unavailable to the researcher in individual interviews" (p. 310). This, in turn, can make "focus group interviews… an ideal method of observing the natural attitudes of their participants" (p. 310). When it comes to taboo or sensitive topics, focus groups are effective only if the presence of other participants promises to reduce rather than increase the stigma of open discussion. Based on previous research (e.g., Danish & Antonides, 2009) and experience, we anticipated that veterans who served in combat and who killed in war would be more open to discussing their experiences, feelings, and attitudes among other veterans who shared at least some of those experiences. For these reasons, we used focus group interviews as the primary methodology for this study.

Focus group interviews, however, are not ideal for soliciting the unique experiences of underrepresented population subgroups when the latter are marginalized by dominant majority voices or are poorly represented within the focus groups. We worked to avoid the marginalization of individual voices by keeping our focus groups small (no more than five participants per group) and diverse, particularly with regard to race and ethnicity, as well as age and era of service. We invited the sole woman who participated in this study to be interviewed one-on-one rather than in a focus group setting to reduce any discomfort she might have felt as

the only woman in a room of men. We also permitted an Iraq War veteran to participate in a one-on-one interview based on his availability and preference.

The reasons for adopting this flexible approached included: our commitment to recruit a diverse sample and to ensure that all participants' voices be heard; our desire to accommodate the schedules, availability, and personal preferences of all participating veterans; and the challenging nature of recruitment tied to the sensitivity and stigma of the topic under discussion (explored further in the Results section). Notably, the topical focus and guiding questions asked during the focus group interviews and the individual interviews were substantively identical. All questions were asked with minimal structure to allow new and unexpected information to arise and to encourage open exploration of topics naturally emerging during the discussion.

Participants

Twenty-six U.S. military combat veterans participated in this study. All met the following eligibility criteria, assessed via a telephone screening process: (a) they had served in combat roles within the U.S. military, (b) they had not been diagnosed with any psychotic disorder, (c) they were not currently abusing alcohol or drugs, and (d) they responded affirmatively to the following screening question:

> We recognize that, as part of their duties, military personnel often have to defend themselves and others and/or carry out missions that involve killing others. Did you personally have to kill anyone, enemy combatant or civilian, as part of your duty while you were deployed?

Veterans who indicated that they had killed others or believed that their combat actions caused the deaths of others, were considered eligible for study participation.

All participants provided basic demographic information, including information on when and where they had had served in combat. Eighteen had been deployed to Vietnam and eight to Iraq, including seven who served in Operation Iraqi Freedom and one who served in the Gulf War. A few had additional deployments in other locations, including one in Grenada, one in Panama, two in Kosovo, and one in Bosnia. Approximately 17 had killing experiences that were several decades old, whereas the other nine had killed within a decade of study participation. Participants ranged in age from 24 to 68 (with a median age of 62). Nineteen participants were White (18 non-Latino, one Latino), four were Black, two were Asian/Pacific Islander, and one was Native American. Twenty-five participants were men, and one was a woman. Women constitute a growing percentage of the military population, but they remain significantly underrepresented in military populations and particularly in combat roles (cf., Hoge et al., 2004).

Consistent with standard practices in qualitative research, we used a purposive sampling approach to assemble an inclusive, diverse sample of veterans with a breadth and depth of experience sufficient for achieving our study's exploratory objective. The focus groups and individual interviews revealed consistent, identifiable patterns in veterans' shared experiences as well as areas of clear divergence; the discussions reached thematic saturation, indicative of a suitably sized and appropriately diverse sample.

Procedure & Measures

We relied on clinician referrals rather than advertisements, cold calls, or other more public recruitment efforts as our primary method of recruitment. We did so because of the sensitive nature of the topic under study and because our intent was to purposively sample veterans who had killed in war and who were willing to discuss their experiences. Providers at an institution serving veterans on the West Coast were briefed about the study and invited to refer

appropriate and interested veterans by providing them with information about the study and offering to share their contact information with the study coordinator (third author J.B.). The study coordinator called all veterans who chose to share their contact information and administered a brief eligibility screening. Eligible participants were mailed additional information and consent forms.

During the consent process, participants were informed that challenging information concerning taking a life in combat might be shared during the focus groups and interviews, that participants might have different viewpoints, and that it would be important for veterans to participate with a supportive and non-judgmental stance toward the other participants. The consent process highlighted information about potential risks to participants (including potential discomfort associated with participation) as well as potential benefits (e.g., reduction of isolation, being able to discuss potentially stigmatized topics in a supportive environment). The consent process also emphasized that participants should feel free to withdraw from the study at any time.

An experienced clinical psychologist and senior researcher (fourth author S.M.), conducted all interviews/focus groups at the institution where the participants were recruited. Consistent with the exploratory aims of the study, she used a short set of guiding questions and potential probes but did not follow a script. Each participant was prompted to share his/her perspective on the impact of killing on his/her own life and the lives of other veterans. Other core guiding questions included:

- How have your experiences in war changed you?
- Have there been any changes in the ways you view others?
- How are you thinking differently about yourself and others?
- Have there been any changes in your morals and values?
- Have your war experiences changed your spirituality in any way?

The facilitator used probing follow-up inquiries to keep all discussions focused on the specific impact of killing in war, including participants' feelings, beliefs, and attitudes, and whether and how they had changed over time. The facilitator also probed how the experience of killing in war did or did not affect participants' relationships with others, such as family members and partners. Finally, the facilitator used probing follow-up questions as needed to elicit information on participants' behavioral changes, coping strategies, and support systems after the war. Each session lasted between 90 minutes and 2 hours. All sessions were audio-recorded and transcribed, and the transcripts were stripped of identifying information.

All participants in the study received $30 in reimbursement for their time after completion of their focus group/interview. Participants were also provided with a list of mental health resources and were offered assistance in obtaining treatment should they experience distress after participating. To monitor any potential distress, participants received a follow-up call on the day after their participation and a second follow-up call 2 weeks afterward. The purpose of these calls was to check on whether they might be experiencing unusual distress, thinking about suicide, or engaging in unsafe behaviors, and, if so, to connect them with appropriate care and support. None of the follow-up contacts resulted in a positive screen or an indication of adverse outcomes following participation in the study.

Analytic Strategy

A sociologist specializing in qualitative research (first author N.P.); a communication scientist and qualitative researcher (second author C.J.K.); and a clinical psychologist (fourth author S.M.), each listened to all recordings, carefully read all transcripts, and identified a preliminary set of themes to facilitate further analysis. During this process, the analysts found that the major experiential themes that arose in the individual interviews were very similar to

those that arose in the focus groups. This suggests that the type of interview methodology used (group versus individual) did not shape the findings as much as the consistent use of an open-ended, qualitative approach which relied on a few key guiding questions asked within a supportive and nonjudgmental context. After the preliminary identification of major themes, the team used qualitative thematic analysis, aided by QDA Miner software, to develop and refine a coding framework. Here, the initial identification of recurring themes and patterns in the text preceded and informed the development of a set of descriptive codes, which were then assigned to relevant portions of the transcript text (Braun & Clarke, 2006; Hsieh & Shannon, 2005). The coding process was iterative; all identified codes emerged from the text, hewed closely to it, and were continually refined to fit the data. Once completed, coding allowed for rapid identification of the most-frequently arising themes and the organization of those themes into topical domains.

Consistent with a constructivist-interpretivist orientation (Morrow, 2005; Schutt, 2014), we strove for *authenticity* and *fairness* throughout the analytic process. That is, we remained attentive to all participants' voices in the development of our theme-based coding framework, which was designed to include and reflect the full range of experiences described by the study's participants to the extent possible. In both the analytic and writing processes, we sought to respect diversity by noting and describing variable and dissenting voices. We incorporated quotations from all 26 study participants in our Results, and we were careful not to disproportionately emphasize the voices of some veterans more than others. To maintain fidelity to the perspectives of participants, we have included direct quotations to illustrate emerging themes wherever possible, and our interpretations remain closely aligned with the language and expressed perspectives of the veteran participants.

Throughout the facilitation, analysis, and writing processes, we also remained attentive to the ways that our own subjectivity shaped our work. We were acutely aware that none of us has served in the military or has fought and killed in a combat zone. We are familiar with military culture only through our training, our research, and our work with veterans. Mindful of this, we made a sustained effort to listen openly, analyze attentively, and refrain from judgment throughout the research, analysis, and writing processes. We also tried to recognize and bracket our preconceptions about military service and the violence of combat. We were able to accomplish this, in part, by debriefing periodically with one another and rearticulating our shared commitment to promote understanding of and empathy for the men and women who have served in war. Indeed, the root purpose of our work, which shaped every aspect of our study design and our analytic and writing processes, is to serve and support veterans. It is also to sensitize others to veterans' experiences so that they can do the same.

Results

The themes identified during the coding and analysis process are organized into five interrelated domains: Talking, Feeling, Identifying, Relating, and Coping. "Talking" describes the challenges that veterans experience in discussing their violent war experiences with others. "Feeling" explores the range of emotions that veterans may confront in the aftermath of killing and how those emotions change over time. "Identifying" examines the ways that killing can influence veterans' self-perceptions, including beliefs and feelings about the self and religious faith. "Relating" describes the impact of killing on veterans' relationships with others and on their postwar integration into families and social worlds. Finally, "Coping" identifies the strategies—sometimes constructive, sometimes destructive—that veterans use to live with and

work through their experiences. These domains are neither discrete nor exhaustive, and the discussion is organized to illustrate links among them.

Talking

A central theme raised by veteran participants is the complexity and sensitivity of talking about killing and, for many, a reluctance to discuss it at all. Several acknowledged that they did not speak about their killing experiences with other people because it was difficult or traumatic to do so: "took me 44 years to talk about it." Some spoke about it only with other veterans, others only with their therapists, and some with no one at all; very few broached the subject with family members or partners. Even within veterans' support groups and therapy groups, the topic could sometimes be taboo. Explained one veteran, "It's not something that comes up in this group [referencing a therapeutic veterans group]. Maybe once in a great while, certainly never been a topic of discussion—which is strange because war is all about killing or being killed."

Even in the context of focus groups explicitly centered on the impact of killing, the topic arose neither naturally nor easily. Participants would often allude to acts of killing using generic phrases or pronouns (such as "*it* happened") to describe a killing incident. The word "kill" itself was used sparingly and cautiously. Sometimes, specific killing events were referenced by indirect allusions, as in the following:

> So the first time I had a killing experience we got into a small ambush and I was told to go out and check the one guy that was still out there and make sure he was dead. And he wasn't dead so… [pauses] uhm, he eventually died.

Here, a Vietnam veteran references his experience of killing a wounded enemy soldier after he was ordered to make sure all enemies were dead. Instead of directly stating that he killed the

enemy soldier, the veteran instead paused, considered how to describe what took place, and settled on a third-person construction that elided his own action: "he eventually died."

Throughout the focus groups, the facilitator (fourth author S.M.) worked to create a space of relative safety, comfort, and non-judgment, which entailed exploring why veterans felt reluctant to talk about killing. Here, some noted a taboo around discussions of killing and conjectured that people—the public, as well as friends and family members—did not want to hear about the things they had done in war, especially killing. In the words of one Vietnam veteran: "I mean really who the f--- wants to know about the s--- that happened over there—I mean *really*?" In support of this, veterans described experiences such as being ostracized by university classmates after talking about war experiences in class, or being chastised by shocked family members after bringing up war at holiday dinners.

The taboo on discussions of killing, however, seemed to stem as much from the feelings and fears of the veterans themselves as it did from the perceived reluctance of others to hear about war. One veteran captured this well in discussing his feelings about participating in the focus group:

> I don't know that I really wanted to ever kind of dwell on that [killing], so to speak…. it's like, is this going to bring up something I don't want to deal with? That's my immediate reaction. Ok, I've had all these years to not have to deal with a whole lot of stuff; don't introduce something new to my life. I don't need this right now, but I guess it's just never —I don't know. It's interesting, I think we're conditioned in such a way to take care of the guy next to us to make sure he's protected that I don't think we ever think about the actual heart of that [killing]. And maybe because of the way we're raised we don't want to think about that.

As this veteran's words suggest, reluctance to talk about killing can stem from a sense of ambivalence about the act of killing and what it means to have killed. For him, to talk openly about killing would mean coming to grips with his own feelings about killing—and confronting its social and moral implications. To "deal with" this, he fears, might be overwhelming.

Ironically, although many veterans said that no one *really* wanted to hear about killing, virtually *all* reported that it was the topic that civilians asked them about most frequently. They agreed that, above all, "the big thing people want to know is did you kill people." One Operation Iraqi Freedom veteran found casual questions about killing to be one of the most troubling aspects of his postwar social interactions, lamenting that "everyone had this perverse fascination with killing, like they always ask, 'did you kill anyone?'" Several participants recalled being asked insensitive questions at inopportune moments by curious friends or even strangers—questions like, "hey, how did you get that Silver Star; did you kill a whole bunch?" The conviction that people don't really want to hear about killing—that it is not a welcome topic of conversation—thus exists in tension with a perception that it is all that people want to hear about. One Vietnam veteran described an awkward social encounter that exemplified his ambivalence about, and disgust with, the topic:

> There's this one lady a couple of years ago, a mom from school… she said, "what was your job?" And, for some reason, I don't know if I was in a bad mood, but I didn't want to go past that. I just said, "I killed people," and I just turned around and walked away. And I felt like crap, but she's never talked about it since, and I haven't, and that's fine with me. I really didn't want to answer that. I've had 40 years to try and forget about it.

As this veteran's words suggest, to ask about killing is to ask about a topic that some veterans are trying to "forget" or would rather not "deal with" at a given time. These questions frequently

arise in inappropriate contexts and seem to be motivated by curiosity rather than genuine concern; they do not open the door to a substantive or meaningful conversation, and they are seldom sensitive to the complicated feelings of the veterans who are asked—in other words, someone may ask, but veterans doubt that they *really* want to know.

One of the primary reasons that veterans are reluctant to discuss killing with non-veterans is the conviction that war experiences could not possibly be understood by someone who did not serve (cf. American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, 2007; Danish & Antonides, 2009). Accounting for his silence after the war, one Vietnam veteran described his fear that no one would be able to comprehend or relate to his actions in war: "I came back, I was over here in the hospital and some friends had come in and that was the first and last time they come in. I felt very self-conscious… I was afraid of what they might ask me, but I was also—I didn't have anything to say to them. There was nothing we had in common anymore." Many veterans voiced the fear that, if they were to acknowledge killing in war, they might be perceived as disturbed and dangerous: "I always thought that if I talked about some of those things, then people on the street would think that I was completely crazy. And that was reinforced because the media, the crazy Vietnam vets, coming here and they're baby killers all this and that. It was better to not tell anybody." Several participants cited out-of-touch civilians and common stereotypes about "crazy vets" as a source of reluctance to talk about war in general and killing particular.

However, many feared talking even with family members. They voiced concern that, if their loved ones knew about their violence in war, they would be judged or viewed in a more negative light. One veteran described how hard it was to break the silence with his own father:

> I know they [family members] wanted to ask me that question [have you killed someone], especially my father. But, you know, from the look of his face, he wants to know [but] at the same time I read in his face that he's kinda scared of what I would tell him, you know… I know and he knows that the question is there but he wants to ask but he doesn't know how to ask. And I'm now uncomfortable because it might change the ways he looks at his son, so that's something that we just kinda keep on the back burner.

Many other veterans described a reluctance to disclose violent war experiences to their partners, even within long-term marriages. Explained one veteran, "I've been married for 40 years and I just worry that… she would think of me in a different way." When asked what he feared she might think, he answered simply: "That I'm a killer."

There are potent reasons why discussing killing is difficult for war veterans, and those reasons have deep social and psychological roots. On one hand, veterans are often wary of sharing their experiences with a naïve and often insensitive public—people who, whether motivated by curiosity or genuine concern, seem unequipped to truly hear and understand. On the other hand, many veterans are equally wary of probing the significance of their experiences *for themselves*, and facing the thoughts and emotions that could result. The sum result, for many, is silence. As this article illustrates, that silence can come at a significant price: killing in war has enduring psychosocial impacts that, if unexplored, are not easily addressed or healed.

Feeling

To understand how veterans feel about their killing experiences after war, it is important to first understand what killing felt like during combat. Here, the experiences of participants varied, but the majority cited feelings of satisfaction in the immediate aftermath of killing: "I liked it. I thought I was Daniel Boone." Conflicted or ambivalent feelings might come later, but

they were seldom present in the immediate aftermath of the kill. Across all focus groups, participants voiced a shared understanding that their job in war was to kill, and they generally agreed that the military had prepared them for that job. For many, killing in combat was, first and foremost, evidence of their skill and competence as warriors.

Killing could also bring on positive and exhilarating feelings, variously described as "intoxicating," "euphoric," and "like a drug." As these words suggest, veterans characterized the experience as physiological rather than purely emotional—intimately linked to the intensity of combat and to the mortal risk that one faces in battle. Fighting and killing, explained one veteran, triggers the "biggest adrenaline rush you could imagine… it's a high you cannot recreate." Many likened this pleasurable rush to a sense of power and transcendence. Describing his combat experience as "a power trip," one veteran acknowledged an "almost an erotic feeling" and others described their warrior-selves as "gods," "supermen," and "giants," explicitly linking feelings of transcendence to the violence of combat. In the words of one veteran: "When I was there, I was packing—I'm *God*. That's what I had; I can take what I want. You understand? That's the attitude I had. And I was very aggressive—take 'em out, let's go for it." In the heat of combat, to kill another human being is to exert the ultimate power over that person, and to have the license to kill others is to assume a godlike power.

Not everyone, however, felt power or pleasure in the immediate aftermath of killing. Some participants reported nausea and revulsion, especially after their first killing experience. These veterans described their feelings as out of step with the expectations of their peers, noting that they had to quickly get over their unease: "The first kill, it was uh, we ambushed them at night…. and the guys were grabbing them by the hair and getting trophy shots, and I was there puking and puking, and they were laughing because I was the new guy, FNG." What made this

veteran the "FNG"—or "f---ing new guy"—was his incomplete assimilation into a battle culture that required a calloused reaction to killing. As the FNG moniker suggests, feelings of hesitation, disgust, and sadness could be transient: "What kind of scares me about it—the first time I ever killed somebody, I got sick. I used to get sick to my guts, second time it got a little bit easier, you still think about it. Third time—my job." This veteran's feelings of nausea and revulsion were gradually numbed after continuous exposure; witnessing and participating in killing became part of the daily routine in which he had to function to ensure his survival and that of his comrades. Like him, others described a gradual numbing of their feelings—whether disgusted or euphoric—as their experiences on the battlefield accrued.

For some participants, desensitization to killing was tied to an increasingly calloused view of the enemy. One Vietnam veteran explained that killing "bothered me until we took casualties." He was able to pinpoint the very day when he lost all hesitation to kill enemy warriors:

> The 2nd of June [date changed] and we hit a mine and we're overrun. One guy's captured, my gunner was severely wounded, arm and a leg blown off, jaw blown off, he was alive and conscious. And I went to the hospital and came back and it became god awful, anger, rage, I could care less. They coined a phrase over there, kill them all and let God sort them out. And it became that. It wasn't like that in the beginning.

This veteran's anger at the suffering of his comrades eradicated any empathy he may have had toward the enemy. For him, the eradication of empathy made killing much easier and changed his emotions around killing from feeling "bothered" to feeling satisfied.

For warriors who experienced such intense and sometimes contradictory emotions about killing while still at war, what are the consequences upon returning home? Most reported that

they thought about the gravity and significance of killing only after they left the military: "I never thought about anything as far as shooting anybody until I came to the States and I started thinking about things." While still in the war zone, explained one veteran, "you don't feel real sad because you can't let your emotions out… that's letting the defense down." His thoughts were echoed by several participants. For some, "the defense" would come down shortly after returning from war. For others, "it took a while for a lot of the thoughts to percolate," sometimes many years: "I never felt bad about doing anything until a long, long, time after I've been there…. Then I'd started thinking, why did I do that?"

The delay in onset of feelings about killing has some of the same roots as the silence described in this paper: there are few appropriate venues in which to examine a topic so dark and so potentially charged; there are few non-veterans who can relate to such a singular and context-bound experience; and there are strong personal reasons to avoid the thinking about killing. Those who do think about it sometimes describe the resulting feelings as painful and confusing. One veteran, struggling to find the right words, spoke of "this profound sadness or this guilt feeling":

> All I knew is I hurt inside and I didn't know why, you know? I didn't know why I should feel so bad if I didn't do anything wrong. And then struggling with, well, did I do something wrong? Or I didn't do anything wrong? I was not a baby killer. I was not—I did my job. I did what everybody else did. But always that nagging question, why do I hurt like this?

Like this veteran, other participants turned the discussion to feelings of moral conflict in the aftermath of killing in war. Indeed, this became the most prominent theme in most discussions, with several veterans describing themselves as "ashamed" or "guilty."

Feelings of guilt and shame were tied not only to the actions that veterans took in combat but also to the pleasure and power that accompanied those actions:

> Some of the things I did were totally wrong, you know, in my conscience. But when I was over there… You don't really care about what's going on and I was on a power trip…. But then you have to come back and you have to think about that later on and what you're responsible for and that's very hard. That comes back to haunt me all the time.

This veteran used the word "haunt" to describe the feelings of responsibility that weigh on him—as well as his discomfort with the fact that he could kill without compunction while at war. In this, he was not alone. Many participants described some type of "haunting" thoughts associated with their killing experiences: "I still have the pictures in my mind about it, you know. And when we're talking right now I get—I got—I'm just… sorry for what I did." Some described haunting memories that persisted through the decades and arose suddenly in response to triggering stimuli or to nothing at all— memories "sitting around your head just waiting for a little crack to open so they can come in." Multiple participants from different war eras echoed this sentiment and attested to the endurance of haunting thoughts about people they had killed in combat. One Vietnam veteran, remembering the enemy soldiers he had fought, confessed: "I think about them all the time. I see them in vivid color. I'm still fighting this guy I've been fighting for 40 years."

Killing and its moral implications were central to veterans' haunting memories. In some cases, the empathy that had been absent during combat returned alongside recollections of lives taken:

> If you kill somebody, you think about that person for the rest of your life. It stays with you, it's really sad. That person could've lived your life, could've had a family. Maybe they left their family. It's hard taking somebody else's whole life.

The veterans who voiced the most intense feelings of moral conflict tended to question the distinction between killing at war and killing at home: "It was murder. I mean, if it was an American, they'd say, oh, it was homicide." This participant was not the only one to use the word "murder" to describe killing in combat. Another, who described himself as "disgusted with my actions," explained: "I shouldn't have gone along with it. I should've been more ironclad in my beliefs and I was disgusted with myself for not standing up for what I believed in." Like him, the veterans who voiced feelings of shame and disgust were typically not seeking reassurance that what they did was ok. Sometimes, they were voicing carefully considered moral judgments about their own actions: "You know, that's the bottom line, they were murdered and it took a long time to accept that…. I did something wrong."

Notably, several veterans reported the absence of any conflict, guilt, or shame associated with killing. Consider this Vietnam veteran, who described his feelings about killing in a very matter-of-fact fashion:

> It wasn't a big deal, I didn't feel anything negative at all; it was exciting and I couldn't wait to get out there and do it again. And I never really thought of it as—you know, they trained us great and you go out there and you do your training…. I don't feel bad.

Like this veteran, participants who reported no guilt or moral conflict around killing were more likely than other participants to say that killing was not something they thought about much and was not something that they had discussed with others. For them, the logic that justified killing on the battlefield remained sound and solid once they returned home:

> I don't think about it and it didn't bother me when I was in that situation…. For us it's kill or be killed—your friends were getting killed, so it wasn't that hard to kill somebody…. If you're going to kill me, I'm going to kill you. So for me it was easy. I don't have any guilt about it, really.

This veteran retained a strong sense that he had done what he needed to do to protect himself and his comrades. For him, the visceral reality of battle made killing essential and uncontroversial.

Whether or not they experienced feelings of moral conflict and guilt, multiple veterans noted a persistent, generalized emotional numbness in the aftermath of prolonged exposure to killing and death. Some tied this numbness to the learned behavior that helped them cope during war: "After a while, you get numb and you don't really have the time to process it. First of all you don't want to show your weakness—we have this saying in the military you suck it up and drive on." Learned suppression of emotions could continue long after the war, affecting one's ability to fully experience emotions in daily life. A few participants referenced social or familial events, including the deaths of relatives, where they felt unable to respond emotionally. They described an inability to mourn at funerals or to feel the kind of sorrow that might provoke tears:

> It seems like times where I should be sad, you know, it's just not there. Sometimes I try to force it because I feel like it would be the healthy thing to do or, you know, to grieve or go through some kind of a process where I can connect with a feeling, but it's not—whenever I feel like it should be there, when I feel like I need it, it's not there.

As we will explore in the ensuing sections, this affective blunting influenced some participants' ability to interact and communicate with other people—or, at least, to feel comfortable and at ease in doing so.

Identifying

Many veteran participants emphasized that going to war makes you different. Simply put, the person who leaves for war is not the same as the person who returns: "I'm gonna be looking the same, I'm gonna have the same name, but I'm gonna be different." As we saw, not all veterans are able to reconcile the basic standards of morality during peacetime with the behavior required during war. Killing, as one participant pointed out, violates the "golden rule." It can thus be especially disruptive to one's sense of right and wrong and can create doubt about one's goodness and worth, an experience often described as *moral injury* (Litz et al., 2009). One Vietnam veteran, grappling with his sense of identity and morality in the aftermath of killing, described his conflicted feelings in this way:

> I think you feel ashamed of what you did. You know you're trained to do that and it just stays with you. I guess I feel very sad sometimes. I feel proud to be a soldier who tried to do something that I thought was right for the country. But it's hard to be a soldier. It tears away from your moral fiber. It changes your life.

Given the disjuncture between the moral dictates of civil society and the violent imperatives of war, it is perhaps unsurprising that several participants described a loss of faith tied to their war experiences (cf. Chang et al., 2012; Fontana & Rosenheck, 2004). One veteran, who left his church after Vietnam, pinpointed the moral conflict at the root of his departure: "Since when did God decide we were the good guys and they were the bad guys and it was okay to kill them?" Many decided it was not okay, and some found themselves disgusted with justifications proffered by religious leaders during war: "The chaplain is giving a blessing before going out to the field… get some body count for your leaders, in the name of the Father, Son and Holy Ghost—whoa—this is a strange game." This veteran was not the only one to point out the apparent hypocrisy of religious figures during the war and to identify this as a source of his

alienation from organized religion. Disgust with the sanctioned violence of war undermined religiosity for many veterans and convinced some that God could not exist. "After Vietnam," concluded one veteran, "there is no God." A good God, some argued, would not allow so much violence, evil, and injustice. Quipped one Iraq War veteran, "If God exists, he must hate Iraqis."

Loss of faith was not universal among the participants. A few reported that they explicitly turned to prayer to ask God for protection during war, and they found themselves grateful to God for their survival. More often, however, veterans grew more cynical about faith:

> When I went, I thought I was doing God's work, for God and country. Uh, but after, I don't know, five or six people that I knew personally got killed, not just seeing others, I knew this was wrong. People weren't made to be shot, split open, they weren't made for that *whether I like them or not*. I just knew this is wrong…. And I remember thinking, as sure as I'm sitting here, thinking *this isn't right*…. How could God let someone be split apart like that? It's just not right, it's just not right.

As this veteran's words suggest, the experience of witnessing war and death—paired with the imperative to participate in violence that one feels is "just not right"—can be profoundly disruptive to one's faith in God, in humanity, and in oneself.

The most troubling disruption of self described by participants involved confrontation with a "dark side" of themselves—a side that was variously described as a "beast," an "animal," a "savage," and a "monster." More than half of the focus group participants described confronting a part of themselves that they did not know existed before war, particularly before they participated in killing or harming others. For some, the knowledge that people—including themselves—could become willingly and even gleefully violent under the right circumstances "brings into mind the question [of] who you are as a person and what you're capable of." The

part of the self that felt exhilaration and power on the battlefield may not be welcome at home, but that does not mean it is forgotten:

> Probably, somewhere down deep there is that thought, there's that anger, there's that beast down there that you don't want to wake up. I've always felt like that beast, that thing is asleep for most of my life. Because when you were there, the killing and the adrenaline rush that goes along with it can awaken that beast.

Confrontation with this "beast" was almost universally described as a disturbing and disorienting experience that raised difficult questions about one's own identity and about humanity in general: "What's always really got to me is… how easy it is to slip into, I guess, what I guess you could call the dark side, how easy it is—just boom."

Linked to the emergence of this "dark side," multiple participants described a conscious compartmentalization of different parts of their identity and experience, with some drawing metaphors of hidden "boxes" or "rooms" where they kept their killing experiences at bay. One veteran described this experience at length:

> I felt like I developed all these rooms in my mind and, when I came home, I still had these rooms that were still accessible to me. And there was one killing incident which was very f---ed up, and that was always, that room was always kinda—that door to that room was always open. So it was a private thing, I could be engaged with people in a seemingly normal way and that would still be on my mind. And sometimes it would make me very angry with the people I was with because I had that on my mind and they were living these f---ing lollygag, 19-year old, college, you know, everything-was-blissful lives and I'm trying to fit in with these people and I have this door open to my mind which is haunted.

For this veteran, active attempts to isolate and compartmentalize his violent war experiences into "rooms" in his mind felt necessary, but was only partially effective in helping him cope: "There's always someone knocking on the door, 'let me out, let me out,' you know."

Some participants described an ongoing struggle to reconcile the parts of themselves that they confronted during war with their present self-concept. War and home, they noted, could conjure two very different and seemingly incompatible identities: "you come back and now you're just back to being normal, living in a normal society—it's almost like you're two different people." Explained another participant, "it's like you're split": "You got the good and bad over there and you come home that other person, that other part of you comes out and you don't know how to control it." As the adjectives "good" and "bad" suggest, this "split" sense of self often arises along a moral fissure line. Indeed, some explicitly connected the challenges they experienced in achieving an integrated self-concept to moral quandaries about violent actions they took during combat. As one veteran put it, "We were taught to act in a decent way, but in the military they teach you to hurt people. I know that's what you had to do, but it's a big conflict in your life later on… it's bad." Although killing is sanctioned and encouraged in war, for some, "there is still a part of you that says this behavior is not appropriate in any type of circumstance."

Drawing a moral line in the sand is not without consequence. Some participants described a deep dissatisfaction with themselves upon realizing that they had crossed that line: "you think basically you're a piece of crap, you're just worthless, you don't deserve to live." For a few, the sense of moral culpability associated with the "dark side" was simply too much to bear. One veteran bluntly stated, "I wish I had died. I wish I hadn't come back home." This total condemnation of self—linked, in some cases, with reflections about suicide—leaves little room for self-forgiveness, let alone redemption. Acknowledging feelings of hopelessness, one veteran

spoke of his therapist's effort to help him forgive himself for his actions in Vietnam: "She says 'what would you do if you went back to where the people were killed?' I'd probably kill myself if I went back—that's how I would forgive myself."

Others were far from hopeless, but acknowledged an enduring struggle to come to terms with the "savage" feelings and actions provoked by combat and, by extension, to integrate their past actions into their present self-concept. Capturing the sentiments expressed by many, one veteran told of his ongoing effort "to get back to that part of myself that I knew was good." As the next sections illustrate, these efforts at reintegration of the self are often contingent on reconnection with others and with a broader community—something that can be especially difficult to accomplish after killing in war.

Relating

Across all discussions, veterans spoke of an insurmountable barrier between those who served and those who did not—a barrier that was cemented, in no small part, by the singular experience of killing. Above all, participants shared the conviction that others could not comprehend their experiences: "People don't know where you're coming from. Even your family, they don't understand." This can be profoundly alienating. In the words of one Iraq War veteran, "[you] just feel separated, like you're completely different than everyone else around you…. I felt like I was the outcast for it. I don't fit in anymore. People in the family, too, they are like, 'you're different now.'" Military service left him feeling like "the ant in the colony that doesn't fit in."

Veterans' feelings of alienation stem from the totality of their war experiences, but having killed can be particularly alienating: "Something like that—killing somebody—if they're not in the military, how are you to justify [it] in their minds?" As described in the *Talking* section, many

felt no desire to try, convinced that "nobody would understand" and anticipating judgment should others learn about their actions in combat. Haunted by doubts about the morality of their actions, some feared that their loved ones would be horrified upon learning about their actions in war: "people that you love *really don't know you* and, if they found out what you've done, they would be probably shocked and ashamed." A few went so far as to declare that others' perceptions of them as good people were based on lies: "He said 'you're such a nice guy, you were in the service, you're doing all this,' but it's all on the outside. It's all fluff on the outside—I love everybody on the outside but on the inside…"

As these words suggest, keeping morally complex war experiences secret can feel like hiding the full truth about *who* one is—a profoundly isolating experience and a potential a barrier to intimacy and communication. Indeed, several veterans described struggling with an inability to get close to others—to experience the emotional bonds of affection essential for true intimacy. One participant, who experienced haunting memories of the faces of those he killed, articulated a loose connection between exposure to violence, enforced silence about his experiences, and difficulty in sustaining intimate familial relationships: "Getting close to people—been a big issue for—caused me to get a divorce, the agitation, irritability through all those years and not really talking to my ex-wife or kids at that time. *It's certain things, what happened* [emphasis added]."

For several participants, isolation and disconnection from others bred feelings of resentment. Participants wondered why they were forced to carry the burden of exposure to death and responsibility for killing, while other people—in whose name they fought—could remain ignorant or even judgmental. One veteran confessed that he gets "so angry at times that people think they're exempt from… you don't have to experience death because we're over here." This

sentiment was shared by others, some of whom referenced irritability and frequent conflicts both at work and at home:

> The biggest obstacle that I go through in my daily life now, I'm full of anger. I don't know where it's coming from but I'm full of anger and I don't have the pausing time where I think about, okay, take a deep breath or maybe smoke a cigarette—I don't have that. If something just triggers me, I'm, you know, I'm ready to fight, which happens to be the biggest argument with me and my wife. She gets scared.

Upon returning from war, this veteran could not simply retreat from the calloused, automatic aggression that he cultivated in combat to facilitate his survival and his lethal violence. He was not the only participant to identify his postwar anger as a problem in his marriage, nor was he the only one to describe his wife as fearful of that anger.

Sometimes, veterans themselves could be afraid of their anger—worrying that it could resurrect the "dark side" they had encountered at war. "I had to hold my anger [inside]," affirmed one veteran, "I just can't bring it out again." Having participated directly and personally in lethal violence, many voiced a fear of acting violently again back home. These veterans were more likely to avoid relationships and to isolate themselves as a result of this fear: "I had to push my family away, physically push my family away. And I didn't want to hurt them so I left the house." One Iraq War veteran described fear of picking up a son and daughter at a crowded playground; something, the veteran worried, might provoke a warrior-like reaction: "That's one of my biggest fears—I'm gonna hurt somebody… I just really, really have a fear that I might kill somebody." Like this veteran, multiple participants described avoiding crowds and social gatherings due to fear of hurting others. They worried that the capacity to kill would always be

with them and, worse, that it might be provoked suddenly or without warning—"an automatic response."

A small number of participants did tell stories of aggressive violence in the aftermath of their service. But, for the overwhelming majority, the fear that they would hurt others remained just a fear. Its primary consequence was to encourage social withdrawal, further cementing the barrier between veteran and civilian.

Coping

Perhaps unsurprisingly, veterans cited avoidance and social withdrawal as their primary coping strategies in the aftermath of the war (cf. Romero, Riggs, & Ruggero, 2015). Many avoided discussions about war and killing, and removed themselves from social situations that might be distressing ("talking to people will make you vulnerable"). Some avoided seeing or hearing anything that might prompt them to think about war, isolating themselves from news stories, movies, and television programs about war ("when I see it, I just turn it off"). The goal of this withdrawal was not simply to avoid talking about something unpleasant; it was also, and perhaps above all, to avoid *thinking about* it. Confronting one's own thoughts and feelings about killing could be as threatening as confronting the potential judgments of others. One Iraq War veteran described avoiding his own "deployment journal":

> I put [it] in a Ziploc bag and I haven't read it since I got back. I don't know, it's kinda like… not being able to reconcile who I was over there. That's just, *almost like the memoirs, or the book of something that didn't happen*, so I haven't opened it since I got back from Iraq [emphasis added].

For some, avoidance was best achieved by keeping busy—by throwing themselves completely into work, career, or other practical tasks. "[If] I took vacation, I'm liable to do something,"

worried one veteran, "I felt the busier I stayed, the better it would be for me." In this quotation, to "do something" meant to harm others—a fear that this veteran carried long after doing violence in combat. Other participants also explicitly linked "staying busy" to avoiding difficult thoughts about war: "I became a workaholic…. I dug myself into so much that I didn't have time to think about what had gone on."

It bears noting that the avoidance strategies embraced by veterans were often encouraged, and sometimes modeled, by other family members. One veteran, whose experience was not atypical, described his father's warning to stay focused on the future rather than the past:

> My old man… took over concentration camps at the end of the war—so he dealt with a lot of death. When I came home, he said, "son, I want you to put the war behind you and get on with your life." And I hoped I could talk to him and that's what he told me, "put it behind you and get on with your life." And I loved my father, and his words were golden so I tried to do what he said.

This veteran was not the only one who was reminded by family members that the war had ended, and who felt a social imperative to move on. Like him, many noted that their efforts to do so were only partially successful—they could keep their feelings at bay only at certain times and to certain degrees. For example, the veteran who described himself as a "workaholic" also noted that he had difficulties at work; he jumped from job to job and kept getting fired.

One of the most common avoidance strategies cited by veterans was the use of alcohol and, less often, other drugs. Several described drinking heavily to stop thinking about war and to avoid difficult questions about personal morality and identity: "Drinking for me was an outlet to avoid any kind of a thought, any kind of deep thought." Sometimes the thoughts that veterans sought to avoid were directly tied to their killing experiences. For example, one Vietnam veteran,

who feared that his violence on the battlefield could be triggered again at home, used alcohol as a means to suppress those feelings: "I drank to try and rid myself of the violent part of me that I really didn't like. I mean just numbed it, tried to not feel it." Drinking to "numb" one's feelings was described as normal and commonplace—a military "past-time." Those who used alcohol to avoid moral distress and painful feelings often began doing so while they were still in the service.

If strategies of avoidance proved the most common approach to coping, they were far from the only approach. Many veterans found that, over time, withdrawal and avoidance were inferior to connecting with others. In more than one instance, participants reported that the concerns and pleadings of family members prompted them to confront their problems rather than continuing to suppress and avoid: "it took for my wife to… say she's going back to [her country of origin] because she's can't deal with me, you know, so it took for her to say that to actually, for me to realize that you know, I need help. I love my wife so much, I don't want to lose her." Although many participants experienced challenges in forming and sustaining intimate relationships, many also described their families as central to their lives and to their postwar recovery: "I put my kids' pictures all over so that anytime anybody gets me upset I look at the pictures and remind myself, I'm doing it for them."

Beyond the family, veterans identified a few social institutions, especially veterans' organizations and the VA healthcare system, that helped them cope with their memories of and feelings about killing. Many turned to the VA as a source of both care and community, describing it as a "safe place" and a "lifeline." Several participants said they would advise any veterans struggling with thoughts and feelings about killing to "go to the VA and get help." When asked about the role that VA played in helping them cope with experiences of war violence, participants

mentioned the value of psychotherapy, including both individual counseling and group therapy with other veterans. One veteran, for example, noted that psychotherapy helped him recognize that he had been "pretty numb to everything." Therapy, he felt, helped him learn coping strategies other than avoidance: "just getting it out there and talking with [a therapist did] help… for sure."

Of note, several veterans said that they found it much easier to talk with clinicians who had served in the military. Although veterans receiving care at the VA do not always have access to clinicians who served, they do have the opportunity to participate in therapeutic groups with fellow veterans. Participants valued this connection with other veterans and emphasized the power of communicating with others who could understand their unique experiences. Veterans could simultaneously be critical of the VA system and still appreciate it for offering healing connections with other veterans: "Veteran support is a lot better at times than the VA system. The VA system has gotten better, but it's the vets—it's probably the biggest help." At VA, veterans can connect with one another and find reassurance that "you're not by yourself."

To process and work through killing experiences, participants felt it was crucial to connect with people who have shared that experience. Even in veterans' groups, discussions about killing were rare, but veterans found it helpful when they did happen:

> My buddies that I've served with are my best mental health group ever because we could just talk and we know exactly what we're talking about… it's just so much easier to talk about anything with them and not get—feel any kind of other emotion, besides just relief of getting it off your chest.

Those who felt that they had learned to cope well with memories of killing—and to reconcile these with their present identity—affirmed the importance of talking and connecting: "getting it

out is really important." For them, talking could be painful and did not provide instant relief but it did provide the comforting knowledge that one is not alone.

For the veterans who felt that something—their faith, their identity, or their sense of justice—was deeply compromised by killing, talking was an important part of doing "penance," a term invoked by more than one participant. Penance could also mean reestablishing connections with others and finding a place and a purpose within the community. To do this, some veterans turned to community service and volunteered to help people in need: "I just feed the people… you know, cook for them, talk with them …. I turned into a soldier at [charity organization]." Through community service, this veteran consciously replaced one "soldier" identity with another that felt better to him. Becoming a "soldier" for a charity organization was both a way to focus his mind and energy on something positive and to release some of the pain associated with the moral conflict he faced in war. As a part of his healing process, he described giving "a testimony" at the organization: "I was crying [about] what happened to me back when I was… a long time [ago]."

Whether through talking to, connecting with, or serving others, repairing the spiritual injuries of war can demand conscious work to recreate a coherent identity and to restore a sense of good character. "I guess we're trying to—not reinvent ourselves—[but] recapture our personality that's been changed and our feelings and ideals," explained one veteran, "it's really this process of rediscovering in a way the parts of yourself that you know are in there." For some, it is an ongoing, and sometimes halting, process of working out and working through what it means to have fought in war and to have taken lives. Explained one veteran:

> I intuitively knew that talking about my experience was gonna help me. I just intuitively knew that and that's what I engaged in. I started it slowly—you know it's like a basement

> band that struggles… struggles for years before they cut a record. But they keep trying; I was like the studio band or this basement band. I kept trying to look, what's the combination, you know?

As the garage band analogy suggests, healing does not happen in isolation and it does not happen in silence. Even when veterans come together and break that silence, finding the right "combination" can take years—but it *can* happen.

Discussion

Killing is a fundamental and uniquely consequential part of the combat experience. In studies of veterans from multiple wars, researchers have demonstrated that killing in combat contributes to post-traumatic stress, depression, suicidality, and other psychological and behavioral problems (e.g., Maguen et al., 2009, 2010, 2011, 2012). Paired with recent work on moral injury (Litz et al., 2009; Maguen & Burkman, 2013), these quantitative studies challenge mental health professionals to explore how postwar psychological problems may be tied to moral transgression, self-condemnation, and alienation. We argue that taking up this challenge requires examining, with depth and nuance, the many ways that killing in war can shape veterans' lives.

This study marks a first step in that effort. By highlighting the voices of individual veterans and providing textured qualitative descriptions of their experiences, we have worked to shed light on the complex psychosocial dynamics underlying moral injury. Themes identified and highlighted include: the profound stigma that produces silence about killing, even between veterans and the mental health professionals who serve them; the broad range of potentially confusing and conflicting feelings that can follow killing in combat; the complex ways that killing can rupture one's identity and faith; the unique challenges that those who have killed can face in relating to and connecting with others; and, finally, the ways that many veterans struggle

to cope with memories of, and feelings about, killing in combat. For mental health professionals who work with veterans, understanding these experiences—and the confusion and ambivalence that so often accompanies them—is crucial.

Summary and General Implications

Our study has shown that the consequences of killing are neither static nor singular; they resonate differently in the lives of individual veterans and often evolve over time. If there is a common thread that unites veterans who have killed, it is a shared sense that they are different from people who have not gone to war and who do not feel the weight of war's violence—a finding that echoes Danish and Antonides's (2009) claim that those who have served in the military see "[o]utsiders… as having no common experience" (p. 1079). Killing can be a defining experience: it can separate warriors from those who have not killed, *and* it can separate them from their own pre-war selves. It brings a potentially troubling knowledge of self and of the human capacity for violence that, for many, is frightening, disruptive, and alienating.

We use the word "knowledge" here deliberately. To the veterans who participated in this study, killing in battle means knowing the reality of war—a reality that warriors are immersed in and cannot turn way from, but that civilians back home can largely ignore. Warriors may fight in our name and in the service of the state's goals, but only *they* have to kill, and only they have to face what war says about life and about humanity. If the violence of combat sometimes undermines their faith in God and humanity, it is because many feel that our prevailing narratives about civilization, morality, and justice fail to account for war's visceral realities. The ways that civilians talk about war—from religious figures sanctifying the kill to curious strangers asking how many people a soldier has killed—can seem hypocritical and sentimental to veterans. Those who fight know that, in war, you kill because it's your job to kill, and you kill because you don't

want to die. Further, when you kill, it is easy to be swept up in the potent rush of battle, no matter who you are and no matter what moral scruples you arrive with.

In short, when warriors kill in battle, they confront a kind of truth that can pierce through comforting illusions about life, the self, and humanity. It is a truth that keeps some awake at night, trying to avoid rooms in the mind with doors that will not close. This truth can feel unspeakable and often creates silence, withdrawal, and isolation. It leads some to question whether there is divinity or justice in a universe where brutal violence takes some lives and not others. It can generate horror at the violence that humans are capable of and fear at the prospect of its sudden reemergence. It can fuel resentment and frustration toward those who have the luxury of ignorance about battlefield realities. It leads many to question who they are and whether it's possible to be a good person after killing. This truth can be very hard to live with and even harder to forget.

The experiences of veterans in this study show that learning to live with a truth like this is a challenging and prolonged process. For many, the lessons about self and humanity learned in war are not easily integrated into a coherent postwar identity or worldview, creating a sense of discontinuity, confusion, and loss. Those who are haunted by thoughts of killing in war have found that what helps most is also hardest to achieve: actively thinking though and grappling with the personal, social, and spiritual significance of one's actions in war. For many veterans, this happens only by talking about their experiences with people who can hear and understand—people who are willing to suspend judgment but not to suspend engagement with the moral and ethical questions that underlie the violence of war.

Clinical Implications

Mental health professionals can play an important role in fostering honest, meaningful discussion about killing and moral injury. However, the obstacles to engaging in substantive, therapeutic discussions about killing and moral injury are significant. For veterans who have killed in war, fear that their experiences are incomprehensible and, in the eyes of some, unforgivable, can result in sustained silence. Although talking is often the first step toward integration and healing, "mistrust" of those who have not served in the military (Danish & Antonides, 2009) makes it less likely that combat veterans will be willing to talk about their most difficult war experiences with a therapist who is not a veteran. The forces of stigma and isolation thus combine to trap veterans in the avoidant coping practices that so many of them rely on—practices that can augment and sustain the feelings of distress and sorrow that they are meant to suppress (Ein-Dor, Doron, Solomon, Mikulincer, & Shaver, 2010; Romero et al., 2015).

To engage in substantive discussions about moral injury, mental health professionals must approach the topic of war violence with great care. Danish, Forneris, and Schaaf (2007) have argued that it is a matter of cultural competence for counseling psychologists to sensitize themselves to the experiences of their veteran clients and to know enough about military culture to engage meaningfully with veterans (cf. Koenig et al., 2014). Toward this end, mental health professionals working with veterans may consider taking a military cultural awareness training that includes examination of moral injury, such as the online military culture course offered by the Center for Deployment Psychology (2013). At the same time, however, mental health professionals should recognize the real gulf in experience between those who have served in war and those who have not—a gulf that we can begin to bridge, but cannot eliminate, by educating ourselves about military culture.

In working with combat veterans, cultural competence is not only a matter of learning more about military culture; it is also, we argue, about recognizing what we do not and cannot know. It is, above all, about cultivating humility and sensitivity in our clinical practice. Hook et al. (2013) have advocated for the practice of "cultural humility," defined as an "interpersonal stance that is other-oriented" and is "marked by respect for and lack of superiority toward another individual's cultural background and experience" (p. 361). When working with combat veterans, it is important for civilian clinicians to "cultivate a growing awareness that they are inevitably limited in their knowledge and understanding" (Hook et al., 2013, p. 354). In practice, this entails exercising care and caution when discussing killing and moral injury, thereby creating the conditions for more substantive engagement with the topic in the long term. Laying the groundwork for such engagement requires conscious effort "to interpersonally attune" oneself toward the veteran in an effort to understand his or her unique experience (Hook et al., 2013, p. 354). Combat veterans are likely to have heard many inquiries about killing from acquaintances and strangers—inquiries that seemed, too often, to be rooted in a morbid fascination with war rather than genuine concern or empathy. The way that questions about killing are asked matters, as does the context. Avoiding the appearance of simple curiosity is key, and mental health professionals should exercise patience and garner trust before broaching the topic.

At the same time, however, clinicians should work toward safe and substantive discussions of killing and moral injury. Here, they may find it challenging to strike a good balance. As Laska et al. (2013) have suggested, the most effective trauma therapists are those who offer support but do "not collude with patients to avoid difficult material" (p. 39). When the topic of killing is broached, our findings suggest that the culturally humble clinician is one who listens attentively and without judgment, but does not offer easy justifications or rationalizations

in an attempt to provide comfort or to ease feelings of guilt. It may be very tempting to say, "you didn't do anything wrong," "it's not your fault," or "anyone would have done what you did"—especially to a combat veteran who is expressing feelings of guilt, shame, and self-condemnation. But veterans are not necessarily looking for rationalizations that explain away their actions in war. Recall that multiple participants in this study spoke with disgust about military chaplains' efforts to justify the act of killing in war. Some veterans want and need to sit with the incongruity between their actions in war and their own sense of morality and justice. Doing so may be part of recognizing and integrating conflicting sides of the divided self that multiple veterans in this study referenced. As Laska et al. (2013) have noted, "good therapists are autonomy-granting and have the ability to help clients see that they have choices as they confront their trauma experience and/or as they make changes in their life" (p. 37). Too readily minimizing the "dark side," or denying that "the beast" exists, may only deepen the disconnect between veteran and clinician.

On a related note, we suggest that counseling psychologists and other mental health professionals exercise caution in following Danish and Antonides's (2009) advice to always say "thank you for serving" to veterans, "whenever you are interacting with service members either as clients or just happen to get behind them in line at the grocery store" (p.1086). It is conventional wisdom that thanking veterans for their service is an appropriate and respectful gesture, and it is likely that many veterans appreciate and value this show of gratitude. To some, however, it may ring hollow or may conjure up haunting thoughts or conflicted feelings about actions they took in combat. Not all veterans are proud of their service or of the actions they took in war. For those who are grappling with feelings of shame or who worry that they would not be

loved if others knew the truth about their actions in war, being thanked for their service in a grocery store or in their therapist's office may only amplify feelings of isolation.

There are other ways that mental health professionals can show their gratitude to veterans while exercising the humility and sensitivity that we have advocated. For example, if desired by the veteran, they may help facilitate meaningful conversations between veterans and their loved ones, spouses, or family members by introducing them to the concept of moral injury and sensitizing them to the care and humility required in talking about killing and the violence of war. As our results suggest, those conversations may not happen at all in the absence of careful facilitation. Clinicians can create spaces where families can begin to understand, discuss, and process their own thoughts and feelings about war's violence and its consequences for the family. Doing so may help break down the barriers of silence and stigma that troubled so many of the veterans in our study, thereby laying the foundations for deeper connections with and more intimate support from loved ones.

Beyond the family, mental health professionals can help veterans connect with one another by creating or advocating for venues that bring veterans together to explore the moral and spiritual dimensions of war's violence. Examples include traditional therapeutic support groups as well as more creative, quasi-therapeutic interventions like literature, theatre, or humanities groups. We have found that combat veterans welcomed and valued the opportunity to connect with one another through shared literature and poetry exploring the social and personal significance of doing violence in war (e.g., Klay, 2014a; O'Brien, 2009; Turner, 2005). Unlike traditional therapy groups or PTSD groups, art and literature groups are not organized around a shared diagnosis or symptom, but rather around a shared desire for creative exploration of the meaning of war's violence. When the focus is on examining and discussing art or texts about war

and about coming home, participants are invited to discuss their own experiences but not obligated to do so. They can thus begin to process their thoughts and feelings in an alternate way and within a community of veterans who have had similar war experiences.

Counseling psychologists may be particularly adept at organizing and advocating for creative venues that connect veterans with one another and make it possible to have difficult conversations about war in safe and accepting environments. Such advocacy is consistent with the field's emphasis on social action and community engagement (Carr, Bhagwat, Miller, & Ponce, 2014; Danish et al., 2007; Hodge, Danish, & Martin, 2013; Hoffman & Kruczek, 2011; Vera & Speight, 2003). Here, there is an obligation not only to connect veterans with other veterans, but also to create the opportunity for civilians and veterans to engage one another in meaningful, nonjudgmental discussions about the significance of war and the impact of war's violence. Our findings echo existing research about the potential value of familial and social support beyond just the veteran community (Romero et al., 2015; Whiteman, Barry, Mroczek, & MacDermid Wadsworth, 2013). Counseling psychologists and mental health professionals can work to cultivate this support by participating in or organizing public educational events, humanities-focused engagements, volunteer opportunities, and other creative community venues that are focused on learning about war and the military experience, with a particular focus on the moral concerns that can arise for, and sometimes haunt, combat veterans.

Our findings show that, for the veterans most troubled by killing in war, talking about their experiences with other veterans or with mental health professionals is only the first step in a healing process that also entails (re)connecting with social and spiritual networks within a larger community (cf. Maguen & Burkman, 2013). Here, healing requires finding a community to call one's own—a place to fit in *without* the perceived need for secrecy or deceit, a place where one

can live with purpose as a member of the community. Belonging and contributing to a community can be important precursors to reconstructing a positive sense of self—an identity that integrates one's past violence with one's enduring potential for constructive action and engagement, for goodness. Civilian mental health professionals can help facilitate this process of rediscovery and reintegration only if they are willing to broach the topics of moral injury, loss, shame, and self-forgiveness with sensitivity and humility.

Limitations and Directions for Future Research

This study has several limitations. Its purpose was not to draw generalizable conclusions about the veteran population as a whole but rather to examine the psychosocial impact of killing as described by a small but diverse sample of veterans. Although our sample included veterans hailing from different war eras, age groups, and racial backgrounds, all of the participants resided in a progressive city on the West Coast. Moral justifications and condemnations of war's violence often divide along political lines, and it stands to reason that moral reasoning about killing may also be shaped by the same political divisions. For instance, in a liberal social setting where anti-war sentiments are more prevalent, veterans may feel more comfortable discussing some topics (e.g., discomfort with killing) and less comfortable discussing others (e.g., justifications for killing). It is notable, however, that many of the veterans participating in this study spoke about both, and about how their own feelings and perspectives had evolved over time.

It is also notable that all of the participants in this study were actively utilizing supportive services for veterans. Veterans who use these services may have different feelings about killing. For instance, veterans with a deeper sense of moral injury tied to their military service might be less willing to access support services. Furthermore, veterans who access such services are more

likely to engage in mental health care, and are thus more likely to have discussed their feelings and experiences related to combat. Because of their engagement in care, the participants in our study may have been more open to discussing killing than other veterans would be, and they may have done more preparatory work in examining and processing their own thoughts and feelings about war's violence.

Finally, this study was limited by the absence of additional, contextualizing demographic data about the participants. We aggregated basic demographic data on the veterans participating in the study, but we did not match individual voices to their demographic data during the analysis process because we had masked the transcripts. Thus, the only contextual or demographic factors that we could take into consideration in our analysis were those factors that veterans explicitly mentioned during the discussions, and those were largely limited to age and era of service.

Future researchers can build on our findings by conducting exploratory qualitative work with subpopulations of veterans across different locations and cultural contexts, with a particular focus on the experiences of under-represented racial and ethnic groups, as well as women. Future focus groups and interviews might also include questions that more explicitly invite exploration of how race, class, age, and gender shape veterans' experiences of killing and its aftermath. Additionally, researchers may wish to more directly explore some of the themes that emerged in this study, such as how feelings about killing and its associated consequences can evolve during the life course and what factors shape that evolution. There is a particular need for more in-depth work examining the experiences of those veterans who have achieved a sense healing, acceptance, and social belonging after struggling with experiences of moral injury. It is important for mental health professionals to better understand what interventions can facilitate growth, healing, and community integration after the violence of combat.

Conclusion

Iraq War veteran Phil Klay (2014b) has argued that, "in the age of an all-volunteer military, it is far too easy for Americans to send soldiers on deployment after deployment without making a serious effort to imagine what that means. We can do better." As a part of that effort, we can help create spaces where conversations about the personal and spiritual significance of war's violence can happen in safe and substantive, but also engaged and critical, ways. This means building and supporting opportunities for veterans to talk about their experiences with other veterans, but not only with other veterans. Civilians, including mental health professionals, have an opportunity and an obligation to better understand veterans' experiences and to join them in confronting difficult truths about the violence of war, its meaning, and its consequences. In doing so, we can begin to break through the postwar silence that masks moral injury, sustains isolation, and reinforces trauma.

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