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Healing from Moral Injury: A Qualitative Evaluation of the *Impact of Killing* Treatment for Combat Veterans

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ABSTRACT

This paper evaluates the Impact of Killing (IOK) treatment—a psychological intervention designed to address moral injury and trauma associated with killing in war. Using qualitative data from interviews with 28 combat veterans, we examine IOK's impact, how it differs from other trauma-focused treatments, and how it can be improved to better meet veterans' needs. We found that many veterans processed their killing experiences for the first time in IOK, even though all had previously completed evidence-based treatments for posttraumatic stress disorder. Several described killing in war as the most distressing and transformative trauma of their lives, and all affirmed the value of an intervention focused directly and explicitly on moral injury and killing. IOK helped veterans to acknowledge their grief, shame, and distress; gently but critically examine their thoughts and beliefs about killing in war; and make strides toward acceptance, reconciliation, and forgiveness.

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Combat trauma; killing; military veterans; posttraumatic stress disorder; treatment evaluation

Background

After returning from war, many veterans find that their lives are profoundly affected by their experiences in combat (Tanielian & Jaycox, 2008; Thomas, Harpaz-Rotem, Tsai, Southwick, & Pietrzak, 2017). Social isolation, interpersonal difficulties, and substance abuse keep many former soldiers from returning to their prewar routines and relationships. Some struggle with frequent flashbacks of their time in combat or find that they cannot shed the hyper-alertness required of them in war. Others live with persistent depression, anxiety, emotional numbness, or anger. Every day, 20 U.S. military veterans end their own lives (Veterans Affairs (VA) Suicide Prevention Program, 2016).

Today, we see many of the psychological challenges that veterans experience—anxiety, depression, flashbacks, hypervigilance, and avoidance—as symptoms of posttraumatic stress disorder (PTSD; c.f., Department of Veterans Affairs, 2017). Posttraumatic stress usually stems from experiencing intense fear in response to a

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life threat or a witnessed horror, often under circumstances where one has little control over unfolding events. Experiences like these can have enduring consequences, including ongoing fear and anxiety, hair-trigger responses to innocuous stimuli, nightmares or insomnia, and destructive coping strategies like excessive drinking or avoiding ordinary people and places (Shalev, Liberzon, & Marmar, 2017; Tanielian & Jaycox, 2008). Notably, nearly a quarter of Iraq War veterans met the diagnostic criteria for PTSD 8 years after deployment (Vasterling et al., 2016).

For some combat veterans, *doing* violence—and killing in particular—is a uniquely traumatic experience. Several studies have shown that PTSD, depression, and suicidality after combat are significantly more common and/or more severe among veterans who have killed in war (e.g., MacNair, 2002; Maguen et al., 2009; Van Winkle & Safer, 2011). When veterans are invited to share their thoughts and feelings after combat, many describe killing as a transformative experience that altered their perception of themselves and their world in sometimes devastating ways (Purcell, Koenig, Bosch, & Maguen, 2016). Weighty feelings of responsibility and regret can stay with veterans long after they leave the battlefield, and many continue to judge and punish themselves for years or even decades after returning home.

Today, the term *moral injury* is sometimes used to describe the spiritual pain that veterans may experience after killing or doing violence in war (Litz et al., 2009; Shay, 1994; Wisco et al., 2017). Moral injury refers to a lasting sense of guilt, shame, and disillusionment that arises from participating in acts that violate or undermine one's deeply held moral beliefs or sense of justice. If PTSD can be triggered by experiencing fear and bearing witness to the horrors of war, moral injury can be triggered by taking actions or making choices that conflict with one's own moral convictions.

Notably, moral injury—unlike PTSD—is not considered a diagnosis or a psychological illness. It is, rather, a descriptive term meant to reflect veterans' own explanations of their postwar pain, confusion, and shame. Nonetheless, the clinical symptoms of moral injury overlap and are entangled with posttraumatic stress symptoms. PTSD thus remains a primary *clinical* face of moral injury, and those veterans who struggle with feelings of guilt or shame after killing are likely to be referred to PTSD treatment if they seek help.

Currently, the gold standard treatments for veterans with PTSD are Prolonged Exposure therapy (PE; Foa, Hembree, & Rothbaum, 2007) and Cognitive Processing Therapy (CPT; Resick, Monson, & Chard, 2014). PE is a cognitive-behavioral therapy that allows veterans to gradually and safely begin confronting previously avoided people, places, things, and thoughts associated with their trauma. PE involves direct retelling of

the original traumatic experience, with audio-recording of those discussions for playback and processing. Like PE, CPT is a cognitive-behavioral therapy that asks veterans to examine their traumatic experiences and the impact they have on their lives and relationships. CPT examines beliefs and interpretations related to traumatic incidents and how they shape present emotions and behaviors, and it helps patients examine and reconfigure trauma-related cognitions using worksheets and writing exercises. The goal of both PE and CPT is to reduce the severity and frequency of PTSD symptoms, including unwanted or unhelpful thoughts, emotions, and behaviors.

PE and CPT are both evidence-based treatments for PTSD among combat veterans, and both are recommended in the VA best-practice guidelines for PTSD care (Department of Veterans Affairs & Department of Defense, 2010; Ragsdale & Voss Horrell, 2016). Unfortunately, significant numbers of veterans do not experience meaningful relief after CPT or PE (Steenkamp, Litz, Hoge, & Marmar, 2015). Also, neither treatment is considered a cure for PTSD; even with symptom reduction, many veterans must still manage ongoing posttraumatic stress and associated struggles in their lives and relationships (Steenkamp et al., 2015). For at least some veterans, the limited effectiveness of PE and CPT may stem from their focus on fear-based trauma; neither treatment directly addresses the moral injury that some veterans experience after doing violence in war.

To address this gap, authors SM and KB developed an adjunctive treatment designed to follow and supplement standard PTSD treatments (Maguen & Burkman, 2013). The Impact of Killing (IOK) treatment is a 6- to 8-week program that focuses specifically on moral injury and the psychological consequences of killing in combat. Notably, an initial trial found that the new IOK treatment helped veterans to improve their quality of life and significantly reduced posttraumatic stress symptoms and other psychiatric symptoms (Maguen et al., 2017).

The purpose of the present study was to perform an in-depth qualitative evaluation of the impact, strengths, and limitations of the new IOK treatment from the perspective of veterans who completed it. Our goal was to learn how veterans themselves described their IOK treatment experience, including its impact on their lives and how it relates to, as well as differs from, their prior PE and CPT experiences. We also wanted to understand veterans' concerns about the treatment and to identify their suggestions for improvement. Their feedback, presented here, clarifies the utility and potential of the IOK treatment for moral injury, and will be used to refine the treatment model prior to further dissemination.

Intervention

The IOK treatment is a six- to eight-session cognitive-behavioral intervention designed to follow and build on evidence-based, trauma-focused treatments, such as CPT or PE.[1] IOK is unique in its focus on the act of killing and on the moral distress that veterans experience in the aftermath of combat. IOK creates a framework in which veterans can begin to communicate about their most distressing war experiences and thus begin to cognitively process and reassess otherwise unaddressed traumas. IOK acknowledges that the violence military personnel engage in during war can cross personal or social boundaries, creating guilt, shame, and even self-condemnation. By working through these experiences, IOK helps veterans nurture their capacity for intimacy and integration after war, and lays the foundations for ongoing work toward self-acceptance and self-forgiveness.

That IOK treatment aims at forgiveness, and self-forgiveness in particular, bears some explanation. When it comes to killing and the violence of war, it is not clear who is authorized to forgive or whose forgiveness is needed and meaningful. In place of forgiveness from those killed in war, soldiers tend to hear words of absolution from their own loved ones—those who tell them that they did what they had to do to stay alive, or urge them not to judge themselves for difficult choices made in the heat of battle. For veterans struggling with moral injury, these reassuring words often feel insufficient. Instead of offering reassurance to assuage their guilt, IOK asks veterans to consider what they can do to honor their moral convictions and, at the same time, to create the possibility for life beyond suffering and shame.

IOK also recognizes that forgiveness of the self and by the self is part of the equation. Here, self-forgiveness is not the same as absolution; it is not the same as wiping away what happened or saying that what happened was ok. Self-forgiveness is also not a substitute for the forgiveness of others or for the relational work necessary to seek and earn forgiveness. Rather, IOK's invitation to consider self-forgiveness prompts honest exploration of each veteran's moral convictions, distress, and grief. It simultaneously acknowledges that the voices of judgment and condemnation that make life unlivable are often

[1]There are several reasons why IOK was designed to follow and to build on, rather than to precede or occur concurrently with, existing treatments for PTSD. First, PTSD treatments like PE and CPT are comprehensive, evidence-based treatment models that require intensive engagement. Their focus and treatment goals are not identical to those of IOK. We believe that many veterans would find it challenging to commit to two intensive and substantive treatments at once. Further, not all combat veterans with PTSD struggle with moral injury related to killing, and the psychological challenges attributable to moral injury in particular are not always apparent at the outset of PTSD treatment. For these reasons, we feel it is more appropriate for veterans struggling with posttraumatic stress symptoms to complete a PTSD treatment program before engaging in IOK. Those veterans who continue to experience difficulties after completing PE or CPT can then be offered an additional treatment module (IOK) to address moral injury specifically. Offering IOK *after* PE or CPT also provides veterans with time to integrate what they have learned in prior treatment and to practice associated skills. Those veterans who feel they need time to take a break from intensive treatment and to consolidate treatment gains will have the opportunity to do so, improving their readiness to commit to and succeed in IOK treatment.

Table1. Impact of Killing Treatment Description.

Session		Topics	Description and goals	Assignments
1	Pre-Treatment Evaluation	Assessment, Barriers to Treatment, Coping Skills	• Complete pretreatment evaluation (prior treatment experience, coping skills, etc.) • Review rationale for trauma-focused work and reinforce previous therapeutic gains • Discuss potential barriers to treatment (stigma, fear of persecution, etc.) • Gather information about killing experiences using Killing Cognition Scale (KCS) • Begin to learn about veteran's values, cultural and spiritual beliefs (ongoing)	Self-Care Plan
2	Common Responses to Killing	Physiology, Emotions, Cognitions	• Work to destigmatize discussion of killing and related emotional experiences • Review and promote understanding of common responses to killing (physiological, emotional, cognitive) • Provide instructions for a Meaning Statement (veteran's description of how their beliefs about the self, others, and the world changed after killing)	Meaning Statement
3	Cognitive-Behavioral Therapy (CBT) Elements	CBT Framework, Meaning of Killing, Killing Cognitions	• Review and discuss "Meaning Statement" • Review basic cognitive-behavioral framework and thought records (ABCD Sheets) • Identify thoughts/feelings about killing that are most distressing (using KCS) • Review and discuss specific experiences; examine the role of context balanced with responsibility and acknowledgment of harms that may have occurred. • Identify potential areas for acceptance, grief, and forgiveness work	Breathing Handout; Practice ABCD Sheets (*daily examples*)
4[a]	Becoming Unstuck	CBT; Killing Cognitions (continued)	• Continue work of previous session; review between-session ABCD Sheets • Facilitate expression of anger, sorrow, and other emotions • Begin to explore and integrate distorted aspects of the self • Assign Self-Forgiveness Statement (veteran's definition of self-forgiveness, their cultural beliefs about forgiveness, how they apply forgiveness to self and others)	ABCD Sheets (KCS items); Self-Forgiveness Statement

(*Continued*)

Table1. (Continued).

Session	Topics	Description and goals	Assignments
5[a] Forgiveness	Defining Forgiveness, Barriers to Self-Forgiveness	• Review Self-Forgiveness Statement and ABCD Sheets • Examine veteran's definition of self-forgiveness • Identify potential barriers to self-forgiveness • Begin to develop personalized Forgiveness Plan, identifying assignments that will help address specific barriers to self-forgiveness (e.g., Pros/Cons of Forgiveness) • Conduct/assign exercises (e.g., Forgiveness Letter) in exploring and expressing self-compassion and demonstrating links between forgiveness of self and of others • Encourage active behaviors, rituals, commitments to honor the veteran's own moral values and humanity through development of an Amends Plan	ABCD Sheets; Pros/Cons of Forgiveness; Forgiveness Letter Nine Steps to Self-Forgiveness; Amends Plan
6 Taking the Next Step	Forgiveness Letter, Making Amends, Maintaining Gains	• Review Forgiveness Letter, Amends Plan, and other assignments • Continue work to loosen beliefs that the self is undeserving of compassion • Take stock of treatment process to date • Consider any meaningful changes and gains • Plan for ongoing forgiveness, acceptance, and amends work	Plan for Continued Work

[a]Sessions 4 and 5 are often extended to two visits each.

the voices within. Rather than silencing them, IOK invites those voices into a dialogue that admits the possibility of healing and growth.

This dialogue is initiated gradually over the course of 6–8 structured treatment sessions, outlined in Table 1. At the first IOK session, the therapist[2] revisits the rationale for trauma-focused work, reviews the veteran's prior treatment experiences, and works to reinforce previous therapeutic gains. Using the Killing Cognition Scale (Maguen et al., 2017), the therapist begins to learn about the veteran's experiences of killing in combat and his/

[2]IOK treatment is designed to be provided by a therapist who has both training in evidence-based treatments for PTSD and significant experience in working with veterans who have PTSD. The therapist should feel comfortable discussing the morally challenging events that come up in war and capable of creating a therapeutic environment in which these topics can be explored without judgment. Some familiarity with military culture and combat experience is important, but a general commitment to the values of cultural humility and sensitivity is more fundamental. Therapists providing IOK should be open to engaging in discussions that touch on spirituality and religious faith with veterans from many different faith backgrounds. At this time, we are exploring the possibility of developing a formal training program for IOK practitioners.

her current thoughts about killing. Together, they explore potential barriers to treatment, including the stigma and shame associated with talking about killing. At this visit, the therapist also begins to learn about the veteran's unique values and spiritual beliefs, with the aim of tailoring the treatment goals, language, and approach to each individual's cultural, religious, and personal needs.

The second IOK session examines common responses to killing in combat, including physiological reactions, emotions, and thoughts in the aftermath of killing. The goal of this session is to help veterans see that their reactions to the violence of combat (e.g., feelings of rage or an adrenaline rush in the heat of battle), which they may consider unique or uniquely shameful, are often shared by other veterans. This helps to open up and destigmatize the discussion of killing and killing-related emotional experiences. As an inter-session assignment, the therapist asks the veteran to create a "meaning statement" about how their beliefs about the self, others, and the world changed after killing. This assignment aids the patient and the therapist in tailoring the continuing treatment to specific cognitive challenges and restructuring opportunities, and identifies areas for ensuing acceptance, grief, and forgiveness work.

In the third IOK session, the therapist and veteran review the standard cognitive-behavioral framework (familiar to most patients given their prior experience with CPT or PE). During this process, the veteran hones in on the thoughts about killing that feel most distressing. Here, the therapist creates space for veterans to grieve and to express the sorrow and other emotions they may feel when they begin to examine the events at the root of their moral distress. The therapist and veteran then work together to consider the veteran's perspective on what transpired, to examine the role of context, and to more fully explore and integrate aspects of the self that may have been distorted or dismissed in their thoughts about killing.

It bears noting that this exercise does not assume that all guilt feelings are maladaptive cognitions that need to be addressed and corrected. Rather, it creates space for veterans to assess and examine their own cognitions and to acknowledge the moral values associated with them. Although the IOK therapist invites veterans to reflect on their thinking and to explore the possibility of cognitive reappraisal, the therapist still fundamentally honors the veteran's interpretation of, and even their judgments about, the actions that they took in war. There is no effort to dismiss painful but valued-based interpretations. There is only an invitation to self-inquiry and exploration, and to finding a livable path forward.

The next phase of IOK treatment forges that path with a focus on acceptance, forgiveness, and making amends. The veteran first completes an assignment to define self-forgiveness, to share what they have learned about forgiveness in their lives to date, and to examine whether they apply

the same standards of forgiveness toward themselves as they do toward others. The therapist and veteran then collaborate to better understand, and often expand on, the veteran's definition of self-forgiveness. Simultaneously, they work to identify any potential barriers to self-forgiveness. Given how much conflict patients can experience during this process (e.g., fear that the acts they committed are unforgiveable, belief that forgiving means condoning or erasing memory of the event), this work is often extended over two visits.

After examining the concept of self-forgiveness and potential barriers to it, the therapist and veteran collaboratively develop a "forgiveness plan" and determine what types of assignments can help address the veteran's specific barriers to self-forgiveness. Assignments often include writing a letter to an enemy soldier or civilian killed by the veteran, to a younger version of the self, or to a close family member of the person killed (e.g., the mother of an enemy solider). These letters are not a substitute for the forgiveness of others, or even a way to solicit to that forgiveness. Instead, they are exercises in exploring and expressing compassion; by demonstrating how forgiveness of others is tied to forgiveness of self, they can help loosen rigidly held beliefs that the self is undeserving of compassion.

The veteran next begins an amends-planning process. In most situations, making direct amends to the individual(s) killed is not possible, which troubles many veterans and contributes to their sense that killing is unforgiveable. Thus, in the amends-planning process, veterans think through what they can do in their daily lives to honor their values, especially those that were compromised or transgressed during combat. Amends plans focus on specific behaviors like visiting the gravesite of a fallen soldier, volunteering, or reconnecting with their spiritual community. Developing a meaningful, authentic forgiveness and amends plan requires creating a supportive space for veterans to express feelings of guilt and remorse for actions that harmed others, as well as sadness and compassion for the people harmed and for the self. This intensive work often takes two sessions as well.

At the final IOK treatment session, the therapist invites the veteran to review and take stock of the treatment process to date, to consider any meaningful changes or gains, and to plan for ongoing work toward self-forgiveness, acceptance, and making amends.

At the therapist's and the patient's discretion, the IOK treatment model allows for potential post-treatment "booster sessions" to help facilitate successful implementation of the veteran's forgiveness and amends plans. At these booster sessions, the therapist and veteran review ongoing barriers to self-forgiveness and work to facilitate follow-through with the patient's plans—for instance, connecting with a spiritual community, joining a psychotherapy group, or participating in volunteer work. Booster sessions range from 1 to 2 visits, and generally occur within 3 months of completing

the treatment protocol. Approximately half of the veterans who complete the treatment protocol opt for at least one booster session.

Methodology

Design

The present study was part of a larger research program aimed at assessing the acceptability and feasibility of IOK as a treatment for combat veterans experiencing psychological challenges related to killing in war. To understand the treatment's impact on the lives and experiences of these veterans, and to explore their perspective on how it might be further developed or improved, we chose a qualitative research design utilizing in-depth, one-on-one interviews with a subset of veterans who had enrolled in the larger IOK research program and completed IOK treatment. The protocol was approved by Institutional Review Board at the University of California, San Francisco and the San Francisco VA Medical Center.

Participants

We recruited participants for this study and for the larger IOK research program through direct referrals from clinicians treating combat veterans for PTSD at local VA hospitals, VA outpatient clinics, and Vet Centers. We also used direct mailings to recruit veterans who had participated in related research on PTSD and killing. We called those who expressed interest, informed them of the study's purpose, and invited them to engage in an initial screening process.

To verify that interested veterans met our inclusion criteria, we used a brief telephone screening, chart review, and consultation with the patient's primary therapist. Inclusion criteria included (a) at least 18 years old, (b) endorsed killing or being responsible for the death of another in a war zone and reported continued distress regarding these events, (c) met criteria for PTSD, (d) received prior exposure-based treatment for PTSD, (e) if on a prescribed medication for PTSD, maintained a constant dosage for 1 month prior to enrollment, and (f) if receiving CPT or PE, completed treatment and waited 2 weeks prior to enrollment. Exclusion criteria included (a) current or lifetime diagnosis of a psychotic disorder, (b) recent psychiatric hospitalizations, (c) recent suicidal and/or homicidal behaviors, and (d) presence of untreated substance use disorder. Interested veterans who met eligibility criteria, completed the informed consent process, and enrolled in the study were invited to participate in an in-depth interview after completing treatment.

Ultimately, 28 of the 29 veterans who completed IOK treatment chose to participate in a qualitative interview about their experience. Among the 28 participants, 2 had served in the Korean War, 20 had served in the Vietnam War, 1 had served in the Persian Gulf War, and 5 had served in the War on Terror in Iraq and/or Afghanistan. Participants ranged in age from 26 to 80 years (with a median age of 64 years), and all were men. Eighteen participants were White (17 non-Hispanic/Latino, 1 Hispanic/Latino), 5 were Black, 1 was Asian/Pacific Islander, and 4 were multi-racial.

Materials and procedures

We conducted all interviews at a VA medical center in Northern California. Consistent with the exploratory aims of the study, we used a short set of guiding questions and potential probes. We began each interview by asking the participant to describe the impact of IOK treatment on his life. Other core guiding questions included:

- What worked well for you in IOK treatment? What were the most effective components of the treatment program?
- What did not work as well for you? What were the least effective components of the treatment program?
- Did you feel prepared for the treatment? Could you have been better prepared? How so?
- Is IOK treatment different from other PTSD treatments that you completed? How so?
- Thinking about IOK in relation to your CPT/PE treatment, do you feel that IOK should come before or after that treatment? Should IOK be integrated with other PTSD treatments or stand alone?
- In what ways could IOK treatment be improved?

We used probing follow-up inquiries to solicit clarifying details and to invite participants to reflect on their answers. Interviews generally lasted between 40 minutes and an hour. All sessions were audio-recorded and transcribed.

Analytic strategy

We conducted an inductive thematic analysis (Braun & Clarke, 2006) to identify to both explicit and latent themes in our data. We began by listening to all recordings and reading all transcripts to identify a preliminary set of themes and to organize them by topical domain. Informed by a qualitative analytic strategy designed for rapid health services research (Hamilton, 2013), we then created an analytic matrix to track and refine developing

themes for each topical domain, to catalogue all exemplary quotations, and to note any contrasting or qualifying observations. We simultaneously tracked which and how many interviews illustrated or exemplified each theme, enabling us to assess the relative prevalence of different themes and to examine any relationship between themes and participant characteristics.

The process of theme identification and elaboration was iterative and collaborative. Throughout the analytic phase of the study, we (NP, KB, and SM) met biweekly to review developing themes; to ensure consistency in theme identification, description, interpretation; and to discuss any questions and challenges that arose during data analysis. These meetings also provided us with an opportunity to reflect on how our own subjectivity could influence the analytic process and to explore and discuss any implicit judgments or strong emotions that arose during analysis. We made a sustained effort to listen openly, analyze attentively, and embrace an empathetic orientation throughout the research, analysis, and writing processes.

In addition to *empathy*, the values of *authenticity* and *fairness* guided us throughout the analytic and writing processes (c.f., Morrow, 2005). We remained attentive to all participants' voices in the identification and development of themes, and we attempted to include and reflect the full range of experiences described by the study's participants, including variable and dissenting voices. To maintain fidelity to the perspectives of participants, we use direct quotations to illustrate emerging themes wherever possible, and our interpretations remain closely aligned with the language and expressed perspectives of the veteran participants.

Results

We present our results across five topical domains. The first domain, "Impact," describes veterans' perspectives on the impact of IOK treatment in their lives, including any changes in their emotions, cognitions, and relationships. The second domain, "Effectiveness," identifies the elements of IOK treatment that veterans felt were more and less effective, including their reflections on why and how each treatment element worked. The third section, "Critique," summarizes veterans' critical feedback about the treatment structure and content, including their suggestions for refining and improving the treatment model. The fourth domain, "Novelty," examines veterans' perspectives on how IOK differs from and relates to other PTSD treatments they participated in. Finally, "Other Considerations," presents additional themes identified during the analytic process that are relevant to the effective practice of the IOK treatment. A summary of the themes identified in each domain appears in Table 2.

Table 2. Summary of Interview Domains and Themes.

Domain	Theme
Impact	*Describes veterans' perspectives on the impact of IOK treatment in their lives, including any changes in their emotions, cognitions, and relationships*
1.	IOK provided veterans with a safe space in which to examine and process their thoughts and feelings about killing; for many, talking about killing in this nonjudgmental context was a source of relief in itself
2.	IOK helped veterans to reappraise and clarify their thoughts, judgments, and feelings about their actions in war, often resulting in a revised understanding of what happened and why it happened
3.	IOK helped many veterans reach a changed view of the self, with some reporting less shame and fewer self-punishing behaviors
4.	IOK helped veterans acquire new cognitive and behavioral "tools" in treatment, and they used these tools to help manage stressful thoughts, emotions, and behaviors in other life context.
Effectiveness	*Describes the elements of the IOK treatment that veterans felt were more and less effective, including their reflections on why and how each treatment element worked.*
1.	Veterans felt that IOK worked because of its explicit focus on killing and moral injury, which helped them overcome the avoidance that often precludes discussion of these sensitive topics
2.	Veterans felt that exploring the concept of self-forgiveness and completing the self-forgiveness modules (the culmination of the treatment) had the greatest impact
3.	Veterans reported that the structured assignments, particularly writing and reading letters to those they had killed in war, had significant therapeutic value
4.	Veterans appreciated that the treatment program, goals, and structure seemed flexible and tailored to their own needs
Critique	*Describes veterans' critical feedback about the treatment structure and content, including their suggestions for refining and improving the treatment model.*
1.	Many veterans felt that IOK treatment was too short and suggested lengthening the time spent on core treatment modules
2.	Veterans agreed that IOK treatment was emotionally challenging and sometime painful; they suggested providing appropriate support and preparation for potential participants (e.g., prior PTSD treatment, mindfulness exercises, concurrent support groups)
3.	Several veterans said they wished they could have accessed IOK treatment sooner after their return from war; they suggested that the VA identify ways to bring veterans into treatment more quickly after discharge
Novelty	*Describes veterans' perspectives on how IOK differs from and relates to other PTSD treatments they participated in.*
1.	Veterans felt that IOK treatment was different from their prior PTSD treatments and should remain a stand-alone treatment
2.	Veterans reported that IOK treatment was unique in its focus on killing, including its attention to specific violent war experiences
3.	Veterans felt that IOK treatment was unique in its attention to spiritual as well as psychological matters, creating a space for reflection on the broader moral, ethical, and even religious dimensions of one's experiences during and after war
Other considerations	*Describes additional themes identified during the analytic process that are relevant to the effective practice of the IOK treatment*
1.	Veterans affirmed that IOK treatment must happen in the context of a trusting therapeutic relationship, which takes time, effort, and the right setting to establish
2.	Veterans emphasized the importance of talking to and learning from other veterans as a part of their healing process
3.	Veterans showed great diversity in their experiences of killing and in how they interpret and judge those experiences

IOK: impact of killing; PTSD: posttraumatic stress disorder.

Impact

Universally, veteran participants affirmed that completing the IOK treatment was valuable to them, and many described specific ways that the treatment improved their lives. Above all, they felt that IOK treatment helped by creating a supportive space in which to process thoughts and feelings about their killing experiences. As one former Vietnam infantryman said, "I never talked about it [killing] with anybody else … not even other veterans." Like him, many veterans had actively avoided thinking about the violence they had done in war, and many had not discussed their killing experiences at all. Despite their silence, most recognized killing as a powerful experience affecting their lives and driving underlying concerns and emotions. "Why do we keep re-living this fire-fight?" asked another Vietnam veteran, "we *need* to make sense of it." For him and others, IOK offered a safe venue in which to begin that sense-making work, which might otherwise be left undone.

The act of disclosing and speaking with someone about killing experiences in a caring, non-judgmental context was a source of relief for many participants. "I had suppressed it for so long," acknowledged one veteran, "and, once it got out in the open, it didn't seem to bother me as much as before." Like him, many had been fearful of disclosing their experiences to others because they anticipated judgment or simply felt ashamed. For them, the opportunity to just "get it out" could offer a kind of cathartic release. "It was exhilarating," shared one former gunners' mate, "I completely *drained*. Things that were in me for years just came out … I felt completely invigorated right after."

For many veterans, IOK treatment also provided an opportunity to revisit, clarify, and reappraise their own thoughts and judgments about their killing experiences. Some found that their understanding of what happened became clearer and, as a result, not as intimidating or disturbing. In the words of a 70-year Vietnam veteran:

> [IOK treatment] had me question or interrogate everything I went through while I was in Vietnam and the way I was thinking about [it] …. it helped me to see that what I think and feel about Vietnam was a very, very subjective viewpoint, and it was a viewpoint from a subject that was dealing with very extremely harsh situations.

Describing a similar process of cognitive reappraisal, a Persian Gulf War veteran drew an analogy between the work he did in IOK and the assembly of a complex puzzle:

> [IOK] helped to either re-frame or just put the pieces together even though when I saw them, I knew they were always there … in the end I'm like 'How come I didn't see that or how come I never thought of it in that way?

For him and for other veterans, paying attention to the particulars of individual killing incidents was key to solving the puzzle. An Iraq War

veteran, for example, described how attention to individual killing incidents helped him move from a generalized discomfort with his actions to a more specific, and less intimidating, understanding of what took place: "It allowed me to unravel some of those things [that] I just had a general feeling of regret about … I can think of it more concretely."

For several veterans, considering the larger context in which killing incidents happened—including constraints, pressures, threats, and dangers to the self or others—resulted in a less distressing perception of why they acted as they did. "What [IOK treatment] pointed out to me—it made a huge difference—was that war is hell," said an infantryman who served in Vietnam and Korea, "War creates situations and, in war, people behave a lot more differently than they would—than they do at any other time."

Adding both context and specificity to their thoughts about killing helped some veterans to recognize their most traumatizing experiences as events that took place in the past—that is, in a different place and time. Some came to understand their violent actions in war as actions taken by a different and younger version of themselves. Realizing this could help veterans to differentiate between their past violence and their present identity:

> [IOK] helped me understand the difference between [myself now and] where I was just coming out of Vietnam … It gave me perspective …. about attitudes and responses to my environment and how I have been responding or how I have been defining who and what I am, and what part of that is useful and what part of that is not useful to me. It was important to understand that … I did the best I could at the time.

For older veterans in particular, the ability to situate their actions in a different time and place, and to recognize the evolution of self that has occurred since they returned home, could have a powerful impact. "I feel like I have let go," shared one veteran, "like I don't have to be in Vietnam again. I'm in a present state right now."

For many veterans, the cognitive reappraisal achieved during IOK opened a door to the possibility of self-forgiveness. Several said that, before IOK, they found it impossible to think of themselves as good people because of their actions in war. In the words of one Vietnam veteran, "I thought I was a monster, you know? … I felt like a monster separated from the human race." The IOK treatment process helped him and others to arrive at the conviction that what they did was not the totality of who they were, and to begin to see a path toward forgiveness and redemption. For instance, a Vietnam veteran who worked with explosives during the war described how he began to reevaluate his self-concept in IOK treatment:

> You look at the mirror at the Funny House, and you look in that mirror and you see how warped you can be … After this [IOK], I look in the mirror—I look in the mirror straight, and it's clear, and you can see yourself for real.

A former Vietnam gunner's mate described a similar IOK treatment revelation that resulted in a gentler, less judgmental view of his own actions: "My train of thought is different. I'm not thinking I'm a heartless bastard who doesn't care ..... I was only 18 years old and [the war was] a long time ago, and it is still at the front of my memory."

Many veterans reported experiencing a "sense of relief" in finding a path to self-forgiveness. "I felt that I could never forgive myself because I was a bad person," confessed a Vietnam veteran, "and realizing that I could do this ... was very, very helpful for me." Using language that evoked the lifting of a burden or weight, multiple veterans from different service eras made statements like, "I am not packing around all that load," "I don't need to carry around the guilt," "This has been lifted off of me," and "I felt a lot lighter." These veterans recognized, as a result of their work in IOK, that they could choose self-forgiveness even if they still felt a need to make amends for what they had done.

A few participants volunteered that the process of self-forgiveness had improved their ability to relate to others. One explained that, before treatment, his guilt about killing "kept me from being as open and free as I want to be, because I never really wanted to tell everybody about that part of who I was." After IOK treatment, he felt "able to relate a little bit more comfortably with other people ..... I feel like I can give and receive love better." Processing guilt-inducing killing experiences also helped some participants to feel less anger toward and "more compassion" for others, including people they may have blamed for the trauma they experienced in war.

Beyond a general shift in perspective, several veterans noted that IOK treatment equipped them with specific "tools," techniques, and strategies for managing their emotions, cognitions, and actions in the moment. "I still have the papers with me," explained one veteran, "and so whenever something comes up, I can always kind of quickly look at that and think, oh okay." He was not the only participant who kept and consulted written materials from the treatment program: "I've got the whole package right here," volunteered another veteran, "and what I do is, every couple of days or so, I review it. Sometimes I spend a couple of hours reviewing it." By pulling out the right tool at the right time, some found that their thoughts and feelings about killing were not as overwhelming, as painful, or as enduring. A few offered specific examples of times when they re-read materials or repeated exercises from the treatment to help them manage particularly stressful events in their lives.

For some participants, following through on the "amends plans" that they had created during treatment was particularly helpful. Finding ways to give back to others and to the community (a key part of the IOK treatment model) could be a source of comfort, helping veterans to overcome the sense of being a "bad person" or the belief that they should be continually "punished." "I feel like it kind of gives me a platform to go forward from,"

one veteran said of his amends plan, "it just kind of gives me … a focus on things that I can work on."

Cumulatively, the cognitive shifts, emotional changes, and specific skill sets cultivated through the IOK treatment could have a profound impact on veterans' lives. Several spoke of the treatment's overall effectiveness in glowing terms. "Powerful's not even a powerful enough word," shared one Vietnam veteran, "[IOK has] given me a new perspective on life and a desire to live." Many other veterans agreed that their time in IOK treatment was particularly transformative, and several noted that they would recommend, or had already recommended, the treatment to their fellow combat veterans: "I said 'hey guys, I am graduating from that thing [IOK] … you know, it's tough, but,' I said, 'guys, it was really good.'"

Veterans' positive affirmations about the value of IOK treatment were not without qualification. Several acknowledged that they still struggled with the impact of killing to some extent, even if the treatment had significant positive effects. A few noted that they had not followed through on their amends plans or continued to do the "homework" they had intended to do after treatment. Acknowledging both the progress made and the work left to be done, a former Vietnam helicopter chief explained that IOK "helped me in ways that I had not expected and in some ways has not met my expectations because I thought it was going to be a quicker solution." He was not the only veteran to express this sentiment. "When we got into the subject of self-forgiveness," shared a Korean War veteran, "I thought, 'oh, that will be easy.' That has really thrown me. I have not been able to solve it and I am still struggling with it. I try to work on it a lot. [IOK] has been a big help, but …" In short, for some veterans, IOK treatment marked only the initial steps on a longer path toward forgiveness and recovery.

Effectiveness

Veterans were asked which components and features of the IOK treatment had been most helpful to them and were invited to explain how and why they helped. Above all, veterans reported that IOK was effective because it helped them to directly confront killing and moral injury. In IOK, it was not possible to gloss over uncomfortable thoughts and feelings about killing. IOK therapists gently pushed participants to go further and deeper than they had before, and nearly all found this both difficult and ultimately beneficial. As one Vietnam veteran put it, his IOK therapist "wouldn't allow me to say, 'that's the way it is'; she would say 'I want you to expand on that, what do you mean?'" For him, "That was good. It made [me] expand, and that's challenging, especially for us vets." Like many participants, a Korean War veteran noted that he had not realized he was avoiding the topics of killing and moral injury until his therapist "kept hitting me with it.

She did not let me slide by." Being invited to directly and continuously confront moral injury was often cognitively challenging and emotionally exhausting. But, for most participants, it was also productive and led to new insights.

Some participants brought up how the blunt and direct language used in the IOK treatment helped them overcome avoidance. The fact that killing was discussed directly, and not with euphemisms, could be perceived as confrontational and sometimes shocking, but also essential to doing the work of the therapy. Upon seeing and hearing the word killing, veterans knew that IOK would focus directly on the roots of moral injury: "It was almost like, wow, they [the IOK therapists] really get it." Most veterans agreed that direct, explicit language was essential to confronting the roots of moral injury. In the words of one Gulf War veteran, "Sometimes you need a hammer to knock down a wall."

When asked to highlight the most helpful individual components of the IOK program, most veterans opined that all of the sessions contributed something important and that the true value of the treatment lies in the gestalt. When pressed, however, most identified the self-forgiveness modules as the most important component of the treatment and as the part that most directly addressed the root of their suffering. The self-forgiveness module asks veterans to think about what it would take to forgive themselves in the same way that they might forgive others—irrespective of their own judgments about the morality of their actions. For many, like this Korean War veteran, the concept of self-forgiveness was both novel and powerful:

> I still think the most important, because it is disturbing me even now, is the concept of self-forgiveness … And the thing that is so profound … I spent a lot of time at night thinking about this… is [that] forgiveness is one thing but self-forgiveness is another. See I've been saying to myself at times, 'Oh God forgive me for killing all those people,' but that is different than … *self*-forgiveness. And it's [an] interesting sensation and that has been really difficult.

As his words suggest, the invitation to *consider* forgiving oneself is only the first step for many veterans; it leads neither naturally nor easily to full forgiveness. Getting there is difficult and halting work—often undertaken tentatively and sometimes never completed.

Many veterans shared that, for them, the challenge of self-forgiveness is rooted in deeply held values and well-considered judgments about actions they took in combat. Those actions can, in some cases, feel fundamentally wrong and potentially unforgiveable. Indeed, some participants questioned whether self-forgiveness was an achievable or even desirable treatment outcome. "I just can't [forgive]," concluded one Vietnam veteran, "*that* I can't accept, because I can forgive people for what they've done against me, but I can't forgive myself for what I've done against somebody else, because

they are no longer here." Many veterans, however, came to see forgiveness as an acknowledgment rather than a repudiation of their moral values; they learned that a person can accept that his actions were unjustified and still choose to forgive.

For several participants, preparing a letter to the person or people they killed, or to the family members of those killed, was an especially important part of the process. Because writing requires considering one's experiences and emotions in detail and, in some cases, thinking from another's point of view, it could become fuel for the cognitive reassessment that brought many veterans a new perspective and a sense of relief. Some described how the writing process itself evoked sense memories and, as such, generated new revelations:

> Writing it down and putting my thoughts on paper, it helped me to really look at the experience in a different way …. In writing it down and being as descriptive as possible at the moment with it and explaining how I was feeling and even the physical anomalies that were taking place in my body at the time, rotting flesh and things like that, it really made it—that was so far and so long ago and even though I can still remember it well, it's back there and it shouldn't be here, you know, and putting it on paper was almost the next step in saying, okay, here it is and now it's there and it's not here anymore.

For this veteran, writing helped to concretize and isolate his experience—to bind it in time and space and thus to make it more manageable.

For other veterans, the experience of writing re-enlivened past experiences and brought them into the present moment where they could shift and take on a new meaning. Through writing, one Vietnam veteran found himself reliving the moment when he brought the body of a young Vietnamese child he had accidentally killed back to the boy's parents. In writing them a letter, he explained, "I was able to go back and really pay attention" to that moment. In doing so, he "saw the forgiveness in mama-san and poppa-san's eyes" for the first time. "I saw the [same] look that I saw 43 years ago," he said, but its meaning had shifted in the reliving. For him, that shift made self-forgiveness possible.

It bears noting that different veterans arrive at IOK treatment with different value judgments and moral assessments of the actions that they took in war. During the interviews, several participants said that they appreciated that IOK was tailored to meet their needs and that their therapist took the time to understand their values and beliefs. When it came to the thorny topic of self-forgiveness, veterans considered this patient-centered approach essential and some expressed relief that they were not pressured to abandon well-considered moral judgments (even guilt-provoking judgments) or to pursue self-forgiveness before they felt ready. These veterans liked that the treatment program respected and accommodated their ambivalence about actions they took in war. "In the beginning, I think there was this expectation that I was

going to come out with some … reconciliation," noted one Iraq War veteran, "But I liked in the end that I didn't have to do any of that … I am more comfortable living in that space and thinking about it."

More globally, veterans appreciated that the IOK treatment goals were modified to meet their own personal goals, and that the treatment provided a structure that was flexible rather than rigid. They cited examples of this flexibility, including creating a plan to walk the medical center grounds with the therapist after each treatment (a way to decompress), modifying the number of treatment sessions to allow deeper exploration of areas of concern to individual veterans, and adding the aforementioned "booster sessions" after treatment to check in about their progress. This flexibility helped veterans to feel cared for and respected.

Veterans agreed that it is crucial to make personalization a core feature of IOK treatment because "everybody's experiences in combat are probably going to be different and everybody is of a different personality type … The one thing that the VA wouldn't want to do is make a boiler plate and say, okay, all veterans are going to fit into this." Overall, participants felt that the IOK treatment did allow for the requisite personalization, while still retaining its essential structure and focus.

Critique

Veterans were invited to share their concerns about IOK treatment, including what they found least helpful and any suggestions for improving the treatment model. Here, most responses centered on the length of the treatment. Although some veterans felt that the length of IOK treatment was appropriate, several others would have preferred a greater number of sessions given the complexity and intensity of the material covered. They did not think that 6–8 sessions allowed for sufficient processing of the complicated feelings and thoughts that came up during treatment, or sufficient practice of the techniques and exercises introduced in IOK. Many agreed that the forgiveness modules, in particular, deserved more time and attention. As one Vietnam veteran put it:

> We get to the … forgiveness part and taking the next steps, all that, that's when things start to kick in for me. And then by that time, all of a sudden we only got one session left or two sessions. Maybe that's all we needed but it seemed like not [enough] at that time.

Several participants suggested extending the length of the treatment to allow for more in-depth exploration of some treatment component areas, especially the letter-writing and forgiveness content. For example, one young Iraq War veteran said that he would have liked to write more letters exploring different, individual killing experiences. He pointed out that repeating the

treatment exercises with attention to different traumatic incidents could help to reveal patterns and generate new insights: "Doing two or three of those might be useful to really see how the same principles apply across different [situations]."

Many veterans described developing a strong "bond" with their therapist during IOK treatment and wanted the relationship to continue. "I don't trust anybody when it comes to this stuff," said one Vietnam veteran, "[8 weeks] is not enough time to hang around with somebody I trust." Several found it helpful to keep the door open for continued engagement with their IOK therapist after the conclusion of the treatment, and many took advantage of optional post-treatment booster sessions. "I don't want this to end," acknowledged one Vietnam veteran, "This is the piece that I need to continue to work on, is this forgiveness, understanding, and guilt; how to get out of it; how to let go; how to start to reintegrate what I need spiritually." For him, attending a booster session or two was appreciated but did not feel like quite enough: "I'm very sad that I'm not going to continue working with her."

Almost universally, veterans appreciated that IOK invited them to do emotionally challenging work that helped them to grow. But challenging it was; one Vietnam veteran used the words "completely vulnerable" to describe how he felt during treatment: "It was like somebody just opened me up and looked at everything that I had. Opened my brain up … really pulled my brain out and stepped on it and put it back every time we had a session." Many veterans described experiencing discomfort in talking about their killing experiences and acknowledged that the discussions brought up painful memories and caused them to confront thoughts and feelings that they had avoided precisely because they were so painful. A few reported that new or previously inaccessible emotions arose during treatment. One Korean War veteran described the experience in this way:

> Emotionally, intellectually, it's thrown me even still. I'm surprised. I thought it was going to be simple. That really got me and I freaked. In some ways, another result of this, I've been feeling like I would like to cry more. In some ways, I've been more depressed. In a strange way, and more, I wanted to cry. That I haven't [done] in ages.

Multiple veterans acknowledged that IOK was much more intense and emotional than they had anticipated. A few disclosed that they had at times questioned whether they would continue the treatment because it was so emotionally challenging ("there were plenty of times where I wanted not to go").

When asked what might have better prepared them for the difficult work of treatment, most veterans demurred, doubting whether anything could have made the work of IOK any easier to tackle. But several did say they were pleased to have been through PE or CPT prior to undertaking IOK treatment. They felt that CPT and PE provided them with important skills and practices—including self-care, meditation, mindfulness, and breathing

techniques—that helped equip them to do the work they did in IOK. A few suggested that these skills were essential in preparing them for IOK. "I think I needed a little something prior to this," contemplated one veteran, "It was still tough to go through. Without the PE, I might have quit."

Other veterans shared related suggestions, noting that it's helpful to have good self-care techniques and a strong support system while undertaking IOK treatment. One veteran suggested that the IOK treatment model could better integrate or emphasize practical self-care techniques ("whether it's mindfulness or getting out and walking") to help veterans stay grounded and present throughout the treatment period, and others agreed that practicing breathing and meditation techniques helped them during IOK. Alternately, some participants mentioned that they relied on their veteran support groups to bolster their spirits and maintain their commitment to treatment.

Ultimately, even the veterans who found IOK to be extremely challenging nonetheless felt that the treatment was a valuable, transformative experience. "[IOK] was very emotionally challenging and exhausting," acknowledged a veteran who served in multiple wars, "It's not easy, but the results is way worth it …. I've been a lot better and a lot freer as a result of it." Some felt that the challenging nature of IOK treatment was precisely what made it therapeutically effective; it helped them to get at the areas that troubled them the most. One vet described the experience succinctly: "I didn't enjoy it all, and that's probably why it was good. It *worked*."

Perhaps the most consistent suggestion offered during the interviews was to target veterans for IOK treatment sooner after their return from combat. Several veterans who served in Vietnam and Korea said that they wished they could have completed IOK much earlier in their lives. "I wish that you would have caught me a little like 30, 40 years ago. I think I would be a much better person," shared one Vietnam veteran, "If I could have had this then, I think I would have been able to do a lot of other things that I wasn't capable of doing." This sentiment was repeated by many older veterans. Almost unanimously, they suggested actively targeting younger veterans for IOK: "Don't get them at 40 years later. You got to get people right now."

Novelty

All participants were asked to reflect on whether and how IOK treatment was different from other PTSD treatments they had experienced in the past (PE and/or CPT) and whether IOK should be integrated into other PTSD treatments. In response, almost all said that the therapeutic work that they accomplished in IOK was significantly different from the work they did in

prior PTSD treatments, and IOK offered an intensive focus on topics that could not be adequately addressed in other treatment settings.

Specifically, IOK invited them to delve deep into the topics of killing and moral injury—topics that many had never brought up in prior treatment settings (or anywhere else). A veteran who served in Iraq and Afghanistan described why IOK made it possible for him to discuss the topic:

> I realized that this [IOK] was going to be the place for this one component [killing] to be addressed, and I felt more comfortable addressing it because I really had never brought it up with [my PTSD therapist], not in my [PTSD] group, not with [another therapist] …. I think having the expectation that this is what it was going to be, and going to be for, made it easier for me to open up a lot.

Many veterans noted that the topics of killing and violence were explicitly off-limits in their PTSD groups, and many also had trouble broaching the topic in one-on-one treatment relationships. This was not because it was unimportant to them; more often, it was because they felt uncomfortable discussing killing, or sensed that the therapist was uncomfortable with it. Of their prior PTSD treatments, participants made statements like "nobody ever asked" or "everybody else kind of skirted around it." In IOK treatment, by contrast: "Every sentence had the word killing in it. How did it affect you? What did you feel afterwards?"

Participants also pointed out that IOK treatment invited exploration of the specific thoughts, feelings, and contextual details associated with individual killing experiences—a level of detail and specificity that is absent in other treatments. In IOK treatment, noted one veteran, "You get into the actual incident or incidents in a different light and you look at them." Several veterans found this deeper look to be important to the healing process. For example, a former Vietnam infantryman mentioned that a previous therapist had simply said, "these things happen in war," to reassure or comfort him whenever he tried to talk about killing and moral injury. Instead, he wanted to narrate the story carefully and return to the specific details of the incident. Other veterans agreed that IOK is unique in fostering this kind of exploration without rushing to rationalize, comfort, or explain away their experiences.

Veterans also valued IOK treatment for its unique focus on the moral and spiritual impact of killing. Many appreciated that IOK treatment created space to explore larger questions about the meaning and significance of one's experiences—not only for one's thoughts, feelings, and relationships, but also for one's faith, values, worldview, and community. An Iraq War veteran spoke of that how IOK treatment, unlike his previous PTSD treatments, helped him to get at his underlying "feeling of emptiness"—to do a soul-searching that went deeper than merely finding a way to stabilize his emotions: "You know, you kind of get stabilized, you go out there but you still have a feeling of that emptiness,

and maybe that's just for everyone to figure out for themselves, but this [IOK] has really been helpful to me." Other veterans agreed that IOK helped them to get at something that was fundamental and important to their healing that had otherwise been neglected. "I use the analogy of peeling away an onion skin," explained a former Vietnam gunner's mate, "What I got out of [IOK] was like the core. Everything else was more or less behavior, but it [IOK] was all connected to the core … my soul, my sense of morality."

IOK also helped some veterans to make the connection between their experience of moral injury and the role of society in both inflicting and helping to heal that injury. "[IOK] is about integrating and connecting me to life," observed a Vietnam veteran, "to other people." In thinking about moral injury, many veterans found themselves reflecting on the communal and the social, not just the personal and psychological, aspects of their experiences during and after war. For some, this brought up questions about human beings' responsibilities to one another and to the world. "War, whether it's yesterday or today or next week or whatever … there is a fallout, and the fallout is going to affect everybody," pondered a Korean War veteran, "It affects the veteran first but it's going to affect everybody else, too … we don't live in a vacuum."

During the interviews, participants spoke at length about why IOK's focus on the spiritual and moral dimensions of killing was so unique and so important to them. For many, killing was the most traumatic part of their combat experience precisely because of its moral significance. "In terms of combat and pulling the trigger," explained one veteran, "standing over a dead NVA soldier, to me it was like looking into the abyss …. I have been holding onto this… for forty some years." For other veterans too, killing—not fear or physical vulnerability—was a the heart of their trauma and distress: "The possibility of killing more was just so devastating to my soul," confessed one Vietnam veteran, "It far outweighed what had happened to me in terms of fear and in terms of psychological impact. It was how I had sinned, how I had done something immoral." Many veterans described the depth and the impact of their moral wounds in vivid language. "I felt the loss of my soul," said one veteran, "I was responsible … and it caused me to have feelings of committing suicide and shooting myself to get out of the combat situation." "I hated myself for what I did," admitted another veteran, "and all these years I've taken that hatred with me."

These men felt that IOK, unlike their previous PTSD treatments, helped them work through these haunting experiences and begin to address the roots of their deepest suffering. For them, doing so could be "the most revealing, the most helpful, the most crushing" experience—an experience cultivated by the specific focus and approach of IOK treatment. "It was mind

boggling," a Vietnam veteran said of the path to self-forgiveness, "It was *everything*."

Other considerations for practitioners

Collectively, the interviews yielded several additional insights that are relevant to the effective practice of IOK treatment. First and foremost, veterans affirmed that IOK treatment must happen in the context of a trusting therapeutic relationship, which takes time, effort, and the right setting to establish. Again and again, participants said that IOK worked for them because of the therapist's skill and personality, and because they had developed a trusting relationship with their therapist during IOK treatment.

When veterans used the word "trust," they seemed to be referring, above all, to confidence that their therapist would refrain from judgment and would be sincere in expressing empathy. Explained one Vietnam veteran:

> The therapist connection is important so it doesn't feel like it's just an intellectual exercise .. . . If it takes longer for that connection to be established, whatever it takes to have that safe, good connection between veteran and therapist, that has to be there.

For this veteran and many others, developing that bond matters deeply in breaking through silence about the topics of killing and moral injury—particularly if the therapist is not a combat veteran and cannot personally relate to the violence of war. As one veteran put it, "The veteran has to be able to put down the defensive barrier and allow for an opportunity to make a bridge toward trust to be able to run the risk of divulging what he knows." The veterans who were able to establish a sense of trust during IOK treatment often credited their IOK therapist for this, describing therapists with terms like "patient," "understanding," "warm," and "perceptive."

Multiple veterans also felt that the treatment setting mattered, noting that any obstacles to sharing were diminished because IOK took place at the VA, where most already felt "comfortable" and felt like a part of the community. This veteran community played a significant role in many participants' experience of IOK treatment; their fellow veterans provided a support system and a sounding board throughout treatment. Many spoke of their ongoing engagement in veterans' support groups, and several said that they had talked about their IOK treatment experience in their group sessions. They noted how important it was for them to know that they were not alone in experiencing guilt and shame after killing in war, and they emphasized how much it meant to them to hear other veterans open up or acknowledge similar feelings— "*because* it was a veteran . . . not just somebody that sat in an office somewhere." Notably, some participants had decided to pursue IOK treatment because they heard fellow veterans discuss their IOK treatment experience in VA support groups. Explained one veteran, "I just kept thinking

about them and how they came—when they finished [IOK], they was beaming; something had changed about them. I mean, they came in *beaming*."

Although veteran support groups could offer an incentive to participate in the difficult work of IOK treatment and a venue in which to further process one's treatment experience, veterans stopped short of suggesting that IOK treatment should happen within a group context. Indeed, most expressed gratitude that the IOK treatment was offered as a one-on-one therapy. Not everyone felt comfortable talking about moral injury in a group context, and those who were willing to do it seldom arrived there before they had done significant processing work in IOK. One veteran told a story about receiving a negative and dismissive reaction from another veteran when he tried to talk about his guilt over killing in a treatment group. After that experience, he was reluctant to explore moral injury in any group context: "A lot of veterans would probably go, "what the fuck is wrong with you, that that's bothering you?'"

The tense group encounter between these two veterans underscores a final theme—the diversity of veteran beliefs and feelings about killing in war. During the study interviews, we noted that veterans often resisted the generalization of their killing experiences; they insisted on the specificity of each incident and showed that the details of that incident were essential to their feelings and moral judgments about what they did or did not do. For example, many participants drew a careful moral distinction between killing enemy combatants and killing civilians. Some alluded to other salient factors that shaped the moral context of their killing experiences: Did they kill women and children? Did they kill prisoners who had already surrendered? Would they have been killed if they had not killed themselves? The details that mattered were not the same for each veteran, and the values through which they interpreted their experiences varied widely. Some veterans had strong, established feelings and judgments; others were not sure what they felt.

The differences in veterans' feelings about killing were especially pronounced when they discussed the forgiveness module of IOK treatment. Some experienced this module as an opportunity to release any guilt they may have felt and to reassure themselves that the actions they took were justified. "I did what I had to do to survive and that's what I learned in this therapy session," concluded one veteran. But, for others, any attempt to explain or rationalize their actions in war was tantamount to apologism, and even the language of forgiveness could be problematic. "I am having more trouble with the forgiveness part because it is not about killing a combatant," explained a veteran who had killed civilians in Vietnam, "Do you know what I'm saying? I had that in a different category."

For some veterans, the processing work that they completed in IOK made coming to terms with their actions more, not less, difficult: "I told myself a certain thing for comfort and to get me in a certain space; but

that didn't work when it came up, because I couldn't use those things anymore," explained one Vietnam veteran. Others confided that statements like, "these things happen in war," bothered them tremendously because they obscured the dynamics of choice and will that are operative under even the most extreme circumstances. In short, veterans arrived at IOK not only with different moral values and belief systems, but also with very different treatment goals. Although all participants found IOK to be a worthwhile and important experience, that experience—and the cognitive, emotional, and spiritual outcomes it yielded—proved distinct for each individual.

Discussion and conclusions

Recent research has shown the efficacy of the IOK treatment program in reducing symptoms of posttraumatic stress, reducing general psychiatric symptoms, and improving aspects of functioning among veterans have who killed in war (Maguen et al., 2017). The present study sheds light on how and why IOK works by presenting combat veterans' perspectives on the impact of the treatment, including how IOK helps veterans to process their thoughts and feelings about killing, and how IOK differs from and builds on other PTSD treatments. By interviewing veterans about their treatment experiences, we found that, almost uniformly, they valued IOK for its unique focus on moral injury and its attention to the spiritual dimensions of postwar healing and reintegration. For the veterans we spoke with, this dual focus defined IOK as a treatment intervention and became a catalyst for healing.

It is striking how many of the veterans we spoke with had not discussed killing and its impact before IOK treatment, even though all had completed evidence-based PTSD treatments and most considered killing to be a deeply traumatic experience. This finding underscores the extent to which discussions of killing remain stigmatized—not only in general social settings but also in standard treatment contexts, and even with a professional that the veteran may trust. IOK treatment helped veterans to progress beyond this stigma and overcome fear of disclosure by using direct, explicit language and by ensuring both therapist and patient knew, from the start, that addressing the impact of killing is the very point of IOK treatment. These factors, situated within a trusting therapeutic relationship and paired with confidence that disclosures would be met with sincere empathy rather than tacit judgment, helped veterans talk about a topic that many had actively avoided for years.

It should be re-emphasized that, despite avoidance of the topic, many veterans saw killing and the violence that they did in war as the most distressing and transformative trauma of their lives—a trauma that left some deeply ashamed and convinced that they could not be redeemed. Our

findings suggest that war's moral injuries can be among its most profound and enduring, and that these injuries can and should be treated in their own right. If standard PTSD treatments do not directly and explicitly address moral injury—and veterans told us, again and again, that they did not—an additional intervention like IOK may be necessary for veterans who struggle after killing in war, and whose posttraumatic stress is rooted less in fear and more in shame or guilt.

Notably, this does not mean that all veterans would benefit from IOK treatment. The veterans who participated in this study were selected because they reported struggling with the impact of killing in war, and their experiences may not be representative of other veterans' experiences. We do know that killing in war is correlated with greater likelihood and severity of PTSD and suicidality, as well as relationship problems, anger, and violence (Maguen et al., 2009; Van Winkle & Safer, 2011). But we know, as well, that not all veterans experience guilt or shame in the aftermath of killing, and moral injury is not a universal experience (Purcell et al., 2016). Even among the veterans we spoke with, we identified significant diversity in thoughts, feelings, and beliefs. Veterans insisted that their own combat experiences were unique and particular; when it came to killing, no two incidents were experientially or morally equivalent.

The diversity in veterans' perspectives on what they did, why they did it, and its moral and spiritual significance shows the importance of patient-driven flexibility in IOK treatment. IOK worked for the veterans we interviewed, in part, because it created space for ambiguous and diverse personal experiences, and for qualitative examination of those experiences. This is easier said than done. As we saw, even the language used in the IOK made some veterans bristle; words like "guilt" and "forgiveness" did not resonate with everyone. Some veterans considered statements like "these things happen in war," to be comforting and others considered them a form of apologism that they did not want to engage in—an apologism that could erode trust and foreclose further discussion.

Our findings show that, although destigmatizing the discussion of killing facilitates the therapeutic process, it must be done with great sensitivity. Veterans are seldom looking for an easy explanation or rationalization of their violent wartime actions. Many do reappraise what happened in a way that eases their feelings of guilt and responsibility. At the same time, many want to confront what happened with clarity and honesty, including admitting when they feel they made immoral or unethical decisions with lethal consequences. This requires a balance of acceptance and transformation work, as well as creating room for both to exist simultaneously. For some veterans, under some circumstances, even self-forgiveness may be perceived as a type of rationalization. This is challenging territory to navigate and requires a readiness to meet the veteran where he is at

and to go with him where he is ready to go—that is, to inquire, reflect, and invite but not quite to steer.

In general, the veterans we spoke with felt that IOK accomplished this sensitive task. They did, however, show us ways that we might accomplish it more effectively—by, for instance, allowing more time for veterans to build a relationship with their therapist, to examine individual killing experiences in their specificity, and to practice techniques like letter-writing and cognitive reappraisal exercises. They also reminded us of the importance of a broader support system and a strong self-care skill set for veterans who undertake the difficult work of evaluating the spiritual significance of their actions in war.

For the veterans we spoke with, the work of IOK treatment was immensely challenging—an often painful experience of intense self-examination. But, for those willing and able to undertake that work, IOK treatment could be transformative. It could bring new insights into one's self and one's world, nurturing acceptance where there had been only regret; nurturing forgiveness where there had been only shame. For some, descending into the "abyss" of their violence in war illuminated a path to freedom and peace.

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