HANDBOOK FOR THE PRIMARY AND SECONDARY PREVENTION OF MISSION-RELATED PSYCHOLOGICAL STRESS AND MORAL CONFLICTS

authored by

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Instructions for use

The aim of this handbook is to provide psychosocial networks in the military with guidance on how to carry out preventive measures aimed at changed value orientations and moral conflicts related to missions abroad. Psychotherapeutic training is NOT a prerequisite for the use of this manual, as it is a measure of care and prevention and NOT a therapy offer. However, as a rule, the performers should have a degree in psychosocial specialties (medicine, psychology, theology, social / educational sciences).

The handbook contains both hints for stress-related psychoeducation and exercises that can be performed in groups of 5 to 20 participants. When calculating the number of participants, the degree of mutual familiarity plays a role. The elements presented are applicable both before an operation in the context of primary prevention and after exposure as secondary prevention.
When working with groups with *little operational experience* , the focus should rather be on the sections of general stress prevention as well as moral primary prevention. The topics of changing value orientations and moral violations should then rather be presented to the participants at a glance and with the justification of sensitizing them to a possible moral conflict situation ("as a potential tool").
If the participants have *more operational experience* , then the elements of primary prevention are often known from previous training and value- and moral-related conflict situations have already been personally experienced. In this case, the focus should rather be on these latter topics (secondary prevention). It is then of particular importance to emphasize that treatment of sick people is NOT intended, but a joint discussion of

topics that are particularly important for interpersonal interaction, the balancing of operational experiences and quality of life.

Depending on the time available, a scope of between a half and two training days makes sense. In several places, separately marked sections are inserted in the manual, which are intended to serve as background information for the training staff, e.g. to be prepared for any in-depth questions of the participants.

At the beginning of the training, general aspects of operational psychological stress and illnesses as well as their prevention and treatment (General Stress Prevention, Section A) should be addressed, provided that the time available is sufficient. These should lead to the core topic and make it easier for the participants to classify any (moral) complaints and conflicts in a broader psychological context and, if necessary, to be able to distinguish parallel problems from each other (e.g. moral adjustment disorder vs. PTSD, addiction, etc.).

The training is thus based on the following structure:

A. General stress prevention
B. Value- and moral-specific prevention
C. Completion of training

Chapters A. and B. each begin with a psychoeducational introduction to the topic, followed by information on primary prevention *before* deployments, followed by approaches to secondary prevention *after* assignments.

A. GENERAL STRESS PREVENTION

The present handbook, which focuses on the preparation and follow-up of deployment scenarios with regard to the change of value orientations and moral conflicts, can be combined well with manuals that focus on strengthening resilience and the primary and secondary prevention of general psychological stress and illness. For example, in the context of a training event, such a broader general prevention can be offered on the first day and the values-related and moral deepening on the second day.
If such a combination is not possible, at least a short psychoeducation and an introduction to the strengthening of resources, also using (digital) media, is recommended as an introduction. This manual can be used as a guide.

A 1. Psychoeducation

- For the introduction it is recommended if necessary an introduction of the participants and speakers. General working principles should be discussed (secrecy to the outside, openness in the group, but self-protection in case of increasing inner stress ...).

For the general, stress-related topics, the following order is appropriate. However, this is not strictly defined, but can also be varied according to the needs of the participants.

What are traumatic situations?

- They are characterized by life-threateningness, a "catastrophic" character ("A1 criterion").
- Examples from the operation: mass casualties, experiencing or witnessing violence, combat operations abroad, sight of defaced corpses, etc.

How can they be distinguished from other, generally stressful situations?

- These also have a stressful, but not traumatic character in the above sense. The boundaries are fluid in some cases.
- Examples from the operational events: unfavorable working conditions (scarcity of personnel and resources, shift work), general dealing with injuries and death, observation of poor living conditions, etc.

Why do psychological reactions and trauma disorders arise from these situations?

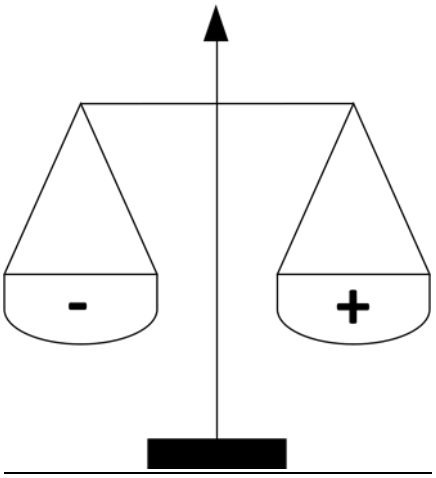
- This section should begin with the explanation of the "principle of normality": Psychich reactions after trauma exposure are to be understood as "Normal reactions of normal people to abnormal situations".
  Example: During deployment, (over)strong vigilance in threatening situations may be life-saving, but in everyday life back home can become stressful (e.g. due to sleep disorders).

- By experiencing a traumatic situation, substantial basic human assumptions are shaken (especially the idea of a safe, predictable world and the appreciation of one's own and/or other persons´ value). This shock can lead to profound psychological uncertainty.

- The model of a scale (see picture below) to symbolize the "mental balance" and the development of a psychiatric disease should be introduced (this should be worked out on the flipchart on the basis of a painted scale with the participants).
  On one side the term "resources" is applied with a " + ", on the other "stressors" with a " - ". The question is addressed to the participants: *How does a mental illness develop?*
  Answer: as a result of an imbalance of the available resources compared to the experienced loads

(too much weight on the load scale, too little on the resource side, the scale tilts).

The continuation of this model can be found in the following section.



A 2. Activation of resources

The term resources or the generic term of psychological stress resistance (resilience) should be discussed with the participants in continuation of the picture of the scale from the previous section and there should be a discussion and collection of possible own resources. Subsequently, it should be discussed how personal resources can be given a higher priority in everyday life *("do more sport")*, and which resistances could occur *("... no time...")*.

A special focus should be on the resource "social support", because this has proven to be one of the most important protective factors for in numerous studies.

Methodologically, a questioning approach in the sense of a "Socratic dialogue" is recommended. The initial question could be, for example:

"How do you deal with the communication of your inner state of mind in your family or in your circle of friends? How openly can you talk about problems?"

If the participants answer with *"rather little",* it should be asked what any obstacles could be. On the one hand, the wish is usually expressed not to want to burden one's own relatives additionally. In addition, there is usually the fear of not being properly understood.

Further questions should then be aimed at whether close family caregivers do not notice anyway whether he or she is currently burdened and whether it would not then be better to know at least in part what it is about. Otherwise, it would be expected that relatives might think it is up to them, they have made a mistake, and then

change in their behavior. This, in turn, could lead to incomprehension and irritation among the soldiers themselves. A vicious circle, associated with the danger of distancing and possibly separation fears, could be the result.
Following the development of this insight, alternatives for communication should be discussed: *"What information could you provide about internal stress and tension without having to fear losing control of yourself or betraying any official secrets?"* Proposal: *"It's not up to you. Please give me time!"*
As a rule, this approach understands that a "well-intentioned silence" often only aggravates any conflicts and blocks the use of important social resources.

This also plays an important role in the work on moral conflicts and shame, which is described below, because social withdrawal tendencies are a frequent consequence.

A 3. Handling of supportive digital media

In the context of general stress training, the participants should be made aware of the possibilities of psychosocial support through (digital) media in addition to the above-mentioned approaches. The mobile phones brought along for training should be used and the corresponding offers should be called up and discussed together.

<u>App „Coach PTBS“ (alternatives: PTSD Coach US - Canada - Australia)</u>

- the app should first be called / downloaded together with the participants
- the structure should be explained, including: contact form for anonymous inquiries, section for families ...
- depending on the available time, one of the provided relaxation trainings of the app should be carried out together, e.g. via loudspeakers, followed by a discussion with the participants on the application of relaxation trainings (time, place, frequency, obstacles, etc...).

<u>Website PTBS-Hilfe.de (or other comparable website)</u>

- the website should first be accessed together with the participants
- the structure should be explained, including:
    - Explanation of the included contact form
    - Explanation of the available self-tests with automated response ...

A 4. Early detection of disease-related developments

If preventive measures are not sufficiently effective, mental illness can develop.
On the flipchart, it should be worked out with the participants which warning symptoms could speak for an incipient disease-worthy psychological development.
An introductory question could be:
How do you recognize an incipient mental illness in yourself or colleagues/comrades?
The possible symptoms mentioned by the participants should be collected and explained on the flipchart.
Above all, the following should give rise to a consultation in the professional psychosocial networks:

- Sleep disorders (sleep in, sleep through)
- Tendency to ponder (usually coupled with anger or guilt, see below)
- Deterioration of mood and/or drive ("burnout")
- Inexplicable fears with avoidance behavior (e.g. agoraphobia)
- Unexplained physical symptoms (e.g. pain, dizziness, gastrointestinal tract)
- Conflicts in the social environment (family, friends, comrades, colleages, superiors), e.g. feedback such as "You have changed" or social isolation

Background information on demand

The following background information is suitable for the preparation of the providers of the training, e.g. for answering in-depth questions or for special audiences. Mental illnesses and their treatment should only be addressed cautiously in routine training in order to keep the flow of information limited and to prevent possible "pathologization" in the participants.

<u>Frequent posttraumatic disorders in soldiers</u>

- ✓ Anxiety disorders
- ✓ Affective disorders / adjustment disorders (especially reactive depression)
- ✓ Post-traumatic stress disorder
- ✓ Somatoform disorder
- ✓ Addictions (alcohol, drugs, behavioral...)

If necessary, these can be explained in an orientation and concise manner.

Depression

In the typical mild (F32.0), moderate (F32.1) or severe (F32.2 and F32.3) episodes, the affected patient suffers from a depressed mood and a decrease in drive and activity. The ability to rejoice, interest and concentration are reduced. Pronounced fatigue can occur after every slightest effort. Sleep is usually disturbed, appetite is reduced. Self-esteem and self-confidence are almost always impaired. Even with the light form, feelings of guilt or thoughts about one's own worthlessness occur. The depressed mood changes little from day to day, does not react to life circumstances and can be accompanied by so-called "somatic" symptoms, such as loss of interest or loss of joy, early awakening, morning low, significant psychomotor inhibition, agitation, loss of appetite, weight loss and loss of libido. Depending on the number and severity of symptoms, a depressive episode can be described as mild, moderate or severe.

Addiction

Harmful use consumption of psychotropic substances, which leads to damage to health. This can occur as a physical disorder, for example in the form of hepatitis after self-injection of the substance or as a mental disorder e.g. as a depressive episode due to massive alcohol consumption.
Addiction syndrome A group of behavioral, cognitive and physical phenomena that develop after repeated substance use. Typically, there is a strong desire to take the substance, difficulty controlling its use, and continued substance use despite harmful consequences. Substance use is given priority over other activities and obligations. An increase in tolerance develops and sometimes a physical withdrawal syndrome.

Anxiety

A group of disorders in which anxiety is caused exclusively or predominantly by clearly defined, actually harmless situations. As a result, these situations are typically avoided or endured with fear. Patients' fears may relate to individual symptoms such as palpitations or weakness, often along with secondary fears of dying, loss of control, or the feeling of going insane. The very idea that the phobic situation could occur usually creates fear of expectation. Phobic anxiety often occurs at the same time as depression.

Agoraphobia

A relatively well-defined group of phobias, with fears of leaving the house, entering shops, being in crowds and in public places, traveling alone by train, bus or plane. Panic disorder is a common feature of present or past episodes. Depressive and compulsive symptoms, as well as social phobias, are also common as additional features. Avoiding the phobic situation is often in the foreground, and some agoraphobics experience little anxiety as they can avoid the phobic situations.

Panic disorder

The essential characteristic are recurrent severe anxiety attacks (panic), which are not limited to a specific situation or special circumstances and are therefore not predictable. As with other anxiety disorders, the main symptoms include sudden palpitations, chest pain, feelings of suffocation, dizziness and feelings of alienation

(depersonalization or derealization). Often the fear of dying, of loss of control or the fear of going insane arises secondarily.

Generalized anxiety disorder

The fear is generalized and persistent. It is not limited to certain environmental conditions, or even particularly emphasized in such situations, it is rather "freely floating". The main symptoms are variable, complaints such as constant nervousness, tremors, muscle tension, sweating, drowsiness, palpitations, dizziness or upper abdominal discomfort are part of this picture. Often the fear is expressed that the patient himself or a relative could soon fall ill or have an accident.

Somatoform disorder

The characteristic is the repeated presentation of physical symptoms combined with persistent demands for medical examinations despite repeated negative results and assurance by doctors that the symptoms are not physically justifiable. If somatic disorders are present, they do not explain the nature and extent of the symptoms, the suffering and the internal involvement of the patients.

Acute stress reaction

A temporary disorder that develops within minutes in a person who is not manifestly mentally disturbed in response to an extraordinary physical or psychological stress, and that generally subsides within hours or days. [...] The symptomatology typically shows a mixed and changing picture, starting with some kind of "anesthesia", with a certain narrowing of consciousness and limited attention, an inability to process stimuli and disorientation. This state can be followed by a further withdrawal from the environmental situation or a state of unrest and overactivity [...]. Vegetative signs of panicked anxiety such as tachycardia, sweating and blushing usually occur. Partial or complete amnesia regarding this episode may occur. If symptoms persist, a change in diagnosis should be considered.

Post-traumatic stress disorder (PTSD)

This arises as a delayed or protracted response to a stressful event or situation of shorter or longer duration, with extraordinary threat or catastrophic proportions that would cause deep despair in almost anyone. Predisposing factors such as certain, e.g. compulsive or asthenic personality traits or a history of neurotic diseases can lower the threshold for the development of this syndrome and complicate its course, but the latter factors are neither necessary nor sufficient to explain the occurrence of the disorder. Typical features are the repeated experience of the trauma in self-imposed memories (intrusive memories, flashbacks), dreams or nightmares that occur against the background of a persistent feeling of numbness and emotional dullness. Furthermore, there is indifference to other people, apathy towards the environment, joylessness and avoidance of activities and situations that could evoke memories of the trauma. Most often, a state of vegetative hyperarousal occurs with an increase in vigilance, excessive frightening and sleep disturbance. [...] The onset follows the trauma with a latency that can last from a few weeks to months. [...] In a few cases, the disorder takes a chronic course over many years and then turns into a continuous personality change.

Adjustment disorder

These are states of subjective distress and emotional impairment that generally hinder social functions and achievements and occur during the adjustment process after a crucial life change or after stressful life events. The burden may have damaged the social network of the person concerned (as in the case of a bereavement or separation experiences) or the wider environment of social support or social values (as in emigration or in refugees). It can also consist of a larger developmental step or crisis (such as school attendance, parenthood, failure, achievement of a desired goal, and retirement). Individual predisposition or vulnerability plays an important role in the possible occurrence and form of the adjustment disorder; however, it can still be assumed that the clinical picture would not have arisen without the event. The signs vary and include depressed mood, anxiety, or worry (or a mixture of these). In addition, there may be a feeling of not being able to cope with everyday circumstances, of not being able to plan ahead or to be able to continue them. Disorders of social behavior can be an additional symptom, especially in adolescents.

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<u>Psychotherapeutic treatment options</u>

If there is a suspicion of a mental illness, numerous treatment options can be taken. These should be briefly explained according to the following questions.

- *When should treatment be considered?*
  (Impairment of "quality of life" and care for the family as arguments)
- *How can fear of stigma be characterized?*
  (Fear of reduced acceptance among colleagues, "career kink" etc. – they can lead to long treatment delays!)
- *Which first low-threshold informative and pre-therapeutic steps can be taken in the case of a disease via (digital) support media (see above)?*
  (supplementary or alternative counselling by psychosocial networks of the respective services)
- *How can psychotherapy be taken up if necessary?*
  (there are numerous choices, which are listed below and should be explained)

  - ✓ outpatient / inpatient psychotherapy
  - ✓ Behavioral Therapy / Depth Psychology / Systemic Therapy
  - ✓ Principles and peculiarities of trauma therapy
  - ✓ Importance and characteristics of addiction therapy
  - ✓ usage of medication (driving ability...)
  - ✓ …

- *What are the legal consequences of psychotherapy?*
  (These are to be expected in psychotherapeutic treatment only in special exceptional cases, but are

often feared and should therefore be addressed: disability for service, restrictions on deployment possibilities...)

- *Basics of psychosocial assessment - e.g.: can open legal decisions hinder therapy?*
  (Pension law, compensation law...)

B. VALUE- AND MORAL-SPECIFIC PREVENTION

B 1. Psychoeducation: Definition and importance of value orientations

The reflection of personal value orientations can lead to a strengthening of awareness of this important individual resource EVEN BEFORE a stressful deployment exposure and thus promote psychological stability in mission-related crisis situations.
If soldiers already have completed one or more missions, then this section is important for the topics "Change of values through deployment" and "Dealing with moral violations". As a result, the participants are sensitized but an in-depth examination of experiences and their psychological sequelae should be avoided. Should these nevertheless be discussed, the participants should be encouraged to postpone their discussion if possible until later in the process in order to limit the early occurrence of stronger emotions.

<u>What are value orientations?</u>

At the beginning, it should be discussed with the participants how value orientations influence personal identity and everyday life.
Possible key questions for the participants can be:

- *What are values and why are value orientations important for people?*
- *What is the difference between goals and values?*
  (To the latter, if necessary, the comparison to a lighthouse should be offered, which can set a direction on the high seas over long distances. Goals are derived from values in everyday life)
- *How do value orientations develop?*
  (e.g. through education, experiences/burdens in later life etc., further additions of the participants?)

Following this general discussion, the more personal level should be addressed:

Which value orientations are of particular individual importance for the participants in the following areas of life?

- Private life/family/circle of friends
- Profession/service in general
- Deployment abroad

It should be discussed which values are important for these areas of life and have an impact on experience and behavior.

Background information: Benevolence and Universalism

Among soldiers, the values of benevolence and universalism are of special importance, as studies on Bundeswehr soldiers have shown (Zimmermann 2014, see below). These are characterized by an orientation towards the well-being of other people in the closer (e.g. family) or further (e.g. community, society) social environment. Helping professions represent an attractive field of activity for such pre-shaped people, because they are well compatible with their ego ideal. In addition, learning processes take place within the scope of the activity, which strengthen certain community-promoting, altruistic values, e.g. in the training for comradship in the Bundeswehr.

<u>Benefits of Benevolence and Univeralism</u>

These values can be accompanied by advantages and disadvantages in private life and on duty, which should be worked out and discussed with the participants in a balanced manner. For example, the following aspects can be discussed: A strong interest in the well-being of others goes hand in hand with helpfulness, caring, social commitment, etc. These areas of life benefit from this, and social cohesion is created. And last but not least, altruistic people also benefit from their behavior, because they receive recognition and appreciation from others.

<u>Disadvantages of Benevolence and Univeralism</u>

If, on the other hand, a benevolent value attitude is very pronounced, it can be associated with disadvantages, also in terms of health. It can, for example, contribute to neglecting one's own interests and resources too much for the benefit of others and to consuming oneself in the work process – under certain circumstances, a burnout syndrome can arise. If, for example, a benevolent / universalistically oriented soldier comes into contact with the suffering of other people (as is often the case in the field), his empathy can lead to him suffering increasingly from the observations and developing feelings of helplessness and grief, possibly also feelings of guilt (see below).

More materially oriented and less compassionate people (e.g. hedonists) can therefore be protected in some way from such burdens. To prove this hypothesis, first scientific studies have already been performed. (for details see research reader of the Psychotrauma Center, available on the website of clinic VI of the Bundeswehrkrankenhaus Berlin).

B 2. Prevention by strengthening personal value orientations

This section can be used for both deployment preparation and aftercare.

How can values be related to (mental) health?

This question should be discussed with the participants, the following hints can be helpful:

Following the basics of acceptance and commitment (ACT) therapy, dealing with value orientations can help to break through the focus of stressed or traumatized people on negative thoughts and feelings. In their place comes the contact with one's own resources and the derivation of sustainable (value-related) life goals.

In order to familiarize the participants with the individual significance of value orientations for mental health, the following examples can be introduced and discussed.

- Values can provide orientation and support in crisis situations. If, for example, conflicts occur in the workplace that are accompanied by personal devaluation, well-reflected and well-founded values as an inner point of reference can stabilize self-esteem and mitigate uncertainty, as they are independent of performance and external appreciation.

- <u>Ethical mindfulness</u>

  Ethical mindfulness, i.e. the conscious perception of how existing personal values are expressed in daily actions, can promote a positive self-reference *("Giving life more weight..."; Lytta Basset)*. It conveys the feeling of being in harmony with oneself and acting by intensively observing ethically meaningful decisions and actions, both one's own and those of the environment. In this way, the inner contact to one's own ethical foundations as well as self-perception and self-esteem can be improved. The emotional presence becomes more perceptible to others, the interpersonal relationships become more intense.

  <u>With the participants, the handling of ethical mindfulness should be developed using practical examples:</u>

  Which ethically significant everyday situations could be suitable for observation and evaluation?

  (Example: News from the media, own decisions at work or privately, supposed "little things" of daily life, the handling of resources or social situations, etc.. In a first step, you should only observe, but not evaluate or actively change something. The observation should include, e.g. which ethical principle, which value is expressed in a situation, what significance this principle has for the situation and whether what happens is in harmony with one's own values or contradicts them; how the situation would have developed if other ethical principles had been applied, etc.

  If, beyond mere observation, the attempt to change ethical foundations were to begin directly, there would be a risk of excessive demands and frustration due to the little experience of the participants.

They should be given the confidence that through the repeated observation, changes in behavior ultimately occur by themselves.

An intensification of the observation process is possible by taking stock of values and their effects on a daily basis, e.g. as a systematic, chronological "thought protocol" of the day in the evening shortly before falling asleep (*"In which situations could I bring out my values particularly well?"*).

- To deepen mindfulness training, imaginative exercises can be useful in which previously experienced situations with a positive value reference are mentally reactivated and "practiced":

Exercise: Imaginative Value Affirmation

"Throw out your anchor of values!"

A participant is asked to describe a situation in which one of the values that are important to him could intensely be expressed. This situation is worked out together imaginatively, i.e. visual images, other sensory perceptions such as sounds, tactile perceptions, evaluative thoughts (cognitions), feelings or body perceptions.

Which effects are perceptible for the participants? Does a feeling of self-confidence and calm occur, for example?

Subsequently, all participants are suggested to perform such imaginative mental exercises daily. (When and where should you practice, can there be obstacles/resistance?)

The combination with a symbolic gesture that stands for the positive experience (e.g. a hand posture, etc.) can be useful. As a result, thought processes are trained to create a fast and effective, quasi-reflexive, reference to important personal characteristics and a positive self-reference in conjunction with the gesture. Especially with frequent self-critical brooding, this can be helpful as a distancing strategy. (Hauke, 2013)

- Mindful experience of nature can be an important, health-effective resource.
  How can it be used? Which values are expressed in it?
  (e.g. attachment to nature, humility and respect for larger spiritual contexts)

B 3. Value-related secondary prevention after deployment

This section is particularly suitable for soldiers with extensive operational experience, but can also be used to raise awareness in preparation for deployment.

Change of individual value orientations

So far, it has not yet been clarified scientifically whether value orientations represent a time-stable personality trait or whether a change due to external life circumstances or acute stressors is possible. On the basis of their

own examples, it should be discussed with the participants to what extent values can be shaped and changed by educational experiences, by role models or professional socialization, etc.
As a special influencing factor for a change in values, the experience of (traumatic) extreme situations such as deployments should then become a topic. It should be emphasized that these are natural adaptation processes of the psyche that do not automatically have a pathogenetic value.

Possible key questions for a discussion of the participants:

- *What types of mission-related experiences might affect value systems?*
  (e.g. intensive contact with foreign cultures or different living conditions and milieus, dealing with wounding and death, etc.)
- *In which areas of duty and private life has this led to changes in values, attitudes and behaviours?*

(Note: With this topic, there is a risk that individual service- and mission-related events with a traumatic character will be reported intensively. This might lead to pronounced triggers in other participants and should then be carefully slowed down and postponed to a later date (e.g. as part of a therapy).)

Dealing with the change of values

In order to improve the handling of a deployment-related change in values, the processes taking place should first be discussed on the basis of examples and thus a deeper understanding should be developed.

Examples:

- After extreme experiences, the appreciation of non-material values increases to the detriment of material or performance-related goods and values, the importance of life contents such as reliability, kindness, integrity, friendship, family, etc. increases. The reason can be existential considerations, e.g. about the finiteness of life or about the importance of possession in the face of need and suffering. Some of those affected experience this change with pride, as a personal maturation and they are motivated to pass on their experiences to their environment, e.g. to younger colleagues. Others, on the other hand, feel misunderstood by their environment, like "strangers in their own country" and socially isolated.
- This critical confrontation can trigger conflicts with hierarchies and authorities, especially in the professional environment. For example, soldiers on deployment experience flat, effective hierarchies with fast, visible work results and, in contrast, often perceive the structures in routine service (at home) as particularly bureaucratic and restrictive. This can then be expressed in an over-critical dissatisfaction - up to a questioned professional identity and an "inner emigration".
- The other psychological, social and / or physical consequences of the changes should also be taken into account:

Does the mentioned social isolation go hand in hand with fears, bitterness, depression or addictive behavior? Can there be problems with relatives, separation/divorce?

- *Which values, on the other hand, have remained stable? Can these stable values be used to alleviate uncertainties in the personality structure in the face of psychological stress?*

Derived from the discussion about positive and negative aspects of the change of value orientations, a summary of the evaluation of the changes should then be drawn.

As an introduction, it can be helpful at this point to offer the participants an imaginative mind game. This could be introduced as follows:
"Suppose a well-meaning mythical creature (magician, good fairy etc.) would offer you a deal: the negative consequences of the stressful experiences are completely reversed. But you would also have to completely renounce the positive change of your personality, e.g. also the more mature relationship with your wife / children, etc. Would you make that deal?" This is usually denied and participants should be asked why.
In some cases, the participants seek a "way out" by "getting rid of" the negative, but still want to preserve at least part of the growth. With the playful negation of this option, the participants can be made aware of how closely and thus holistically positive and negative consequences of extreme events are coupled with each other.

The accounting and valuation of deployment-related value changes should then be further developed in a future-oriented manner using the following key question:

- *Which mission-related changes in your value orientations are so important to you that they should continue in your future life and why?*

Here is a variant of the value affirmation described above: an imaginative description and practice of a future characteristic scene that represents the desirable new values ("Me in 10 years").

In addition, the question of the communication of mission-related experiences in the social environment should be discussed.
The following key question can be helpful:

How can the value-related experiences and changes be communicated to the private and professional environment?
(In the positive case, a benevolent, accepting attitude of the social environment towards the burdened and their change processes can arise. If necessary, there is even a right to actively ask for this acceptance?)

B 4. Psychoeducation: Definition and meaning of Moral Injury

This section is particularly suitable for operationally experienced forces, can be used if necessary. but can also be used to raise awareness in preparation for deployment.

General information on moral injury

The section on moral injury builds on the chapters of personal value orientations: the development of individual values and their changes in the lifespan is the basis of the understanding of the violations of values and moral convictions.
While the confrontation with value orientations and their change is still to be classified as an adaptation reaction to mission-related experiences and stressors, the psychosocial consequences of moral injuries might already include disease-worthy psychological stress.
Participants should be asked the following question in the introduction:
"Can a person's sense of morality also be violated?"

Definition of moral injury

Moral violations are experiences that contradict deeply held moral and ethical beliefs and expectations either by participating in or being unable to prevent inhumane, violent or cruel acts. Being a witness or indirectly learning about it can also be enough as a pathogenetic background.

Variants of moral injury

After discussing the definition of moral injury, in order to deepen the understanding, typical mission-related constellations of moral violations should be developed with the participants:

"What forms of moral injury can occur associated with deployment?"

- Moral injury through observation/experiencing the misconduct of others
- Moral injury caused by one's own misconduct
- Moral violations in the immediate context of deployment: Violation of moral norms by mission-related events, e.g. by the behavior of superiors, colleagues/comrades, by observations of the behavior of the local civilian population, etc.
- Moral violations outside the actual operation: e.g. too little recognition or disinterest by colleagues / comrades or the private environment, but also by society (including pension rights recognition)

B 5. Prevention of moral injury by improving moral judgment in action

This section should be used primarily in preparation for deployment.
An important part of morally based prevention is to present approaches on how to facilitate the weighing of a moral decision in an ethically difficult situation.

The Koblenz decision check

For this purpose, the "Koblenz Decision Check" has been developed (Elßner 2017). Even before the beginning of the potential exposure to morally injurious events, practical ethical standards and test criteria can be practiced according to which a quick and reliable decision-making can be carried out. These can also help in the time afterwards to better understand one's own behavior and to justify it to oneself. This in turn reduces stressful chains of thought and a possible tendency to ponder.

The Koblenz Decision Check comprises five criteria for the evaluation of moral decisions:

1. Legality check
2. Fire of the Public
3. Truthfulness Test
4. The Golden Rule
5. The Categorical Imperative according to Kant

- The "Legality Check" compares the options for action in a real conflict situation with the available legal bases and checks whether they comply with the law.
- The "Fire of the Public" also suggests the hypothetical consideration of whether the planned action would also be carried out if the world public could watch it.
- The "Truthfulness Test" has a similar effect: Would it be possible to tell one's own wife/husband, one's own child or parents "in good conscience" what is currently intended to do?
- Ethical comparisons are also applied in the "Golden Rule" and in the "Categorical Imperative": Would I want my actions to be committed against myself or to become a universal standard of action?

These test criteria are internalized particularly well as a preventive measure when they are tested on example situations in a group discussion. The aim is not to find the "right" solution, but to train the application of the above criteria and the availability of moral arguments.

Possible example situation:

"In a major political event (demonstration), you and your team meet a larger number of violent demonstrators and are supposed to handle and secure the situation. After initial verbal attacks, the situation escalates and you are physically attacked. One of your colleagues falls to the ground and injures himself (not life-threatening).

You have to decide between the options of taking care of him as part of first aid or arresting the perpetrator and recording personal details."

B 6. Moral-related secondary prevention after deployment: Dealing with Moral Injury

This section is particularly suitable for soldiers with operational experience but can also be used to raise awareness in preparation for deployment.

It should start with moral violations caused by observed ethical misconduct of other people.

Definition and meaning of Moral Injury by the behavior of others

An approach to the topic should be based on predefined or own examples of the participants, such as:

- An Afghan woman dies despite treatment in a field hospital – a paramedic comments loudly with the words: "Don´t mind, it's just an Afghan!"
- A patrol in Mali passes an accident site with seriously injured Afghan soldiers, but is not allowed to help because of the security situation
- At this point, specific moral fields of conflict of the respective unit can also be discussed, which can be introduced by the participants, e.g. lack of appreciation of the operational achievements in Germany ("How was it on vacation?" ...).

One or more of these examples should be discussed in the group with regard to their potential for moral harm. The following key questions can facilitate the approach to the topic and should complement and stimulate the free exchange of participants:

<u>Possible key questions for the discussion of the examples</u>

- *Why did the perpetrator carry out his actions?*
- *Which personal value orientations of the participants are in contradiction with the behaviors? How was their moral sense violated?*

- *Does it make a difference in the evaluation whether the morally dubious behavior was shown by persons outside the system, e.g. within the local population, or by superiors / comrades?*
  (Among other things, the violation of an existing relationship of trust plays a role)

Psychological consequences of Moral Injury by others

Following the elaboration of the moral dimension of the given examples, the thoughts and feelings caused by them should be discussed.

The following topics are frequently mentioned:

- Disappointment or bitterness about the behavior of the population / comrades / superiors, about "the system"

- Usually also anger accompanies disappointment
  (From a psychodynamic point of view anger can play a mediating role between mission-related events with a morally injurious potential caused by others and psychological symptoms such as anxiety or physical reactions such as chronic pain)

- The experience of helplessness in the face of the situations experienced can generalize and comprehensively question the sense of meaning, provoking a feeling of "non-sense" in the personal perception of life. If the "non-sense" is internalized, this can promote the tendency that one's own behavior adapts to this new maxim and subsequently also promotes "*unresensive*", morally questionable behavior. On this basis, it can be explained, for example, why soldiers may themselves commit morally offensive acts after longer stays in war zones. In turn, this can lead to feelings of guilt and doubts about the role-related identity as a helper / soldier, etc.

- However, an opposite form of reaction is also possible, which has a more compensatory character, in that the experienced non-sense is literally compensated by constructive action: for example, there can be an increase in ambition and commitment in the work process. In the unfavorable case, however, an escalation of demands on oneself and dissatisfaction with one's own achievements has to be expected, which can then manifest as perfectionism or reduced tolerance for alleged misconduct of others.

Definition and meaning of Moral Injury by one's own behavior

Moral injuries cannot only arise from the fact that such behavior is observed or experienced as a victim. Soldiers in particular must regularly make morally relevant decisions in their own military service, act accordingly and justify the results against others and themselves. They can literally experience themselves as perpetrators (immoral acts or omissions).

An introduction to the topic should be based on examples, such as:

- A soldier must make use of his weapons in the performance of his service. A person is injured or killed.
- An employee of the intelligence service observes violence against women / children in a foreign mission, but is not allowed to intervene to protect his own camouflage identity.
- A paramedic is alerted to an operation in a mass carambolage on a motorway. The available rescue personnel are not sufficient to care for a surprising number of seriously injured accident victims, so that some patients remain uncared for for a long time. One of them dies in the hospital as a result of the injury.

Key questions for the discussion of the examples

The following key questions can facilitate the approach to the core topic of the respective example and should complement and stimulate the free exchange of participants.

- *Why did the person act in this way in the relevant situation?*
- *Which personal value orientations and moral standards could conflict with the behaviors?*

Psychological consequences of Moral Injury caused by one's own behavior

Frequent consequences of moral injuries caused by soldiers' own behavior are feelings of guilt and shame.
First of all, open questions should be discussed with the participants what "guilt" as a psychological consequence of action entails and how it differs from "shame".

What do you mean by guilt/shame?"

Here are some hints as possible assistance:

Guilt

A description and definition of guilt should consider several levels. At the *event level,* guilt refers to the events themselves. Something has been done that has violated or harmed other people's boundaries. (Example: theft is a guilt). Guilt may have legal consequences.

At the *level of the social relationship* , guilt includes an *accusation*, thereby comprising a judgment on the alleged worthlessness or malice of the guilty. At this level, guilt depends on the relationship between the accusers and the accused. It may lead to expulsion from the community.

Accusation is not necessarily tied to the fact that there was actually culpable conduct. Communities can also accuse without objective guilt. A currently frequently discussed example is the exclusion of migrants ("Foreigners take away our jobs").

Psychological consequences of guilt

Guilt can go along with associated *feelings of guilt* . On the one hand, these can result from the realization of having harmed other people. Based on the aforementioned accusation, however, the feeling of guilt can also additionally correspond to an introjection (internal assumption) of accusations from the outside. That is, the behavior of the environment, e.g. devaluation, becomes part of the inner reality. At this point, the transition to shame is fluid (see below).

In the case of direct event-related guilt, the associated thoughts and feelings are related to this situation itself: "In the ... situation I made a mistake".

Compensation efforts as a feature of guilt

Experiencing guilt can be facilitated by thoughts and / or actions that include compensation, i.e. amends for the damage caused. This can be done, for example, through regret, an apology or financial compensation, but also through symbolically balancing activities such as voluntary commitment, charitable donations, etc. Thus, the processing of guilt is accompanied by a constructive impulse, it leads to an activation in the person concerned.

Expectations of oneself

Important for the understanding of feelings of guilt is the recognition of one's own expectations of oneself.

- *"Looking back, what expectations do I have of my behavior in the situation at that time?"*
- *"How perfect do I generally have to be in my professional role?"*

These expectations are often very high for soldiers, but do not take into account, for example, the speed and intensity of the processes in a traumatic situation or they take the perspective of those who already know the consequences of the events, as if they could have been foreseen.

To illustrate the importance of dealing with oneself, the exercise of the "Inner Trainer" (or "Inner Judge") can be introduced, which can be developed e.g. with a group participant:

The "Inner Trainer"

We know trainers from our everyday lives – in sports clubs, at work, etc. What types of trainers are there? (Give some examples!). What do they expect from the trained? How do they interact and how do they communicate?

In our everyday lives, we constantly evaluate our actions, comment on them with our inner voice, praise or criticize our own actions. There are typical individual patterns for this inner communication. Is it conceivable

to imagine this inner communication as if our "inner trainer" was talking to us as external trainers would? What inner trainer do we have in us, how does he/she look like, how does he speak, how does he behave? How does he deal with us? Overall, is it a strict or benevolent coach?
How does this trainer appear in connection with feelings of guilt? Has it perhaps become stricter with their emergence, often criticizes us, makes life difficult for us? Does this coach ultimately fit the guilt and its triggers?
If it makes sense at this point according to the dynamic of the group, it can already be worked out how particularly strict trainers can be met in the context of feelings of guilt or shame (otherwise this can be incorporated later when dealing with shame).
First of all, it should be worked out with the participants how such stereotypical modes of experience and reaction, as they are depicted in the inner trainer, arise, for example through biographical role models, unsolved conflict situations, etc.
Subsequently, the image of the trainer should be changed in thought ("imaginative") by transforming a seemingly threatening figure into a more harmless, human appearance, for example by giving the color of his clothing ("pink") or the pitch of his voice ("fistula voice") a cheerful character. Participants should provide examples in the discussion of how they could implement this with their own trainers. Do the contents of the thoughts change to match the change in the trainer's image? As a result, dealing with destructive thoughts can take on a playful character and they can lose some of their menace. This visualizing work can thus contribute "on the detour via an image" to a change in guilt-related thought chains.
However, this exercise is only effective if it is practiced daily. Guilt-associated thoughts can, for exampl be actively considered and then the associated inner trainer can be modified. This can also be combined with relaxation training (see above). A change in the image can become a mental automatism through sufficient training , which then reflexively takes hold of spontaneously occurring destructive thoughts and makes them more controllable.

Shame

Guilt, especially in the case of a strict "inner trainer" representation, can generalize in the course of time and influence more and more areas of perception and action in everyday life. Experiencing guilt becomes part of the personality – shame develops.

In the case of soldiers, high fears of stigma often lead to the problem that those affected can only decide on treatment with a latency of several months or even several years. At this time, the described mechanisms are usually already well advanced and shame already has a significant importance for identity. Therefore, shame should be addressed in the context of a prevention event and the participants should be prepared for the possible developments in order to to react in a timely manner. The following key questions can be used.

Psychological consequences of shame

Intrapersonal shame

- *How does shame affect self-esteem?*
  Shame disrupts the positive relationship of those affected to themselves, the "self-concept": e.g., the conviction "I am a good person" can change to "I am no longer lovable".

- *What consequences does shame have for dealing with oneself?*
  Intrapersonal shame can lead to decreased self-care and self-acceptance. Positive, enjoyable, successful aspects of lifestyle receive significantly less attention than mistakes, weaknesses or unpleasant obligations.

Interpersonal shame

- A disorder in the self-concept described in this way, accompanied by a weak self-esteem and an over-strict handling of oneself, can have an impact on social relationships. It can lead to a sense of lack of interpersonal attractiveness, insecurity, vulnerability, and ultimately social withdrawal.
  If defensive mechanisms such as denial (of shame) or reversal in the opposite are in the foreground, then it can also lead to aggressive, arrogant or sarcastic forms of expression.
- *How does interpersonal shame affect the family?*
  In the couple relationship or in family systems, the social insecurity associated with shame has a particularly serious effect. Conflicts can arise due to increasing distance and isolation. However, dissatisfaction, quarrelsomeness and aggressiveness in everyday life are also possible.
- *Can shame also have advantages?*
  Shame does not only have a negative impact on social behavior and social relationships. People with feelings of shame often act particularly thoughtfully in their social environment due to their more critical handling of themselves and might have a pronounced sense of community and empathy for others. They are perceived as particularly social and caring.
  How is this assessed by the participants?
  Do they also see opportunities in the consequences of shame to further develop personal relationships and their own personality?
  It is also important for the participants to address these positive aspects in order to develop a more balanced overall picture of their inner development, which is not limited to the negative side.

Dealing with Moral Injury by others

Preliminary remark: in interventions to cope with anger, guilt and shame, care should be taken to orient oneself on previous experiences, the personality structure level and socio-cultural backgrounds of the clients in order to avoid excessive demands. For example a topic such as forgiveness in atheist patients may possibly lead to irritation and should be presented emphatically neutrally.

To start the discussion, the participants should focus on one of the above-mentioned moral violations by others. For this purpose, the following steps should be taken.

- *Describe thoughts and fantasies that anger triggers or could trigger (bitterness, frustration, revenge/violence fantasies...)*
- *Describe all the physical sensations triggered by anger*
- *Be aware of these negative changes and how they block positive thoughts and feelings*
- *What consequences does anger have for close social relationships (embittered attitude, aggressive behavior patterns, relationship conflicts, separation,...)?*

Based on this, the following guiding question should be deepened:
What significance do these changes have for psychological processing of the events?

- The perpetrator remains present in the psyche through anger, retains his influence on daily life.
- The perpetrator "wins twice": Through his misconduct in the situation, he damages (usually with impunity) the well-being of his environment and later he also leaves behind negative, destructive consequences for the participant him-/herself (the perpetrator is literally "memorialized" by the anger).
- *Is anger still "attractive" when these changes are taken into account?*
  (The aim is to use this question to trigger a motivation to give up anger, to "get rid of" in order to improve one's own quality of life.
- *This chain of thoughts builds a bridge to forgiveness (see below)*

Dealing with Moral Injury through one's own behavior

As described above, shame often leds to subconcious defence mechanisms in those affected, so that shame does not have to be viewed or pronounced (intrapersonal shame). As a result, however, it remains unconsciously preserved.
The participants of a preventive seminar should therefore be encouraged that in case of feelings of guilt or shame, talking to other persons can be helpful. This makes the experience that despite the perceived shame, an appreciative personal acceptance by others is possible.

After these indications of cognitive restructuring in anger and shame, the next step should be to show ways that can be helpful in "letting go". Forgiveness plays an important role in this.

Forgiveness for anger and shame

To achieve such acceptance, including towards oneself, an active process of forgiveness can be helpful.

In many situations, soldiers are not only witnesses or victims of moral injury by others, but also experience themselves as "perpetrators" through their actions or non-actions. These roles can even be part of the same situation: if, for example, a soldier is made use of the firearm, there is often a threat to one's own life and at the same time damage to other people. It is therefore important to emphasize when working on the complex of forgiveness that someone who can forgive others usually also has an easier time forgiving himself. The capacity for forgiveness is, so to speak, a benevolent (see above) basic human attitude or a basic need.
However, the prerequisite for forgiveness towards others and oneself is to relativize the ideal of an inviolable, "perfect" self and to accept the existence of the imperfect – even in oneself.

<u>To introduce the topic of forgiveness, the following question can be discussed with the participants:</u>

Which positive aspects does the intense inner reaction of the participants to the moral injuries express about the value system of those affected?"

(*Discussion:* There must be strong value orientations, otherwise they could not be violated. In the case of strongly pronounced value orientations ("valu-able"), there is a higher risk that these can also be questioned or injured by external circumstances. Basically, the perceived injury is an expression of a strength of character.)

<u>Process of forgiveness</u>

Forgiving the perpetrators of a moral injury, but especially oneself, is often a difficult step, but can be an indispensable prerequisite for sustainable processing. For this reason, the first indications concerning this topic should already be given in the context of prevention.

The term forgiveness literally comes from the Greek: "let go".
The awareness of the injustice that has occurred is preserved in forgiveness, but is supplemented by an *active moral decision*: this pursues the goal of finding an inner peace with the events and letting them go. It should be worked out with the participants what differences exist to "forgetting", "approving" and "undoing".

In addition, positive effects of forgiveness should be discussed:

- The responsibility for the evaluation and the "judging" of the committed misdeeds of the perpetrators (including one's own person) can be handed over to a higher (spiritual) authority (e.g. "Fate will compensate for it..."). This step relieves the forgivers of some of the moral responsibility and thereby mitigates the consequences of anger and shame. Injustice is countered by compassion for the perpetrator. In this way, forgiveness strengthens the awareness of one's own ethical value.

From a psychoanalytic point of view, literally "the weapons are put out of hand". The perpetrator can be experienced again as good-willed. This means an inner improvement of the image of other people, enemy images are weakened, the quality of life improves (Lytta Basset).

- This creates space for positive, constructive thoughts and activities (care for the family, social commitment, etc.), which can form the framework for the above-mentioned ethical mindfulness. Forgiveness is therefore also a conscious decision for the positive and constructive sides of one's own life.

  This argument also plays an important role in the forgiveness of one's own misconduct.
- It can be helpful to form striking guiding principles for the inner dialogue in this process: "I want to knock over the monument of the perpetrator!", "I do not want him/her / the guilt in me anymore!", "My own life is more important to me!" ...

  At this point, an allegorical teaching history is appropriate, which symbolically illustrates the consequences of "not letting go".

How to catch monkeys

Once upon a time there was a monkey who loved to eat cherries. One day he saw a delicious cherry and came down from the tree to fetch it. But it turned out that the cherry was in a transparent glass bottle. After a few attempts, the monkey realized that he could grab the cherry if he pushed his hand through the narrow neck into the bottle. As soon as he succeeded, he closed his hand around the cherry. But then he realized that he could no longer pull out his fist. Because it was now thicker than the bottleneck. But all this was well considered, because the cherry in the bottle was a trap set by a monkey hunter who knew the way of thinking of the monkeys. When the hunter heard the monkey whimpering, he came in. The monkey tried to run away, but he imagined that his hand was stuck in the bottle and therefore he could not flee fast enough. But at least he still owned the cherry - so he said. The hunter grabbed the monkey and gave him a sharp blow to the elbow, involuntarily releasing the cherry. The monkey was free, but he was trapped. The hunter had used the cherry and the bottle and still owned them (according to Bucay).

- To facilitate forgiveness to others and to oneself, the exercise "Imaginative Dialogue with a Moral Authority" can also be proposed to the participants:

(If you are working in a group, the sequence of the following dialog can be illustrated by the example of a participant)

The participant is first asked to imagine a moral authority that he experiences as meaningful, unconditionally benevolent, forgiving, generous, comforting, etc. A being that exists really or only in one's own imagination can be chosen, which should be described in detail in a first step: what does it look like, how big is it, how dressed, how does it speak, how does it behave, etc.?

Possible examples of moral authority:

- Family members (including deceased)

- Friends / colleagues

- Fantasy figures (inner helpers) from films or novels

Subsequently, the morally relevant experiences of this authority should be told. The present form should be chosen, this is closer to the narrator. If the report comes to a standstill, the therapist or the group can provide assistance, or it can be addressed, which may create an inner resistance. It should be listened to benevolently and attentively at all times, without reviews or even criticism. Part of the emerging story should also be the consequences of the reported event in the here and now.

In a second step, the participant should imagine the answer of the moral authority and also pronounce it in the present form. If the development of the above positive qualities has been stable, then the corresponding sentences will open up an equally benevolent, forgiving view of the events, because this is then the achievement of a compassionate inner self activated by the exercise. Through the idea of a real existing being as a symbolization, one's own compassionate parts become more tangible and can be better accepted. Autodestructive impulses are attenuated at the same time.

If the events are moral violations by other people, this imaginative dialogue can nevertheless be applied in a comparable form, as with one's own fault. The morally questionable behaviors observed as witnesses are then described and in the response of the moral authority the wish should be expressed that the moral violation does not lead to a disruption of the world view and the positive reference to daily life in those affected.

These dialogues should be practiced daily, so that they can be used almost reflexively when trauma-related negative evaluations appear in the world of thought.

Confession

In addition to the mental work on feelings of guilt or anger, if a chaplain is present at the processing, the making of a confession can also be helpful. The already described elements of emotional relief, pronunciation and forgiveness can be intensified, provided that there is a fundamental openness of those affected to such religious-spiritual elements.

C. COMPLETION OF TRAINING

At the end of the training, the core experiences and findings of the participants should be summarized again and final questions clarified. This should also include which options for action are available if there are psychological problems or a need for therapeutic treatment in the period after training.
Contact addresses or telephone numbers should be mentioned.

There should also be a feedback round, which also pursues the goal of strengthening the position of the participants as equal partners and employees.

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