

# Acts of Omission, Altered Worldviews, and Psychological Problems Among Military Veterans

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**Objective:** The present study explored acts of omission (i.e., inactions) among military service members. We also investigated whether the meanings and interpretations that service members assign to their actions and inactions, particularly alterations to their conceptualization of themselves, others, and the world (i.e., altered worldviews) would be associated with psychological problems (specifically, depression, suicidality, posttraumatic stress disorder [PTSD], and alcohol use). **Method:** A sample of 50 Iraq/Afghanistan military veterans (8% female) completed questionnaires measuring their (in)actions and the meanings and interpretations attached to those (in)actions. They also completed questionnaires measuring PTSD, depression, suicidality, alcohol use, and combat/postcombat experience. **Results:** Higher levels of acts of omission were associated with higher levels of altered worldviews and psychological problems. Altered worldviews were strongly associated with PTSD, depression, and suicidality, even after taking into account age, gender, combat/postcombat experiences, and guilt/shame. **Conclusion:** Altered worldviews and acts of omission were strongly associated with psychological problems.

### Clinical Impact Statement

Past work on moral injury has typically focused on acts of commission (e.g., killing). In a sample of military veterans, we found that regretted acts of omission (i.e., failing to stop the harmful actions of others) were common. Acts of omission and altered worldviews (e.g., alterations to one's sense of self, the other, and the world) were strongly associated with reported posttraumatic stress disorder, depression, and suicidality (even after taking into account age, gender, combat/post combat experiences). Clinicians should consider examining acts of omission and altered worldviews with their military clients.

**Keywords:** posttraumatic stress disorder, veterans, moral injury, trauma

Numerous factors (e.g., enhanced military tactics, urban conflicts, guerilla tactics used by enemy combatants) have increased the likelihood that military service members will cause harm to others (e.g., MacNair, 2002). Much of the research exploring service members' concerns related to their wartime actions has been conducted in the context of what has been referred to as moral injury, defined as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 699). Morally injurious events (MIEs) are associated with psychological problems (e.g., posttraumatic stress disorder [PTSD], depression, suicidality, alcohol use; e.g., Maguen et al., 2012).

Drescher et al. (2011) proposed that there are three distinguishable types of MIEs: (a) committing harmful acts (e.g., killing); (b)

witnessing harmful acts; and (c) failing to stop the harmful actions of others (which we label as acts of omission or inactions). Prior research suggests that distinctions among types of MIEs may be important (e.g., Stein et al., 2012). Unfortunately, no research to date has directly examined this third category, acts of omission, which involves both witnessing harm to others and the belief that one could have taken action to prevent the ensuing harm. Although a common measure of MIEs (the Moral Injury Events Scale [MIES]; Nash et al., 2013) includes an item that measures what we consider to be an act of omission (specifically, failing to stop the harmful actions of others), this item has been analyzed as a part of a larger category (e.g., transgressions-self) that includes items that are not examples of acts of omission (e.g., Bryan et al., 2016). To our knowledge, this is the first study to explore the unique psychological correlates of acts of omission among Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans. Because there is evidence that, in the context of negative prior outcomes, inactions are more strongly associated with regret than are actions (Zeelenberg, van de Bos, van Dijk, & Pieters, 2002), we hypothesized that acts of omission may play a particularly important role in the development of undesirable clinical outcomes.

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This study also explored service members' interpretations of their actions and inactions (hereafter [in]actions). Researchers have found that service members who have greater difficulty reconciling the meaning of potentially traumatic wartime events tend to have greater PTSD symptoms (e.g., Currier, Holland, Chisty, & Allen, 2011). Park, Mills, and Edmondson (2012) found that trauma victims' appraisals of the extent to which trauma violated one's global meaning structures (i.e., views of oneself and the world) were strongly related to symptoms of PTSD. To our knowledge, no studies to date have directly explored the association between service members' (in)actions and alterations to their global conceptualizations of themselves, others, and the world (i.e., altered worldviews). Moreover, although the moral injury literature has explored various interpretations (e.g., "I broke my rules of right/wrong"), meanings ("I have made sense of this event"), and emotions (e.g., guilt, shame) associated with wartime actions (e.g., Farnsworth, Drescher, Nieuwsma, Walser, & Currier, 2014), these interpretations, meanings, and emotions have not been investigated in response to acts of omission.

## Method

### Participants and Procedure

Participants were 50 military OEF/OIF service members (8% female), aged 22–59 years ( $M = 32.7$ ,  $SD = 10.2$ ) who reported that the event or event(s) about which they reported (see below) occurred during a combat or operational incident. Given that we expected regretted (in)actions and the interpretations assigned to them to play important roles in people's lives, we expected large effect sizes. The present study had adequate statistical power ( $1-\beta = 0.99$ ) to detect the kinds of effects we hypothesized we would find. The majority (74.0%) were European American, with 10.0% Asian American, 8.0% Hispanic American, 6.0% African American, and 2.0% American Indian. Our sample included service members from four of the five branches of the U.S. Armed Forces (36.0% Air Force, 32.0% Army, 24.0% Marines, 8.0% Navy). At the time of their deployment, the service members in our sample served in both the active duty (62.0%) and Reserve/National Guard components (38.0%). Participants were recruited from veteran service organizations (e.g., Veterans of Foreign Wars, Student Veterans of America). Participants reported an average of 1.7 ( $SD = 0.8$ ) OEF/OIF era deployments. Safeguards for the protection and safety of participants were in place.

Participants were tested individually by a member of the research team who verified their military background. Participants were first instructed to consider a specific event or series of events that caused them regret. They then answered questions pertaining to that event or series of events (see below), in the form of a single questionnaire, exploring acts of commission/omission, interpretations/meanings, and guilt/shame. Participants then completed additional measures exploring psychological problems.

### Materials

**Acts of commission and omission.** Two items modified from the MIES (Nash et al., 2013) measured acts of commission ("What I did caused substantial physical harm to another person" and "What I did caused substantial emotional harm to another person;

scores on the two items were strongly correlated ( $r = .78$ ,  $p < .001$ ). One item, modified from the MIES (Nash et al., 2013) ("I feel like there was something I should have done but I did not do it"), measured acts of omission. Items were rated on a 5-point scale (1 = *strongly disagree*; 3 = *neither agree nor disagree*; 5 = *strongly agree*). Our modifications were informed by Frankfurt and Frazier (2016), who noted that one weakness of the MIES is that it confounds service members' actions (e.g., "I failed to save the life of someone in the war) with the effects of their actions (e.g., "I feel guilt") in the same question (e.g., "I feel guilt over failing to save the life of someone in the war"). Wishing to explore the effects of actions separately from the actions themselves, we asked questions only exploring acts of commission/omission and then asked questions only about their effects.

**Broke rules of right/wrong.** One item, modified from the MIES ("I broke my own rules of right and wrong"; Nash et al., 2013), examined participants' judgment of whether (in)actions broke an internal moral code. This item was rated on a 5-point scale (1 = *strongly disagree*; 5 = *strongly agree*).

**Altered worldviews.** Six items of the Stressful Life Experiences Scale (Holland, Currier, Coleman, & Neimeyer, 2010) ( $\alpha = .87$ ) (e.g., "My understanding of how the world works has never been the same since this event"; "Since this event, my beliefs in what is right and wrong have changed") examined participants' reports of the degree to which their perceptions of themselves, others, and the world had changed in response to their (in)action(s). Items were rated on a 5-point scale (1 = *strongly disagree*; 5 = *strongly agree*).

**Guilt/shame.** Seven items ( $\alpha = .85$ ) used in past research (e.g., Thompson & Berenbaum, 2006), measured guilt (e.g., "I wish I could 'make things right'") and shame (e.g., "I believe that I am a bad person"). Items were rated on a 5-point scale (1 = *strongly disagree*; 5 = *strongly agree*).

**Combat and postcombat experience.** The 17-item ( $\alpha = .93$ ) combat experiences subscale of the Deployment Risk and Resilience Inventory (DRRI-2; Vogt et al., 2013) explored combat (e.g., "I went on combat patrols or missions"). The 13-item ( $\alpha = .95$ ) postbattle experiences subscale of the DRRI-2 (Vogt et al., 2013) explored postcombat experiences (e.g., "I saw the bodies of dead civilians"). The DRRI-2 has demonstrated strong internal consistency and criterion-related validity (Vogt et al., 2013). Items were rated on a 6-point scale (1 = *never*; 6 = *daily or almost daily*).

**PTSD.** PTSD symptoms over the past month were measured using the 20-item ( $\alpha = .95$ ) PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013). PCL-5 items reflect both changes to existing symptoms and the addition of new symptoms in *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (American Psychiatric Association, 2013). Items were rated on a 5-point scale (0 = *not at all*, 4 = *extremely*). The PCL-5 has very good internal consistency and correlates strongly with other measures of PTSD symptoms (Dickstein et al., 2015).

**Depression.** Eight items ( $\alpha = .93$ ) from the Mood and Anxiety Symptoms Questionnaire (Clark & Watson, 1991) were used to measure symptoms of depression. Researchers have found that the eight-item anhedonic depression subscale is a strong predictor of current depressive episodes (Bredemeier et al., 2010). Items were rated on a 5-point scale (1 = *not at all*; 5 = *extremely*).

**Suicidality.** Suicidality was measured using the four-item ( $\alpha = .83$ ) Suicidal Behaviors Questionnaire-Revised (Osman et

al., 2001). Four items explored levels of episodic and lifetime suicidal ideation as well as self-reported likelihood of suicidal behavior. The Suicidal Behaviors Questionnaire–Revised has demonstrated convergent validity with a variety of suicidality measures (e.g., Cotton, Peters, & Range, 1995) and high differentiation between nonsuicidal and suicide-risk participants (Osman et al., 2001).

**Alcohol use.** The frequency and quantity of alcohol use was measured using the three-item ( $\alpha = .81$ ) Alcohol Use Disorder Identification Test (AUDIT-C; Saunders, Aasland, Babor, de la Fuente, & Grant, 1993). Each question of the AUDIT-C utilizes a unique four-point response scale. The AUDIT-C has sound validity and internal consistency, even when used with different populations (Reinert & Allen, 2007).

## Results

Commission and omission scores ranged from 1 to 5 ( $M = 3.0$ ,  $SD = 1.4$ , and  $M = 2.9$ ,  $SD = 1.5$ , respectively) and were moderately correlated,  $r = .30$ ,  $p = .04$ . Next, we examined the relationship between regretted (in)actions and the meanings/interpretations variables. Our results are shown in Table 1. As expected, higher levels of endorsed (in)actions were associated with higher levels of altered worldviews, breaking rules of right/wrong, and guilt/shame.

Next, we explored the degree to which regretted (in)actions and breaking one's rules of right/wrong, altered worldviews, and guilt/shame were associated with psychological problems. As can be seen in the left half of Table 2, overall, there was consistent evidence of meanings/interpretations being associated with psychological problems. It is worth noting that PTSD, depression, and suicidality were more strongly associated with the meaning/interpretation variables than was alcohol use.

As can be seen in Table 2, when removing shared variance with age, gender, and combat/postcombat experience, many of the associations ceased to be significant. However, the impact of taking these factors into account varied by variable. Whereas the associations between psychological problems and both acts of commission and breaking rules of right/wrong diminished, the associations between psychological problems and acts of omission did not. Moreover, altered worldviews and guilt/shame continued to be strongly associated with psychological problems, even after taking these other variables into account. Because prior research had already documented the importance of shame/guilt (e.g., Bryan, Morrow, Etienne, and Ray-Sannerud [2013] found a strong association between guilt/shame and suicidality in OEF/OIF veterans), we computed partial correlations to explore whether altered

worldviews continued to be associated with psychological problems, even after taking into account guilt/shame. The partial correlations between altered worldviews and PTSD,  $r = .38$ ,  $p = .006$ , depression,  $r = .39$ ,  $p = .006$ , and suicidality,  $r = .31$ ,  $p = .02$ , remained significant.

We then conducted a mediation analysis to explore the plausibility of altered worldviews mediating the relationship between inactions and psychological problems. Mediation was assessed using the indirect mediation macro for SPSS of Hayes (2017). Based on 5000 samples drawn randomly with replacement from our data set, the standardized indirect effects of inactions on PTSD, depression, and suicidality through altered worldviews were .37, 95% confidence interval (CI) [.17–.58], .29, 95% CI [.12–.45], and .28, 95% CI [.11–.46], respectively.

## Discussion

We found that acts of omission and commission (which are generally explored conjointly as part of the larger transgressions-self category in the MIES) differed in their associations with meanings and interpretations. For example, whereas both acts of commission and omission were significantly associated with psychological problems, only acts of omission continued to be significantly associated with psychological problems when other factors (e.g., combat experience) were considered. These results support prior research that has recommended that assessments measuring moral injury would benefit from distinguishing between different kinds of experience (e.g., commission and omission) and multiple outcomes (e.g., guilt/shame, broke rules of right/wrong; Frankfurt & Frazier, 2016). We also found that acts of omission appear to have rather important associations with psychological problems. Thus, it will be important for future research to explore specific associations between acts of omission and psychological well-being.

We found that alterations to one's sense of self, others, and the world is a strongly associated with PTSD, depression/suicidality, and alcohol use (although the association with alcohol use disappeared after taking into account age, gender, and combat/postcombat experience). Whereas past research has found an association between PTSD and negative beliefs about the self, others, and the world (e.g., Moser, Hajak, Simons, & Foa, 2007), our findings suggest that alterations to service members' worldviews may be associated with both their actions and inactions during war. It will be important for future research to explore whether altered worldviews associated specifically with service members' actions are associated with different psychological problems when compared with altered worldviews associated with inactions.

The results of this study suggest that psychological problems are more strongly associated with altered worldviews (which had not been examined in previous moral injury research) than with the belief that one has broken one's rules of right and wrong (the focus of most previous moral injury research). Our results raise the possibility that acts of commission and omission may contribute to altered worldviews, which have been tied to difficulties with forming meaning (Park, 2010). Thus, interventions that encourage service members to create a sense of meaning around their experience will likely benefit from exploring both acts of commission and acts of omission (e.g., Resick, Monson, & Chard, 2014). Moreover, although our findings are consistent with the possibility

Table 1  
*Correlation Between Acts of Commission/Omission and Meanings/Interpretations*

Variable	Acts of commission	Acts of omission
Broke rules of right/wrong	.34*	.37**
Altered worldviews	.45**	.53***
Guilt/shame	.42**	.74***

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Table 2  
Zero-Order and Partial Correlations Between Acts of Commission/Omission, Meanings/Interpretations, and Psychological Problems

Variable	Zero-order correlation				Partial correlation <sup>a</sup>			
	PTSD	Depression	Suicidality	Alcohol use	PTSD	Depression	Suicidality	Alcohol use
Act of commission	.21	.24	.29	.25	.11	.13	.23	.18
Act of omission	.41**	.40**	.42**	.21	.38*	.33*	.36*	.16
Broke rules of right/wrong	.37**	.30*	.23	.33*	.25	.19	.10	.20
Altered worldviews	.72***	.62***	.62***	.25	.70***	.58***	.57***	.18
Guilt/shame	.70***	.53***	.58***	.26	.67***	.47**	.53***	.17

<sup>a</sup> Removing shared variance with age, gender, and combat/postcombat experience.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

that altered worldviews mediate the relationship between psychological problems and acts of omission, future longitudinal studies are needed to determine the sequential progression of this process.

The results of this study must be interpreted in the context of its limitations. First, because participants could endorse both actions and inactions (both measured dimensionally) in the same questionnaire, we were unable to determine whether service members were referring specifically to an act of commission or omission (or both) when they answered questions about their interpretations and guilt/shame. Second, the retrospective nature of this investigation may have resulted in recall bias. Third, because this study focused exclusively on OEF/OIF veterans, our results may not generalize to all veterans. Fourth, the sample size was modest. Much larger sample sizes will be needed to obtain more reliable estimates of the prevalence of regretted (in)actions. Finally, although our two questions exploring acts of commission distinguished between physical and emotional harm to others, our question exploring acts of omission did not specify any type of harm. Future explorations of acts of omission will likely benefit from questions that explore inactions resulting in different kinds of harm to others. Despite its limitations, we believe that this investigation adds to our understanding of the experience of service members, suggesting that both acts of omission and altered worldviews merit further investigation.

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