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Moral Injury Themes Involving Criminal Recklessness Among Adults with Alcohol Use Disorder

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Walden University

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Sandra Starch

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2022

Abstract

Moral Injury Themes Involving Criminal Recklessness Among Adults with

Alcohol Use Disorder

by

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MA, University of Washington, 1982

BA, University of Washington, 1981

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

February 2023

Abstract

Moral injury (MI) can emerge following transgressive acts against one's deeply held moral beliefs. Its symptomology involves individual psychological, spiritual, behavioral, and social spheres. It has primarily been studied within the military and in a few select civilian populations. This descriptive phenomenological study involved exploring MI themes among adults with alcohol use disorder (AUD) who had engaged in criminally reckless acts. Data collected from semi-structured interviews with eight participants were coded and analyzed, leading to six major themes revealing the symptomology of MI. Responses from study participants supported Festinger's theory of cognitive dissonance via their descriptions of alcohol abuse cycles with repeated acts of driving while intoxicated. Results included the potential impact of MI on maintaining sobriety and eliminating unlawful actions which resulted from alcohol misuse. Moral repair and spiritual growth were the most supportive factors that helped participants reestablish a sense of balance and purpose, heal their MI, and live safely in society with sobriety. Results may be used for positive social change in terms of creating alternative medical and mental health interventions for AUD and developing legal practice reforms to reduce recidivism.

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Dedication

A few of us are privileged to have powerful others walk with us along a challenging journey, therefore I dedicate my research to every person who has suffered the throes of Alcohol Use Disorder. You have known darkness and understand the struggles to reach sobriety. May you live humbly in the Grace of a Wiser Being.

I also dedicate this work to Drea and Aleks who have taught me the true meaning of gratitude, authenticity, and simple abundance. They encouraged me to see when it was time for a U-turn and urged me to complete this journey while giving their love every step of the way. To my late parents, Rev. Robert Abolins and Mirdza Abolins, who instilled in me the importance of education.

To my friends and family who overtly and covertly cheered me on to the finish line: Rev. Susan Plucker, Dr. Nancy Schonfeld-Warden, Glenda Morrison, Beth Markussen, and my Longview duo Erna Rodman and Marlynn Mark Bell. Their support never came with an expiration date.

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Stories are medicine. They have such power; they do not require that we do, be, or act anything. We need only to listen. I want to acknowledge the eight AA members who participated in the study and shared their stories. They illustrated the message of hope that sobriety is attainable and maintained one day at a time. Their contributions may save a life. May all with alcoholism know there are researchers who will continue to seek a better understanding of your experiences.

Finally, I want to acknowledge the lessons from my Great Creator, from which I learned that intuition, creativity, and resilience are spiritual faculties that do not explain; they simply point the way. These Sources helped me find a message; They now tells me it's time to carry it forward.

Table of Contents

Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement.....	4
Purpose of the Study.....	5
Research Question.....	6
Theoretical Foundation.....	6
Nature of the Study.....	7
Definition of Terms.....	8
Assumptions.....	9
Scope and Delimitations.....	10
Limitations.....	11
Significance of the Study.....	12
Summary.....	13
Chapter 2: Literature Review.....	14
Literature Search Strategy.....	14
Theoretical Foundation.....	15
Literature Review.....	16
Cognitive Dissonance in AUD.....	16
Cognitive Dissonance and Criminality.....	16
Understanding AUD.....	19
Understanding MI.....	21

Defining MI	22
Other Nomenclature for MI	25
How MI Differs from PTSD	25
Current Assessment and Treatment Paradigms of MI	26
Alcohol Misuse and MI	28
Criminal Recklessness and MI.....	30
Alcohol Misuse and Criminal Recklessness	33
Summary and Conclusions	35
Chapter 3: Research Method.....	38
Research Design and Rationale	38
Research Question	38
Design Concepts	38
Design Rationale.....	39
Role of the Researcher	41
Self-Reflection	42
Methodology	43
Participant Criteria	43
Procedures for Recruitment	44
Procedures for Data Collection.....	45
Sampling and Sampling Procedures	45
Rationale for Number of Participants	45
Data Saturation.....	46

Instrumentation	47
The Basis for Instrumentation Development and Presentation.....	47
Framing the Interview.....	48
Instrument Presentation	50
Data Analysis Plan.....	52
Selected Analysis Rationale.....	52
Organizing and Preparing Data for Analysis	51
Coding.....	53
Themes and Descriptions.....	54
Issues of Trustworthiness.....	54
Credibility	54
Transferability.....	55
Dependability	56
Confirmability.....	57
Treatment of Discrepant Cases	57
Ethical Procedures	57
Access to Participants or Data	57
Institutional Permission	58
Treatment of Data Collection, Dissemination, and Destruction.....	58
Participant Treatment and Protection.....	59
Summary	60
Chapter 4: Research Findings.....	63

Setting	64
Demographics	64
Data Collection	64
Data Analysis	65
Data Preparation and Organization.....	66
Coding Procedures and Thematic Discovery.....	66
Evidence of Trustworthiness.....	70
Credibility	70
Transferability.....	70
Dependability	71
Confirmability.....	71
Results.....	72
Theme 1: Psychological Symptoms.....	73
Theme 2: Changes in Behavior.....	75
Theme 3: Lifelong Risk of AUD Reactivation.....	76
Theme 4: Changes in Wholehearted Living	78
Theme 5: Social and Interpersonal Change	80
Theme 6: Moral Wellbeing and Life Meaning	81
Summary	84
Chapter 5: Discussion, Conclusions, and Recommendation	86
Interpretation of Findings	87
Theme 1: Psychological Symptoms.....	87

Theme 2: Changes in Behavior.....	88
Theme 3: Lifelong Risk of AUD Reactivation.....	89
Theme 4: Changes in Wholehearted Living	90
Theme 5: Social and Interpersonal Change	91
Theme 6: Moral Wellbeing and Life Meaning.....	92
Theoretical Framework.....	94
Limitations	96
Recommendations.....	98
Implications.....	101
Positive Social Change	101
Methodological Implications	102
Theoretical Implications	103
Treatment Implications	103
Conclusions.....	105
References.....	107
Appendix A: Recruitment Flyer.....	131
Appendix B: Mapping of Interview Questions.....	132
Appendix C: Copy of Instrument.....	133
Appendix D: Debriefing	136

List of Tables

Table 1. Themes and Subthemes for RQ 69

Table E1. Theme and Subtheme Analysis 137

Chapter 1: Introduction to the Study

Establishing moral boundaries and beliefs is necessary to create a harmonious existence within the context of our daily world. Humans learn about their environment from caregivers and people close to them in their formative years (Bandura, 1986; Eisenberg & Valiente, 2002). This modeling teaches individuals how to act and interact within their moral constructs and guides positive experiences by developing a healthy self-identity and wholeness (Litz et al., 2009). However, adherence to one's positive moral code can be interrupted by substance misuse (Lawlor, 2018; Van Herik, 2015), which can perpetuate implicit or even malicious criminal recklessness (McClure, 2019; Tangney et al., 2014). The actions of someone with an alcohol use disorder (AUD) have been known to lead to criminally reckless behaviors (Tatch, 2021), which may create a cognitive rift between moral beliefs and moral conduct. This cognitive disequilibrium is the basis of Festinger's cognitive dissonance theory. Festinger (1957) said individuals might question moral decision-making and conduct if internal dissonance occurs. If left unresolved, this dissonance may result in negative consequences for oneself, festering emotions of guilt, shame, and remorse (Litz et al., 2009; Shay, 2014). The disconnect with one's moral foundation is defined as a moral injury (MI) (Drescher et al., 2011; Jinkerson, 2014; Nash & Litz, 2013).

Due to a burgeoning growth of alcohol misuse in the United States as documented since the year 2000, advanced health and psychological interventions have become imperative to stop its fatalistic effects in our country (National Center for Drug Use and

Health [NSDUH], 2019). AUD is now recognized as a chronic disease and has become a significant public healthcare concern in the United States (NSDUH, 2019).

Another growing concern for American society is criminality and the high recidivism rate in the United States, with a reported 77% of previously incarcerated individuals rearrested within 5 years (Bureau of Justice Assistance [BJA], 2021). Driving under the influence of alcohol (DUI), which is recognized as a criminally reckless offense, is part of this arrest-rearrest cycle (BJA, 2021). While steps have been taken to transform prisons into rehabilitative entities to address healthy moral growth and eliminate reoccurring DUIs, such programming is isolated, and its efficacy data is scarce (BJA, 2021).

A review and synthesis of current scholarly, clinical, and spiritual literature highlights definitions of MI. The literature documents the presence of MI in those suffering from AUD and also those who have acted in lawless or corrupt ways. The literature also encapsulates how alcohol abuse and criminal acts when fueled by alcohol affects society.

This study involved exploring MI themes among adults with AUD who have grappled with criminally reckless behaviors. No literature to date has sought to identify and understand connectivity between AUD, criminal recklessness, and MI. This research, grounded in critical scholarly literature and guided by a qualitative phenomenological framework, includes experiential accounts of MI theme-related phenomena. The goal of the study is to expand the creation and implementation of policies and programs to reduce

criminally reckless behaviors and contribute to the development of customized alcohol abuse intervention programs.

Background

There is a lack of information in the academic literature about relationships between the potentially devastating impact of MI among those with AUD with a history of criminal recklessness. This identified paucity of literature (Beck, 2011; Dickinson & Jaques, 2019; Jarvinen & Fynbo, 2011; Pearce et al., 2018; Tangney et al., 2014) calls for further research to explore the phenomenon of MI themes within alcohol abuse and recidivism. This research can empower substance abuse clinicians, the criminal justice system, clergy, the family, and communities to recognize the effects, both short and long-term, of MI on AUD and crime.

MI is a particular type of psychological trauma that carries the characteristics of shame, guilt, and spiritual disequilibrium (Drescher et al., 2011; Jinkerson, 2014; Nash & Litz, 2013). Components of MI such as everlasting shame and guilt are present among those with AUD (Battles et al., 2018; Frankfurt & Frazier, 2016; Romano et al., 2013; Van Herik, 2015) and can negatively affect recovery from alcohol abuse (McGaffin et al., 2013). AUD impedes the development of healthy relationships via increased stress levels and tension between family members and friends (Lawlor, 2018; Van Herik, 2015). Such addictive behaviors often lead to crime and social disruption (NSDUH, 2019). MI may contribute to deleterious psychological, emotional, and spiritual maladies, creating cognitive dissonance (Festinger, 1957). Anxiety, embarrassment, shame, and negative self-worth can emerge if internal dissonance is not addressed. These emotional maladies,

should they persist, perpetuate substance abuse and repeated crime (Newman & Crowel, 2021).

The National Institute of Alcohol Abuse and Addiction (NIAAA, 2021) said alcohol-related disorders are responsible for 95,000 deaths annually in the United States, including health-related demise, vehicular crashes, and homicide. About 1.5 million people are arrested in a given year for driving under the influence of alcohol or drugs (National Highway Traffic Safety Administration [NHTSA], 2019). These figures underscore the significance of further researching components of substance abuse and its affect on criminal acts in the United States. Not identified in the existing scholarly literature are the sequelae of MI in adults having dealt with the detritus of alcoholism combined with criminally reckless behaviors.

Findings from this study provide an additional perspective regarding underlying facets of MI themes involving criminal recklessness among populations of adults who have experiences with alcohol abuse. Results from this study suggest innovative rehabilitative paradigms, encourage modified legal interventions, suggest proactive education modules for understanding MI, further delineate the constructs of MI, and identify avenues for future research of this phenomenon.

Problem Statement

This study involved expanding the scholarly knowledge base regarding the existence and depth of MI following criminal recklessness among adults with AUD. MI results from observation or acts that involve transgressions towards deeply held moral expectations, leaving one with lasting psychological, spiritual, and behavioral scarring

(Litz et al., 2009). MI sequelae can create biological, psychological, behavioral, social, and spiritual disequilibrium that can manifest as despair, hopelessness, anger, resentment, and alienation from meaningful living (Farnsworth et al., 2014; Litz & Kerig, 2019; Shay, 2014).

MI has been identified in those with AUD (Battles et al., 2018; Van Herik, 2015), and also exists in those who have been incarcerated and have been left with anxiety and trauma, preventing successful reentry into society (Tangney et al., 2014; Visher et al., 2017). Most addiction and criminal justice studies do not address the impact of MI as a contributing factor on recovery or recidivism. To date, MI's existence in terms of AUD and criminal recklessness have been studied separately but not from a combined perspective. The current problem is that there is limited actual or verifiable data about MI themes among adults with AUD following criminally reckless episodes.

I applied a descriptive phenomenological analysis of MI themes following criminal recklessness involving AUD. I identify this phenomenon and suggest ways to enhance substance recovery and modify social policies for potential reduction of recidivism. This study's contributions are valuable in promoting personal wellness, moral health, and a lawful society.

Purpose of the Study

The specific purpose of this qualitative study is to explore MI themes involving criminal recklessness among adults with AUD. I address potential long-lasting psychological, spiritual, and bio-emotional disequilibrium among adults with AUD who have engaged in some form of criminal recklessness. Eight adults with self-reported

AUD who had experienced criminally reckless behaviors comprised the general subject pool. I used a purposeful sampling approach and qualitative phenomenological framework. Semi-structured interviews were used to gather data, and Patton's (2015), along with Saldana's (2021) analysis methods, were used to organize data, identify categories, and conceptualize these categories to summarize rich firsthand experiential accounts of this MI phenomena.

New information and insights about MI's potentially commanding and lasting impact on adults with AUD who have issues with criminal recklessness can lead to designs and intercessions to address the challenges of this phenomenon. Rehabilitation and criminal justice professionals will be able to use this information to match adults with AUD facing legal consequences with customized recovery programs and sentencing to promote a continuum of wellness and citizenship.

Research Question

The study fills a gap in existing literature by examining MI components and discussing their relationships among those with AUD who have a history of criminal recklessness. The research question guiding this study is:

What are MI themes involving criminal recklessness in adults with AUD?

Theoretical Foundation

The theory that grounds this study is Festinger's cognitive dissonance theory, based on the concept that actions can influence subsequent beliefs and attitudes. Festinger (1957) said there were three tenets to the cognitive dissonance theory: humans are sensitive to inconsistencies between actions and beliefs, recognition of these

inconsistencies will cause internal dissonance, and this dissonance can be resolved by changing beliefs, actions, or perceptions of actions. This explains why humans justify, rationalize, and shift beliefs over time to maintain cognitive and moral equilibrium. Not addressing cognitive, emotional, or moral dissonance can result in stress, anxiety, embarrassment, shame, and negative self-worth, which are often described by those reporting MI (Doukoupil, 2012; Maich, 2014; Meador & Nieuwsma, 2018). The literature review in Chapter 2 includes studies that highlight tenets of Festinger's theory as they relate to internal disequilibrium in humans.

MI can result from psychological, biological, spiritual, behavioral, and social injury from involvement in acts (experienced, seen, or done) that transgress one's deeply held moral beliefs (or of trusted individuals) (Currier et al., 2021; Griffin et al., 2019; Jinkerson, 2016). When cognitive and internal dissonance is present, seeking to reduce discomfort by denying the gravity of behaviors or rationalizing actions occurs (Litz et al., 2009). This can happen following criminally reckless actions among adults with AUD and may potentially sabotaging healthy recovery from addiction or positive lifestyle choices, described more fully in Chapter 2. Using the lens of cognitive dissonance, I identified and analyzed MI themes and the lack of psychological and emotional harmony when dissonance is not resolved.

Nature of the Study

I applied the descriptive phenomenological methodology to gather deep and rich accounts of experiences and analyze commonalities involving MI following criminal recklessness in adults with AUD. As a philosophical movement, phenomenology was

created in the 20th century by Edmund Husserl. Husserl (1962) proposed that individuals use two forms of introspection to make sense of the world: the emotional and cognitive impact of experiences and the intentional, committed, and purposeful way of thinking about life. Qualitative phenomenology is therefore used in research to gain knowledge of a phenomenon that is not well understood by having individuals who have lived the experience describe and clarify the phenomenon.

Applying the process and analysis of descriptive qualitative phenomenology, semi-structured interviews (see Appendix C) were used to gather personal and relevant testimonials to address attitudes and feelings and capture the genuine essence of MI in terms of criminal recklessness and AUD. Descriptive phenomenological analysis was applied to generate codes and categories that reflect the existence, causes, and types of MI. Concomitant analysis of responses was used to identify the final sample size and data saturation measures that were conducive to this study. Member checking ensured each participant's experiences were thoroughly and accurately captured. Monitoring of anxiety and stress of participants, followed by debriefing and offering of local recovery and mental support resources occurred after all interviews (see Appendix D).

Definition of Terms

The following terms were used in this qualitative research study.

Alcohol use disorder (AUD): AUD is the problematic pattern of using alcohol that leads to clinically significant impairment or distress. This can involve alcohol that is taken in more significant amounts or over a more extended period of time than was intended, a persistent desire or unsuccessful efforts to cut down or control alcohol use, and continued

alcohol use despite having persistent or recurrent social or interpersonal problems that are caused or exacerbated by the effects of alcohol (American Psychiatric Association [APA], 2013).

Cognitive dissonance: Cognitive dissonance refers to the mental and emotional discomfort experienced when an individual observes or acts against core moral values. This involves simultaneously holding two or more contradictory beliefs, ideas, or values, resulting in inconsistent experiences with subsequent psychological discomfort (Festinger, 1957).

Criminal recklessness: This is behavior that is so careless that it is considered an extreme departure from what a reasonable person would exercise in similar circumstances. (Newman & Crowell, 2021).

Moral injury (MI): An injury to an individual's moral conscience and values due to an act of perceived moral transgression which produces profound emotional guilt and shame, and in some cases, betrayal, anger, and deep moral disorientation (Litz et al., 2009).

Phenomenon: Giorgi (2009) defined a phenomenon as a fact or situation that is observed to exist or happen that can be experienced in one's consciousness.

Assumptions

Assumptions are inherent in all research, particularly in qualitative studies (Creswell, 2009). Several assumptions were relevant to the current study. First, I assumed that findings from this phenomenological study would elicit diverse perspectives related to themes of MI among vulnerable populations of adults with AUD. To address this assumption, qualitative data analysis was applied which generated multiple types of

coding and categorizations, giving the data a practical meaning that readers can appreciate. Using member checking to ensure accurate capture of phrases and themes also allowed for transparency and trustworthiness of data.

Second, I assumed participants answered interview questions honestly in order to reflect on their histories of criminal recklessness, and willingly described their feelings of moral disequilibrium due to their transgressive acts. To attend to this assumption, participants were guaranteed confidentiality and could choose to cease the interview process and withdraw from the study at any time.

Scope and Delimitations

The scope of the study focused on lived experience of MI among adults over 20 years of age with AUD, with 60 or more days in sobriety, who had engaged in criminally reckless behaviors. All participants resided within northern California, spoke English, and could understand, read and write fluently in English. I addressed connectivity involving MI in this vulnerable group and implications of stereotypical views on alcoholism and recidivism.

Delimitations are constraints placed on a study set by the researcher (Stangor, 2011). While delimitations may keep studies manageable, such constraints can affect external validity. Three delimitations were associated with the research design and participant criteria for this study.

First, the smaller sample size of eight adults with AUD having experienced criminal recklessness was a delimitation. This smaller sample, however, did meet the

criteria of having life experiences relevant to the question under analysis and the thick, rich, and meaningful data obtained evidenced data saturation.

The participant pool was delimited to adults with 60 days of continuous sobriety, and excluded subjects who were sober less than 60 days or who remained actively using alcohol. This second delimitation was based on the basic idea that individuals pursuing sobriety do so because they have experienced the depths of demoralization of AUD. I excluded non-English speaking adults, the third delimitation, due to lack of translator availability, which without could have affected translating questions and answers while retaining authentic meaning. Language barriers also could create barriers in terms of redirecting participants should they deviate from the interview questions.

Limitations

All research, particularly involving the investigation of qualitative phenomena, is subject to limitations (Creswell, 2014; Patton, 2015). Three were identified in this current study. First, hermeneutics, the theory and practice of interpretation where interpretation involves an understanding that can be justified, required me to interpret and make sense of the data. Any preconceived ideas or bias could have diminished authentic results. I had experience with the phenomenon of interest based on over 30 years of professional and lifelong familial engagement. I used bracketing and reflective journaling to identify and document preconceived ideas, attitudes, and notions related to the phenomenon of interest.

Second, my limited research and interview experiences were potential limitations. To minimize this risk, I conducted field tests to identify if interview questions were easily

understood, I practiced interviewing adult colleagues and asked for feedback on the efficiency of data collection and transcription accuracy. I adhered to ethical principles and guidelines of the Collaborative Institutional Training Initiative (CITI), and applied suggestions from the Walden University Institution Review Board (IRB).

Third, the data collection parameters of using semi-structured interview with self-reporting was a limitation. Participants described their experiences and therefore elements of exaggerating or minimizing could occur. To minimize this limitation, I provided a comfortable interview setting and the participants were informed they could discontinue the interview at any time. All participation was voluntary.

Significance of the Study

This study's results and insights can guide the development of evidence-based prevention and intervention programs in order to lessen alcohol abuse, provide recovery resources for addiction, and prevent recidivism due to perpetuated criminally reckless behaviors. Alcohol requires responsible consumption. Alcohol use exacerbation leading to clinical AUD is a severe problem, as dangerous imbibing results in criminal outcomes (NIAAA, 2021; NHTSA, 2019). Therefore, I sought to explore MI themes among adults with AUD following criminal recklessness.

This study provides a platform for future research involving options for those seeking guidance to reduce alcohol's undesirable effects and recidivism for alcohol-related crimes. Social change implications include bringing the results forward to rehabilitation and criminal justice professionals to enhance the coaching and counseling of adults with AUD and through strengthening their commitment to recovery, eliminate

their criminally reckless behavior patterns. Research results may also help in terms of overcoming stereotypes involving alcoholism and incarceration by providing rich and in-depth information regarding experiences involving AUD and criminality from emotional and psychological perspectives.

Summary

Chapter 1 included background information regarding this project's development. This chapter outlined the significance of the research, the impact of MI on substance abuse and criminality, the research problem, its theoretical foundation, and nature of the study. Definitions of frequently used terms were provided.

I discuss the identified two assumptions, two limitations and three delimitations associated with the study. Assumptions included elicitation of diverse themes would occur and that participants would answer the questions honestly. The hermeneutic characteristics of qualitative research manifested as a limitation, as did my novice-level interviewing experience. Delimitations were the sample size, and the unique participant pool of adult AA members with a minimum of 60 days of sobriety and the exclusion of non-English speaking participants.

Chapter 2 includes an overview of past and recent literature supporting this study. I address the elements of MI, its presence within AUD, the impactful issues created by criminal recklessness, identify a need for further theoretical and practical research of this phenomenon, and discuss contributions of findings to promote social change.

Chapter 2: Literature Review

This study involved exploring experiences of MI involving criminal recklessness among adults with AUD. I sought to understand this phenomenon and its impact on moral health, personal wellness, and lawful living. MI and criminal recklessness involving AUD are concepts that have generated scholarly scrutiny and discussion but have not been explored simultaneously.

MI is a particular type of psychological trauma that includes characteristics of shame, guilt, and spiritual disequilibrium that occurs after betrayal of one's moral and ethical belief system (Drescher et al., 2011; Jinkerson, 2014; Nash & Litz, 2013). While MI is associated with transgressive military experiences in combat, MI exists in civilian populations and among vulnerable populations such as those with AUD (Griffin et al., 2019; Jinkerson, 2016). As AUD can promote criminally reckless behaviors, MI following criminal recklessness among those with AUD has yet to be explored.

This literature review includes an outline of methods for scholarly searches, the theoretical foundation of this project, and current scholarly discussions involving MI, criminal recklessness, and AUD. A general definition of MI is introduced. I also identify the gap in scholarly knowledge regarding connections between MI, criminal recklessness, and AUD.

Literature Search Strategy

Various strategies were used to examine and compile recent and relevant literature. First, historical literature regarding general conceptualization of MI, criminal recklessness, and AUD was gathered, including pivotal articles followed by a more

concise search involving the evolution of these concepts. Second, peer-reviewed articles that were focused on MI's prevalence and impact on society were summarized, followed by identifying MI's relationship with criminal recklessness and AUD. Finally, the search was narrowed to ascertain the existence and impact of MI on adults with AUD who have experienced and executed criminally reckless actions. Most sources were published between 2005 and 2022.

Relevant literature was sought from the following electronic databases: APA PsycINFO, PubMed, Thoreau, CINAHL, and MEDLINE via the Walden University Library. I used the following search terms: *moral injury*, *alcohol use disorder*, *criminal recklessness*, *social impact of moral injury*, *social impact of alcohol abuse*, and *crime and shame*. Seminal works that primarily addressed construct of PTSD with secondary mention of MI were not included; all reviewed articles were written in English. The literature search also included 12 books. Saturation was reached when gathered articles supported reasonable and diligent relevant information, and additional articles did not obtain new perspectives.

Theoretical Foundation

Festinger's cognitive dissonance theory was the theoretical foundation for this study. Festinger (1957) proposed that a state of dissonance is created when an individual holds two or more beliefs that are relevant but inconsistent with one another. This theory is based on three fundamental assumptions: humans are sensitive to inconsistencies between actions and beliefs, recognition of these inconsistencies will cause internal dissonance, and dissonance can be resolved by changing beliefs, actions, or perceptions

of actions. This theory explains why humans justify, rationalize, and shift beliefs over time as they try to maintain internal consistency. Not addressing internal dissonance can result in anxiety, embarrassment, shame, and negative self-worth. This can lead to perpetuated substance abuse and crime (Newman & Crowel, 2021), which remains a persistent problem (NSDUH, 2019). Resolving one's dissonant state leads to relief and satisfaction (Doukoupil, 2012; Maich, 2014).

Literature Review

Cognitive Dissonance in AUD

Empirical studies involving the cognitive dissonance theory with alcohol misuse are few. In the earlier literature, Ulrich et al. (1990) sought reasons for alcohol abstinence, finding Festinger's (1957) theory to explain why alcohol abusers pursued abstinence to avoid remorse and shame following obsessive and excessive use. Glatz et al. (2012) applied the cognitive dissonance theory to explain why parents, who applied leniency in accepting alcohol use in their children noted less internal conflict. Alternately, parents who persistently opposed all youth drinking experienced intense worries and emotional discord. Ayres et al. (2014) studied motivational factors for substance abuse recovery, finding participants to report cognitive dissonance when comparing their actual baseline status with their desired goal of living without drugs or alcohol.

Cognitive Dissonance and Criminality

Articles that applied the foundation of the cognitive dissonance theory to criminal behavior were also sought. Vollaard (2012) assessed the magnitude of suggested punishments as a deterrent to committing a crime. By studying a group of offenders in the

Netherlands whose length of prison sentencing was conditional based on their offense history, Vollaard (2012) found the warnings of prison term enhancements after repeated offenses successfully reduced crime. These findings supported Festinger's (1957) theory that individuals choose not to commit a crime if it is to receive a harsh punishment, therefore avoiding potential dissonance.

Beck (2011) studied offenders in self-scan shopping scenarios and found neutralization as a technique used to deny responsibility for deviant actions. By rationalizing and justifying behaviors, shoppers who stole were able to assuage their feeling of guilt, supporting Festinger's cognitive dissonance theory (1957) that individuals will strive to alleviate internal disequilibrium and discomfort. By specifically studying theft within the unique nature of self-scan shopping, Beck found this manner of offending is likely to continue as shoppers will continue to promote justification for their theft.

Padayachee (2015) applied cognitive dissonance to study how criminals rationalized maleficence. The author proposed that if justifying or neutralizing is mitigated, a motive for committing an offense is lessened, and the crime might be less likely to occur. This finding led to the development of the Insider Threat Neutralization Mitigation model, predicated on cognitive dissonance (ITNMCD) (Padayachee, 2015). This model promoted favorable changes in behaviors and beliefs and continues as a programming module with those incarcerated.

Hopkins (2020) explored domestic violence (DV) factors to understand the purposes of justified decisions following minacious situations. By interviewing victims of

DV, a dynamic process was captured as how victims justified their decisions to remain in an abusive position. By staying in a toxic, volatile situation, the stressors of change would be avoided, and acute cognitive dissonance would cease. This framework of cognitive dissonance was formed into a training module for law enforcement in their investigative tracking of why some women decide to report DV and others do not, thus remaining in abusive relationships.

Given the cognitive dissonance theory lens, which views preferences and attitudes directing actions that result in consequences, this foundation is suited to explore themes of dissonance resulting from criminally reckless dilemmas in adults with AUD. The cognitive dissonance framework supports the proposition that adults with AUD may have acted in ways opposing their moral values during their periods of drunkenness. These subsequent morally injurious behaviors generated internal conflict. This conflict thus created stress, anxiety, embarrassment, shame, and negative self-worth, potentially sabotaging healthy recovery from addiction or positive lifestyle choices to avoid recidivism. Morally injurious experiences in this population are not combat-related. They may result from direct criminal recklessness, either volitionally or reactionary, while under the influence of alcohol. While active AUD carries the features of shame, guilt, and remorse after aberrant behaviors (Van Herik, 2015), so does crime (Tangney et al., 2014). To interrupt this cycle of recurrent addiction and re-incarceration fueled by the features of MI is a societal concern today. Inductively applying this theoretical framework is suited to explore cognitive and moral dissonance themes in the yet unexplored associations between criminal recklessness and AUD.

Understanding AUD

AUD is delineated in the DSM-5 as a problematic pattern of alcohol use that progressively leads to distress and impairment. To be diagnosed with AUD, an individual must exhibit at least two of twelve symptoms. Examples are having an intense craving to use alcohol, alcohol withdrawal symptoms appearing within 4-12 hours of ceasing heavy alcohol consumption, forgoing important activities to consume alcohol, and demonstrating an acquired tolerance to high levels of alcohol intake.

While early definitions of AUD included subsets of personality disorders, homosexuality, or neuroses (APA, 1952; APA 1968), these parameters were amalgamated to alcohol abuse and alcohol dependence by 1980 (APA, 1980). Whichever AUD definition is used, this disorder is a growing concern both in the U.S. and globally (NSDUH, 2019). According to the U.S. Center for Disease Control and Prevention (2010), AUD has cost the U.S. an estimated quarter of a trillion dollars in lost work productivity, along with increased medical expenses and criminal justice costs. Excessive drinking has also been associated with increased violence (Snowden, 2019), crime (Popovici et al., 2012), poverty (Khan et al., 2002), sexually transmitted diseases (Cook & Clark, 2005), and other public health issues. Alcohol contributes to more than 200 diseases and injury-related health conditions (WHO, 2018a) and is the fourth leading preventable cause of death in the U.S. (Stahre et al., 2014). As one of the study's cynosures is themes of MI in AUD, a review of this imposing and even lethal impact of this disease is warranted.

AUD has defined features that differentiate this disease from other substance addictions. It generally develops slowly over a person's life; its use patterns can change over time and have no single cause. However, neuroscience speculates four potential reasons for excessive alcohol misuse: inherited biological disposition, copious drug and alcohol exposure throughout childhood and adolescence, a developed anxious, addictive personality, and a catalyzing environment (Grisel, 2019). Neuroscience also comments that alcohol misuse is so baffling that while it is known to slow neural activity, the specificity of how each chemical reaction contributes to intoxicating effects is unknown (Grisel, 2019). Once addicted, it is difficult to stop because the craving and obsession with repeating the feelings of relief induced by toxins are so intense that the individual will act in demoralizing means to obtain alcohol, often resulting in shame, guilt, and remorse.

The COVID-19 pandemic left questions about the possibility of increased alcohol use in the United States during this period (Grossman et al., 2020). Alcohol sales burgeoned during the pandemic (Chick, 2020), possibly facilitated by fears of long-term isolation, thus using alcohol to cope. Smalley et al. (2020) studied alcohol consumption during the pandemic and found an increased frequency of alcohol-related visits to emergency departments. Dubey et al. (2020) further suggest a bidirectional relationship between COVID-19 and substance use disorders, suggesting loss of jobs, boredom, lack of socializing, economic stress, domestic and social violence, new-onset psychopathology, and reduced availability of health care attributed to craving, relapse, and heightened dependence on substances. Whatever the underlying factors, the

continuum of alcohol misuse is still a concern from both an individual and public health perspective, given potentially aberrant outcomes.

Understanding MI

An individual's moral compass is shaped by their moral development throughout childhood. As Eisenberg and Valiente (2002) posited, moral development is the process by which children acquire attitudes about behaviors based on what is expected and accepted by society. Morals are culturally and religiously based on distinctions of right and wrong, as outlined by Bandura (1986), who put forth that morals come from acquiring a caregiver's explicit or implied moral belief standard, learned through imitation, reinforcement, or punishment. Moral development is necessary to create one's expectations of their behavior, the behavior of others, and the behavior of society within the context of their daily world.

However, according to Festinger (1957), if encountered behaviors or observed acts violate an individual's understanding of what should have occurred in order to match their values, internal conflict, moral dissonance, and cognitive disequilibrium arises. Unless resolved, moral decision-making and understanding may be questioned, leading to negative or dysfunctional relationships with self, others, and society. Ultimately, immoral acts can result in guilt, shame, and remorse (Litz et al., 2009). This disconnect with one's moral foundation is the basis of MI.

MI might be a new term found in psychological and religious literature, but it is not a new concept. The experience of clashing moral values is timeless, going back to ancient society when Ajax threw himself upon his sword on the shores of Troy, where

he chose suicide over dishonesty (Cohen, 1978). Authors have written about moral scars impacting humanity during the American Civil War (1861-1865) (Ward, 1994), World War I and II (1939-1945) (Ambrose, 1992), and during the Vietnam War experience (Moore, & Galloway, 2004). Evidence of moral scarring continued in post-Vietnam syndromes (1975 and on) and is now gaining recognition following incidents from the recently ended military mission in Afghanistan and Iraq (Jinkerson, 2016; Litz et al., 2018; Sherman, 2011).

MI has captured the attention of mental health care providers, spiritual and faith communities, media outlets, and the public over the past two decades (Farnsworth et al., 2014; Griffin et al., 2019; Hodgson & Carey, 2017; Litz et al., 2018; Sherman, 2014; Wortmann et al. 2022). This interest gained momentum after military service chaplains and clinicians began to collectively conclude that morally injurious actions of war experiences are vital contributors to the development of Post-Traumatic Stress Disorder (PTSD) (Pearce et al., 2018). Post-traumatic stress is a recognized mental health diagnosis (APA, 2013) and is used as a catchall explanation for military members returning from warfare *triggered* (Drescher and Foy, 2008). This information aggrandized the military literature in appreciating the barriers of MI to successful community re-entry for individuals with post-deployment PTSD, noted to be a significant and persistent social challenge (Litz et al., 2018).

Defining MI

Litz et al. (2009) said MI involves the lasting impact of psychological, biological, spiritual, behavioral, and social injury from involvement in acts that

transgress one's deeply held moral beliefs. Such a break in morality can result in a conflicting condemnation of one's personal, familial, cultural, and legal rules for accepted societal behavior. MI is inherently subjective in an individual's moral evaluation of an event. This added to Shay's (2002) earlier concepts of MI through rudimentary patient narratives of morally injurious acts, revealing feelings of betrayal of what's right in high-stakes situations by someone holding legitimate authority. Other summaries by Drescher and Foy (2008) present MI as damage to one's moral center due to acts experienced, seen, or done, followed by struggles of emotional turmoil, guilt, shame, and withdrawal. Drescher et al. (2011) applied qualitative research methods, describing MI as disrupting one's or another's confidence and expectation to behave ethically. Most recently, Jinkerson (2016) broadened MI's symptom constellation to where it is now recognized as a particular trauma syndrome that includes the psychological, existential, behavioral, and interpersonal issues that emerge following the perceived violation of deep moral beliefs by oneself or by trusted individuals.

Griffin et al. (2019) conducted an integrative scientific research review, referencing 116 conceptual and empirical articles on MI. The authors found growing evidence in these epidemiological studies that described a wide range of biological, psychological, behavioral, and spiritual sequelae associated with MI, with or without direct involvement in morally injurious experiences. Richardson et al. (2020) explored the origins of MI, summarizing outcomes similar to Griffin et al. (2019), and also found MI does not result only from direct participation in morally injurious acts but also from auxiliary exposure.

While articles describing the foundations of MI are plentiful in military-related literature (Griffin et al., 2019), MI is emerging in civilian data due to neglect, betrayal, or other maleficent acts between friends, family, and community (Nerian & Pickover, 2019). MI has been reported in the field of social work (Haight et al., 2017), in legal teams and media professionals (Williamson & Stevelink, 2018), in law enforcement (Papazoglou et al., 2020; Papazoglou & Chopko, 2017), in the field of child protective services (Haight et al., 2017), in refugees (Nickerson, 2015), and veterinarians (Moses et al., 2018). MI was also present in educators across the K-12 grade system (Sugrue, 2020) where professionals reported guilt and a troubled conscience when teaching methods that conflicted with their own core moral beliefs in diverse school districts. During the COVID-19 pandemic, first responders, nurses, and physicians reported a high prevalence of MI symptoms, given the unique triage demands of acutely ill patients (Joebges & Biller-Andorno, 2020).

While the conceptualization of MI continues to grow (Yeterian et al., 2019), a unanimous definition still does not exist (Currier et al., 2021). However, what is apparent is that MI involves acting in or witnessing a morally injurious event followed by a discrepant awareness that such an act violated core moral values, creating psychological and moral disequilibrium. MI occurs when one cannot accommodate morally violating experiences into their belief system (Otte, 2015), producing unresolved wounds of the soul. If these emotional, psychological, and spiritual wounds are untreated, they can lead to diminished health, and psychosocial and moral well-being, potentially sabotaging healthy life choices and wholehearted living. This cognitive and emotional disequilibrium

can lead to engagement in self-sabotaging behaviors such as alcohol abuse (Wortman, 2017) and crime (Padayachee, 2015). Exploring this connection is the direction of this research study.

Other Nomenclature for MI

While the term MI is most often used to describe the dissonance within one's belief system, it also is used to describe experiences that involve the violation, or transgression, of accepted boundaries of behavior (Frankfurt and Frazier, 2016). Another nomenclature with similar components to MI is moral distress (MD), believed to arise when one has made a moral judgment but cannot act upon it (Campbell et al., 2016). MD differs from a MI as MD occurs when there is an external barrier to executing a moral judgment call, such as ordering nursing care in opposition to a nurse's best judgment (Lamiani et al., 2015). Backholm and Idas (2015) identified MD in media journalists in a crisis-related assignment when asked to alter emotionally laden news. Farnsworth et al. (2014) and Frankfurt and Frazier (2016) discuss a moral emotion syndrome, describing mechanisms of its particular genesis to include shame, guilt, social withdrawal, self-condemnation, and self-handicapping behaviors such as substance abuse, suicidal ideation, and suicide. Whatever nomenclature is applied, morally injurious reactions are normal human reactions to abnormal traumatic events, which in turn overwhelm one's sense of goodness and humanity (Haleigh et al., 2019).

How MI Differs from PTSD

One cannot fully grasp the facets of MI unless the differences between the widely-known *DSM-5* (APA, 2013) diagnosis of PTSD are understood. Moral injury does

share several features with PTSD; however, it is not a mental illness in and of itself, nor is it a psychiatric disorder (Nieuwsma et al., 2018). While PTSD can develop after an intense situation or persistent recurrence of conditions, MI need not develop after an experience of psychological distress. Instead, MI develops through a moral transgression or an erosion of one's sense of humanitarian goodness (Jinkerson, 2016). While MI has been identified in the clinical setting as one of the underlying components of PTSD, the *DSM-5* (APA, 2013) does not mention MI as a qualifying diagnostic criterion for PTSD (Courier et al., 2021; Wortmann et al., 2022). Caution continues that not all moral transgressions develop into PTSD, just as all MIs do not call for immediate pathologizing or be deemed acts that scar the interpsychic structures of humankind (Moldendijk et al., 2018). These authors discuss different etiologies of MI versus PTSD, stating that MI has a different kind of suffering based on the conceptual framework that morality is neither an orderly nor congruent entity. Also, MI stems from intra-individual matters and group, organizational, and even national constructs. Where PTSD involves physiological arousal with fear-based responses, Jinkerson (2016) and Atuel et al. (2020) characterized the inner conflict in MI to be more descriptive of spiritual struggles, humiliation, loss of trust, meaning, and hope, thus affecting an individual's character and identity.

Current Assessment and Treatment Paradigms of MI

To date, there is no standard evaluation for MI. Yet, screenings and symptom assessments designed for use in the military do exist, such as the Moral Injury Events Scale, Brief Moral Injury Screen, Moral Injury Questionnaire-Military Version, and the Expressions of Moral Injury Scale-Military Version. The most recent measure, the

Moral Injury Symptom Scale-Military Version Short Form, is the first multidimensional, reliable, and valid scale that assesses MI's psychological and spiritual/religious symptoms for use among the military population.

Until a content-valid measure assessing emotional, cognitive, and behavioral responses following wrong-doing from a multidimensional perspective is created, Jinkerson (2014) suggested combining protocols rather than summarizing the existence of MI from a single test. Administering a multifaceted assessment could better facilitate a holistic exploration of morally injurious occurrences, their core symptomology, and their mental health components. Mantri et al. (2020) presented a preliminary assessment of MI symptoms for non-military healthcare professionals, modified from Koenig et al.'s (2018) Moral Injury Symptom Scale. These authors concurred with Jinkerson (2014) that MI is not a benign syndrome and cautioned that its diagnosis should not be dismissed given the absence of available objective assessments.

Suggested treatment paradigms for MI are found primarily in the military literature. Litz et al. (2009) recommended alternative treatment methods to minimize the lasting effects of MI following warfare experiences. Kopacz et al. (2016) discussed the suitability of offering a spiritually focused, mindfulness-based approach for relief from MI. Pearce et al. (2018) outlined a spiritually integrated cognitive-behavioral model and commented on the need for more innovative intervention methods that address moral brokenness, unique psychological and spiritual struggles, and difficulty reconnecting with one's moral community. Koenig et al. (2018) and Atuel et al. (2020), contemporary authors on the spiritual dimensions of MI, noted treatment paradigms

that allow ethical dialogue based on integrated theological and psychological philosophies to be of utmost importance. Without properly guided social adjustment and connectedness, the untreated trajectory of MI symptoms could result in long-term psychological, spiritual, emotional, and social suffering, along with social isolation, substance abuse, and suicide attempts as bleak coping strategies (Atuel et al., 2020; Currier et al., 2021; Koenig et al., 2018; Nieuwsma et al., 2017).

For this qualitative study, the lived experiences of adults with AUD and the associated MI themes due to involvement in reckless, maleficent behaviors were collected. By applying a phenomenological examination approach, themes of MI were sought to extend future habilitative decision-making and apposite intervention for this unique population.

Alcohol Misuse and MI

Alcohol misuse and MI were initially studied in military samples, given the cognitive dissonance experienced by combat and concerns with its subsequent coping strategies. Battles et al. (2018) examined the degree to which MI experiences in veterans were linked with mental health and substance use, finding an association between MI and its adverse mental health issues. Battles et al. (2019) expanded these associations and added the added presence of hazardous alcohol use. A community sample of 344 recent-era combat veterans with persistent spiritual suffering (guilt, anger, spiritual crisis) from combat exposure often used alcohol as a coping strategy for lessening moral dissonance, especially in male combat veterans. Frankfurt and Frazier (2016) identified four empirical studies that examined transgressive acts while in the military, which noted these acts

potentially facilitated self-injurious behaviors in the form of substance abuse, a collateral effect of MI. In 2021, Forkus et al. looked for a relationship between alcohol misuse and instances of transgressing moral standards among U.S. military veterans. These authors identified emotional dysregulation during transgressive acts strengthened prediction accuracy for alcohol abuse. Other authors also identified prevalent substance use in military samples reporting MI and encouraged further study of the direction between transgressive acts and substance abuse (Currier et al., 2014; Maguen et al., 2011; Robbins, 2016; Wilk et al., 2010).

Dearing et al. (2005) looked more precisely at the need to distinguish between shame-proneness (the tendency to feel bad about self) and guilt-proneness (the tendency to feel bad about specific behaviors) in substance misuse in two groups: college undergraduates and jail inmates. Their findings identified shame-proneness as positively correlated with substance use problems, while guilt-proneness was inversely related to substance use problems. These authors speculated that shame and guilt should be considered separately in rehabilitative approaches to prevent and treat substance misuse.

The relationship between MI and alcohol misuse is just beginning to emerge in non-military groups such as firefighters (Bartlett et al., 2019; Zegel et al., 2019) and law enforcement (Chopko et al., 2013). Bartlett et al. (2019) measured the association between endorsed potentially traumatic events and lifetime alcohol use severity. Through an inquiry of 654 firefighters via an online questionnaire, the authors found that firefighters with heightened potentially traumatic event symptom severity and impulsivity had the highest levels of alcohol use severity. Papazoglou and Chopka (2017) postulated

that MI exists in law enforcement, supporting Chopko et al.'s (2013) qualitative findings that exposure to frontline violence and death-related trauma in policing may increase the frequency of alcohol use as a coping strategy for stress.

MI and its connectivity to AUD have also been studied in those with defined alcoholism (Van Herik, 2015). Those with AUD had strengthened their recovery through the development and growth of moral health and therefore lessened the persistent and lingering negative impact of their MI symptoms. Beraldo et al. (2019) explained the concepts of spiritual and moral awareness to restore moral wholeness and relieve feelings of shame and guilt in AUD, supporting the 12-step recovery model as described by Tonigan (2007). Furthermore, the shame and guilt found within MI (Dearing et al., 2005; Frankfurt & Frazier, 2016; Guntzel et al., 2013) were similar to emotions experienced by those with AUD (Beraldo et al., 2019; Neria & Pickover, 2019). Exploring themes of MI within AUD is warranted given the increasing prevalence of AUD since the onset of COVID-19 (Grossman et al., 2020), which has perpetuated devastation on the health and wellbeing of families and communities collaterally suffering from this disease.

Criminal Recklessness and MI

The culpability of criminal and reckless behavior does not always go without guilt or shame. Illegal activity leaves offenders with feelings of demoralization, moral disgust, and moral contempt (Litz et al., 2009; Grossman et al., 2020), all leading to internal dissonance and moral struggle (Farnsworth et al., 2014). However, few

scholarly articles partition their focused discussions to the facets of MI-related criminality.

Hosser et al. (2008) studied how shame and guilt experienced during a prison term influenced recidivism. These authors found the subjects reported guilt and shame at the beginning of their incarceration, yet these feelings diminished over their prison term. Conclusions indicated that guilt at the beginning of a prison term correlated with lower recidivism rates, while feelings of shame were associated with higher rates. Jackson (2009) sought to examine the effects of restorative justice that addressed essential inmate awareness of guilt, shame, and empathy. While inmates acknowledged an understanding of shame, guilt, and empathy, no significant development of emotional poise occurred through restorative justice programming. Subsequently, even though slight awareness of emotions improved, this was not particularly influential towards amending victim and offender relationships, thus warranting further research.

Tangney et al. (2014) studied shame and guilt as potential inhibitors to recidivism. In a large group of inmates (N=332), the authors assessed shame and guilt-proneness following the event of incarceration and again one year after release into the community. Overall findings suggested shame and guilt in released inmates could have either a constructive or destructive impact on recidivism, depending on the intensity of these feelings. Riaz (2018) explored shame and guilt among violent criminals, finding that less than half of the offenders expressed regret, yet almost all felt remorse after incarceration, indicating some presence of shame.

Peleg-Koriat and Weimann-Saks (2021) examined guilt and shame proneness among people in custody, revealing that while both guilt and shame were present, proneness to guilt, but not to shame, was correlated with a willingness to participate in restorative justice initiatives such as programming described by Padayachee (2015). Roth et al. (2022) presented a qualitative exploration of MI symptomology in individuals not found to be criminally responsible for their morally violating behavior due to acute psychiatric symptoms. The authors postulated that this vulnerable population might experience moral pain and, even in extreme cases, specific symptoms of MI after regaining insight into their behaviors. Findings endorsed the presence of symptoms consistent with MI, including shame for their behavior, guilt towards victims, and loss of trust in their own moral choices.

Jarvinen and Fynbo (2011) looked at criminal recklessness, specifically driving under the influence of drugs or alcohol (DUI), with 25 individuals enrolled in an alcohol and traffic rehabilitative program. These authors noted that convicted DUI offenders evidenced shame and guilt regarding their offenses and used negotiation or justification strategies to lessen negative feelings of violating societal norms.

All authors cited recommended future endeavors to understand MI in offense-related populations and gain direction for practitioners and researchers in developing interventions for effective restorative justice. These conclusions support this current dissertation's exploration of the constellation of MI factors influencing criminal recklessness, AUD, and recovery.

Alcohol Misuse and Criminal Recklessness

While under the influence of alcohol, criminally reckless behaviors are based on exaggerated confidence that an unfortunate occurrence will be avoided, a feeling bolstered by intoxication (Popovici et al., 2012). This is a common perception experienced as inebriation approaches, lacking appreciation of potential behavioral risks. Acute intoxication is known to impair judgment, hinder appropriate problem-solving, and interfere with sound decision-making (Jackson, 2009). Within the extent of the criminal justice system, the state of intoxication itself is not illegal, yet it becomes unlawful when paired with other behaviors, such as driving erratically, disrupting public peace, or endangering the community (Khaderi, 2019). Blood-Alcohol Content (BAC) is the metric level used to measure the percentage of alcohol in an individual's bloodstream. It is also used to predict the levels of risk and legality of an individual's ability to perform tasks. The judiciary implicitly assumes that an individual with a BAC above certain levels is generally more prone to criminal behaviors associated with alcohol intoxication (Romano et al., 2014).

Sociological and scientific communities have not been definitively convinced that an individual's behaviors can be predicted when influenced by alcohol other than lessened inhibition and increased impulsivity (Dimock, 2009). However, historical evidence does suggest that alcohol consumption may predispose an individual to more violent and often criminal behavior (Khaderi, 2019). Walfish and Blount (1989) described methodological approaches to prove a concrete association between alcohol consumption and crime, outlining aggregate and individual-level data showing a

correlation between criminality and recent alcohol consumption. Based on the premise that crime and alcohol are related, McClure (2019) studied AUD within the context of judicial discourse at the time of offender sentencing. This author found that the richer the judicial discourse regarding alcohol abuse at the sentencing stage, the better the outcome for offenders with substance abuse and mental health rehabilitation options. However, this did not address recidivism in those with AUD, which Cheeks (2021) pursued. This author found by better understanding the defendant's age at the time of the initial offense, their educational attainment, and their employment history may have offered insight as how to circumvent reoffending.

While the conceptual understanding of crime is generally understood, another term, criminal recklessness, is now used to encapsulate a crime that questions an individual's state of mind during an offense, such as driving under the influence of drugs or alcohol. Crimes with intent refer to crimes of murder, fraud, rape, and robbery. In contrast, criminal recklessness, which carries a lesser liability than crimes with intent, includes drinking and driving, driving at dangerously high speeds, using illegal substances in a public area, carrying a concealed weapon without appropriate licensure, engaging in unprotected sex knowing the person has a sexually transmitted disease, etc. (Thotakura, 2011).

One of the most prevalent criminally reckless behaviors in those with AUD is DUI (MacLeod et al., 2015), with the embedded premise that the person knew about their conduct as dangerous yet still proceeded with the action. One school of thought will argue that intoxication precludes the ability to recognize activity dangerousness due to

altered foresight and impaired logic. Yet, it is still a judicial decision whether the actions were dangerous enough to be regarded as criminally reckless (Jackson, 2009).

Driving under the influence of alcohol remains a significant health problem (Newman & Crowell, 2021). Although there has been a decline in fatality rates over the past two decades from alcohol-related crashes, research to advance the understanding of DUI re-occurrence is still needed (Nochajski & Stasiewicz, 2006). Tatch (2021) reported over one million DUI arrests occur every year, and quantitative measures have been the primary models to study common predictors of impaired driving systematically. Tatch also said offenders utilized many strategies to deflect full culpability for their arrests, such as excuses, justifications, and neutralization techniques.

AUD and criminal recklessness remain fruitful arenas for analysis as they persist as contemporary social problems. For this study, I gathered reflections from individuals who have suffered active AUD and shared their emotions and feelings regarding past criminally reckless behaviors. These feelings and thoughts about their unacceptable behaviors were analyzed using a descriptive phenomenological approach, creating a tapestry of morally injurious motifs distinct to this population.

Summary and Conclusions

I reviewed current knowledge and the gap in literature which supported the purpose of this research. The evolution of MI was presented. MI was described to encompass a wide range of biological, psychological, behavioral, social, and spiritual sequelae. Along with MI's cognitive and moral dissonance, its despair, hopelessness, anger and resentment, and alienation from meaningful living was presented. Without

suitable and apposite intervention options to reduce the emotional and spiritual disequilibrium created by this dissonance, individuals will have difficulty accommodating morally violating experiences into their belief system (Otte, 2015). This dissonance ends in guilt, shame, and existential conflict (Maguen et al., 2013), along with secondary symptoms such as depression, anxiety, substance abuse, and criminality (Jarvinen & Fynbo, 2011; Newman & Crowell, 2021; Litz & Kerig, 2019).

Associations between MI, AUD, and criminal recklessness were also reviewed and summarized. Research has separately examined the influence of alcohol use on criminally reckless behaviors, linking AUD with remorse, shame, and guilt. However, no empirical investigation has examined deeper themes of MI following criminally reckless actions among adults who have crossed the threshold of social imbibing to levels of dangerous intoxication. Given what is known about traits of MI, AUD, and criminal recklessness, I hypothesize robust connectivity between them. The study fills gaps in literature and extends knowledge by exploring MI themes involving criminal recklessness among adults with AUD. There is a clear need for continued theoretical and practical research of this lived phenomenon as a better understanding of MI following occurrences of moral transgressions could help lessen its impact on both criminal and substance relapsing.

. Chapter 3 includes an explanation of the methodology of this study. I provide information relating to the rationale for the selected design, the participant selection process, role of the researcher, data collection procedures, data analysis, and

trustworthiness and ethical concerns. Limitations and delimitations are discussed before proceeding to results in Chapter 4.

Chapter 3: Research Method

I used a descriptive phenomenological design to focus on MI themes involving criminal recklessness experiences of adults with AUD. This design allowed for a deep exploration to better understand the lived human experiences of this phenomenon.

A phenomenon is a fact or situation that is observed to exist or happen, mainly when an explanation or cause is in question. Phenomenology involves experiences of participants and examinations of these shared experiences (Ravitch & Carl, 2016). Phenomenological research includes comprehensive descriptions and reflective analysis of experiences under study (Moustakas, 1994).

This chapter begins with the research question, the rationale for the study approach, and justification for applying a descriptive phenomenological method for study analysis. I present an overview of data collection strategies and description of purposeful sampling selection and sample size determinants, instrumentation, and data analysis procedures. This chapter includes the role of the researcher, a discussion of trustworthiness of data, protection of participants, limitations of the study, and ethical concerns.

Research Design and Rationale

Research Question

What are MI themes involving criminal recklessness in adults with AUD?

Design Concepts

The qualitative design is an inductive approach that involves examining a phenomenon via those who have lived and experienced it, assuming that selected

individuals have insight regarding their own experiences in order to share their understanding of the phenomenon (Moustakas, 1994). A phenomenological approach is often used to gather information regarding these lived experiences via one-on-one interviews, group-focused data collection, or observations of a phenomenon. An exploration of essential elements of a phenomenon generates ideas, concepts, and prevailing theories, which spawn minor themes which expand to illustrate multiple perspectives, concluding with the presentation of larger, divergent themes. Qualitative methods are appropriate when a phenomenon is not well known or understood and can be further clarified by those who have lived the experience (Ravitch & Carl, 2016).

I approached the research question using a qualitative phenomenological method guided by the existing literature involving how adults with AUD interpret, view, and understand MI following criminal recklessness. Applying a qualitative phenomenological design enhanced subjective and objective understanding of MI among those with AUD by providing individual accounts of transgressive acts, experienced moral conflicts, and attempts to reconcile internal dissonance.

I applied a traditional/pragmatic and flexible qualitative inquiry to learn about the practical consequences of this phenomenon. This entailed systematic data collection and analysis methods through one-on-one interviews to determine codes and analyze content which was then organized into themes that were relevant to the research question.

Design Rationale

Researchers select paradigms based on types of desired knowledge. Descriptive phenomenology, developed by Husserl (1962), is one of the most commonly used social

and health sciences methodologies. Through pure descriptions, this approach involves describing rather than explaining experiences of individuals from their perspective. It is used to explore meanings of poorly understood aspects of living and encourages descriptions of lived experiences, including perceptions, thoughts, memories, imagination, and emotion of the phenomenon in order to address a posed research question.

This investigative process required me to view the phenomenon without bias or preconceived notions, setting aside what I believed the participants knew. The data interpretation method involved a sequence of three actions: reduction, description, and search for essence. Phenomenological reduction called for me to suspend judgment about the natural world and eliminate preconceptions related to the phenomenon of interest. The participant's sharing of the given experience is considered a subjective account (Giorgi, 2009). This leads to phenomenological description, which involves an authentic depiction of the first-person lived experience rather than a theoretical explanation (Husserl, 1962). This can uncover concepts from new and fresh perspectives as the search for essence continues (Ravitch & Carl, 2016).

As the research question for this study involved lived experiences with MI and criminal recklessness among adults with AUD, a descriptive phenomenological approach was determined to be most appropriate. Interviews facilitated sharing of thoughts, feelings, images, and memories involving the phenomenon of study. Data generated units of meaningful clusters and psychologically significant ideas. Using open-coding

techniques, the cycles coded units were transformed into larger themes, which eventually identified MI themes following criminal recklessness among adults with AUD.

Role of the Researcher

The investigative process of the lived experience requires a researcher to view a phenomenon without bias, judgment, and personal beliefs about the selected phenomenon. I was required to gather participants' ideas, experiences, and theories through reflective listening tactics, probing questions, and clarification of enhanced responses. When undertaking this role, efforts are needed to become a detached, objective, and scientific observer, putting aside presuppositions and assumptions to reduce subjectivity on this chosen topic (Ravitch and Carl, 2016).

While excluding personal experiences as they relate to the phenomenon under study may be difficult, the researcher can address this bias by implementing bracketing. Bracketing is a process of suspending one's particular belief or judgment about a phenomenon to see it more clearly and therefore appreciate its true meaning (Ravitch & Carl, 2016). A second method to minimize potential personal bias is the process of reduction, which is the critical evaluation of descriptions precisely as presented by the participants per their genuine experience of the phenomenon (Giorgi & Giorgi, 2003). And thirdly, reflexivity is a method where vigilant awareness by the researcher towards potential cultural, political, social, linguistic, and ideological origins of one's perspective needs to occur (Patton, 2015). Minding the relational contribution of these preferences to the meaning and interpretation of the given data requires self-questioning and self-understanding.

Patton (2015) suggested the researcher should remain aware of the entire process of self-reflection to identify beliefs about the nature of the phenomenon under study, thus consciously seeing the phenomenon as it truly exists. Strategies for self-reflection to identify and inventory my self-bias occurred through writing down perceptions, reflecting on the written work, and remaining vigilant about any shifting positionality on the topic.

Self-Reflection

In my therapeutic and familial interactions with those suffering from alcohol abuse and criminal recklessness, I have observed the adverse effects of misunderstanding the underlying facets of substance misuse, alcohol abuse, and crime. Throughout my experiences, recovery paradigms and judicial policies to eliminate recidivism are often based on behavioral modification teachings guided by self-will, ignoring the issues of emotional and moral wounds as barriers to health and community success. According to Van Herik (2015), models designed to deal with alcohol abuse often aim at objectively dealing with the detritus of the past rather than the profound influence of moral standards violations. Van Herik compared the damaging moral behaviors caused by alcohol abuse with veteran combat experiences, noting that while the origins of these soul-scarring injuries may differ, their lasting impact is similar.

This void in understanding themes of MI in alcohol abuse and criminal recklessness can manifest as inaccurate stereotypes, negatively affecting physical, emotional, and social relationships. Long-standing repercussions of legal misconduct through prior criminally reckless behaviors can re-emerge, resurrecting feelings of guilt, shame, and remorse, all facets of MI. While it is apparent that criminal recklessness and

alcohol abuse co-exist (Popovici et al., 2021), the strategies to overcome each struggle are mutually exclusive. As I may have preconceptions about adults with alcohol abuse and those with historical criminal recklessness, I addressed my assumptions that MI's presence and decisive impact exist, negatively affecting individuals across their lifespan.

Research must maintain a level of rigorous fairness to produce a balanced view of a study's results (Schwandt et al., 2007). As phenomenological inquiries often serve particular agendas, attention is warranted towards reducing researcher prejudice to reach impartial conclusions. My professional training and personal experiences inspired me to clarify the themes of MI in adults with AUD following occurrences of criminal recklessness, with or without judicial intervention. I journaled reflections throughout the research process, remaining vigilant of personal bias, and consulted with colleagues concomitant with study progression in order to merge fairness with authentic data interpretation. As part of the phenomenological research process, I bracketed my experiences, perceptions, and emotions related to criminal recklessness in adults with AUD, allowing analysis of self-propensities to exclude information based on preexisting assumptions.

Methodology

Participant Criteria

The sample for this study consisted of eight adult participants, either male or female, with a broad age range of 20 years and older to allow for generational views and beliefs. Participants were English-speaking, self-identified as having AUD by selecting at least two of its 11 diagnostic criteria, and self-reported to have at least 60 days of

abstinence from alcohol consumption. These participants described themselves as having engaged in criminally reckless behaviors while under the influence of alcohol within the past 20 years, with or without direct criminal or legal consequences. Those who had not experienced the phenomenon were excluded from study participation.

Procedures for Recruitment

I privately invited interested participants whose interest was sparked by informational flyers at Alcoholics Anonymous meetings in selected communities. After I recruited a sufficient number of participants, the flyers were removed from the bulletin board. The recruitment process upheld sensitivity towards the participants and allowed ample time to exchange questions and answers about the study before a decision was made to participate. Potential participants were contacted individually privately to maintain confidentiality. A consent form was either emailed or hand-delivered to each participant, depending on their delivery preference. This form was individually reviewed, and each participant could ask additional questions before continuing the study. Once a decision was made to participate, the initial interview (see Appendix C) occurred.

Participants may have been reluctant to discuss the topic or had concerns about their anonymity. This reluctance was particularly true as participants were asked to discuss their thoughts about actions that could implicate legal wrongdoing. While the cities were from more prominent urban locations to allow diverse participant backgrounds and experiences, the name of the cities where recruitment occurred was not stated. Also, the participants selected were not those who had a close friendship with the researcher nor were related to the university.

Procedures for Data Collection

The collection of participant contact, demographic, and interview data began during the initial interview appointment. I ensured that all information was kept confidential and in my possession. The primary data gathering method asked a series of interview questions (see Appendix C), and the responses were audio-recorded onto a phone using the Otter voice recording application. The audio recording was played to my laptop for transcription using the Transcription function of Microsoft Word.

Sampling and Sampling Procedures

Purposeful sampling occurs based on the careful judgment of the researcher regarding the types of individuals considered effective sources of data for a particular research topic (Galvan & Galvan, 2017). Participants for this research study were purposefully selected using a criterion-based case selection strategy. This strategy involved seeking individuals who met specific critical criteria, had a life experience relevant to the question under analysis, and were willing to describe personal experiences. A small sample of eight participants was invited to provide information-rich data and contribute to greater depth and understanding of MI following criminal recklessness in adults with AUD.

Rationale for Number of Participants

Although it is challenging to determine the correct sample size that would provide adequate data to answer a research question, a sample size should be large enough to sufficiently describe the phenomenon of interest and speak to the research question at hand. Creswell (2014) recommended an average size of 5-25 participants for

descriptive phenomenological studies, and the suggested number of final participants should allow for an estimated 30% attrition rate, as Maxwell (2013) noted.

While larger samples provide a breadth of data in qualitative research, smaller models enable a more in-depth analysis (Patton, 2015). Therefore, qualitative research generally compromises a limited number of participants, and while sample sizes can vary given the type of study, a small sample size has often been deemed sufficient (Creswell, 2014). While the amount and depth of data collected during qualitative interviews reduce the chance of false or misleading claims, the breadth and depth of interviews allow the identification of data variations.

To exemplify the use of smaller sample sizes, Rhodes (2015) applied a descriptive phenomenological approach to explore the lived experiences of eight adult sibling pairs who experienced parental alcohol use disorder in their family of origin. Otte (2015) gathered data from eight participants to examine whether MI was present in populations experiencing non-war-related trauma, specifically women who have experienced homelessness and/or intimate partner violence. In an even smaller sample, McLeod (2011) recruited a purposeful sample of three women with stable recovery from alcoholism to describe their use of spirituality in their lived experiences to prevent relapse. My study's sample size avoided redundancy across participants and allowed recognition of data saturation points.

Data Saturation

When a sample size captures accounts, experiences, and perceptions significant to the research question, it concurrently allows for observing redundant or superfluous data,

deemed saturation. While a qualitative study aims to have a large enough sample size to uncover opinions and experiences, it promotes limiting the sample size at the saturation point. Saturation is an elastic notion when adding more participants to the study does not obtain additional perspectives or information (Ravitch & Carl, 2016). During the analysis of codes and themes, I concurrently sought the recurrence of themes to determine the data saturation point.

Instrumentation

To focus on the participant's lived experiences, data collection was facilitated by using the designed semi-structured Interview Guide (Appendix C). I asked participants to provide demographic information, the date, and the participant's length of continuous sobriety. Eleven interview guide questions were designed to explore the gap identified in the literature regarding this phenomenon. While the 11 open-ended questions guided the exploration of MI themes following criminal recklessness, the interviewing format also included follow-up probes to gather additional in-depth information or clarification of responses as necessary.

Basis for Instrumentation Development and Presentation

The interview guide was developed based on concepts and methods described by Patton (2015) for semi-structured interviewing techniques of open-ended questioning. Semi-structured interviews can foster the sharing of rich, original information and reduce participants' inhibition or hesitation to disclose unique experiences fully. As recommended, a welcoming voice tone, a relaxed pace throughout the interview, appropriate pragmatics on behalf of the researcher, and maintaining a respectful and

culturally sensitive maturity should be considered. These strategies can facilitate an intimate, trusting, and empathetic relationship with the participants and create a comfortable environment conducive to self-disclosure of interviewed experiences, themes, emotions, memories, and thoughts.

For this study, the semi-structured interview guide allowed the exploration of emotions and feelings specific to criminally reckless behavior during active AUD. This semi-structured interview method also carefully and effectually eliminated leading the interviewee to preconceived choice responses while avoiding highly structured or excessively loose, unstructured interviewing queries. This method efficiently collected data from an appropriate number of people across locations within a reasonable period. The use of more direct probes to explore specific subjects in greater detail was available and applied as necessary.

The interview questions reflected on the resulting psychological, moral, and social sequelae following criminally reckless behaviors in the population of adults with AUD. The goal was to allow the interviewee to freely speak about their direct experiences, including personal thoughts and feelings, while minimizing interpretive responses. As Patton (2015) outlined, a semi-structured interview approach allows the researcher to obtain reliable and comparable qualitative data by guiding a fluid conversation with a clear focus.

Framing the Interview

I designed the interview guide and probe questions to investigate the psychological (Questions 1, 8-10), emotional (Questions 2-4), and social (Questions 5-7,

11) experiences to gain insight into moral vulnerabilities within the phenomenon being studied. The psychological investigative queries addressed the criminally reckless experiences and any subsequent growth from the encounters (“Tell me about the times you might have behaved in a criminally reckless manner, whether or not you were arrested”, “Thinking back how these actions made you feel, what has been the most helpful in dealing with the repercussions of these actions?” and “What have you learned about yourself in dealing with these behaviors and following emotions/your purpose in life?”). Emotional questions targeted moral impressions (“Did any of these examples leave you with regret?”, “How have these experiences affected your views of right and wrong?” and “How have these experiences affected your core moral values?”). Social inquiries prompted views on oneself and the greater community (“How do you think those criminal behaviors affected your outlook on life?”, “How have these experiences of criminal recklessness affected your view of human nature?”, “How have experiences of criminal recklessness affected your sense of feeling in control of your life?” and “What would you like to tell others who may be struggling with these feelings you reported?”). Interview segments allowed further discussion and expansion of responses using follow-up or clarification probes to illuminate relevant themes. The same set of interview questions and follow-up questions were used for all participants.

Walden’s IRB principles were the basis for the entire study protocol. The actual scripts and prompts I used during the interview were available for mentor and committee review.

Instrument Presentation

I explained the purpose of the interview and the sequence of the interview process to each participant. Each participant reviewed the consent form and certainty of its understanding was established. Before initiating the interview, all interviewees understood their participation was voluntary and they could stop the interview at any time. I assigned each participant an alphanumeric code for identification purposes. I kept all personal information, audio recordings, transcriptions, and data in a locked cabinet with access only by myself. I conducted all interviews in a private meeting room in facilities where AA meetings were held. While virtual interviewing was offered via Zoom technology, all participants preferred face-to-face participation. I presented interview questions (Appendix C) in a manner to allow complete uninterrupted responses.

I monitored participants for emotional or adverse reactions throughout the interview. If negative responses occurred (tearfulness, not wanting to answer a question), stress was minimized by providing support, offering a break, asking if the participant wanted to move to a different question, or asking about the willingness to continue. Interviews lasted between 30 to 60 minutes, with members checking at a later date as a means to validate the researcher's interpretations. The allotted time allowed maximum participation and minimum inconvenience. Data saturation from the interviews was acknowledged when no new perspectives or additional information emerged, as described by Ravitch and Carl (2016).

Before the participant left the interview area, I completed the debriefing (Appendix D) where I asked participants if they had any additional questions. The

purpose of debriefing was to detect and deal with any harm, distress, or personal concerns from the interview. A list of local AA meeting locations, the phone numbers for the AA Hotline, and the California Warm Line (a non-emergency resource for mental and emotional support) were made available.

Data Analysis Plan

Selected Analysis Rationale

This study's primary data analysis pattern incorporated Patton's (2015) method of organizing data and identifying categories and Saldana's (2021) conceptualization of these categories to inductively uncover patterns and themes. By doing so, I was able to transform the data from the phenomenon into meaningful findings.

Organizing and Preparing Data for Analysis

Patton's (2015) framework was the primary guide for organizing and analyzing the content of each individual's transcribed text. The initial step was to become immersed in reading the data and re-reading the described phenomenon to get a sense of its totality. I read the verbatim interviews freely and openly and as often as necessary to grasp the whole. This immersion allowed for understanding the participant's natural language within each utterance, as supported by diverse quotations and specific examples. I was, therefore, able to place myself in the interviewee's position of the lived experience precisely as they intended.

I focused on repeating words, synonyms, and indigenous terms, revealing syntactic and semantic connections. Non-verbal messages or body language obtained through active listening and optical observation added to the rich analysis. I used note-

taking and reflection on my thoughts during the immersive reading and re-reading stages to further organize the participants' initial reactions, attitudes, and ideas about the research questions. By doing this, I began to see the emergence of clustering topics and subthemes.

Once the data was organized and spread for visual examination, I sought units and meaningful clusters and eliminated irrelevant, repetitive, or overlapping data. At this point, carefully reading transcriptions, contemplating responses to additional probe questions, and pondering associations between non-verbal language, the spoken word, and the meaning of subtle semantics was crucial. I carefully avoided reaching beyond the actual data with subjective interpretation of responses, allowing for the preservation of the participant's wholistic, experienced phenomenon and the entirety of its initial message.

The specific method for this study asked a series of interview questions, and responses were audio recorded using the Otter voice recording application on my cellphone. The audio recording was played on a laptop for transcription using the Transcription function of Microsoft Word. This ongoing intentional analysis of the linguistic components allowed for the next step in the analysis.

Coding

Qualitative research aims to identify fundamental conceptual groups within the data and searches for the discovery of abstract concepts and themes (Patton, 2015). First and second-cycle coding methods were applied to facilitate content analysis and freely generate coding categories. This content analysis method refers to qualitative data

reduction that takes the structure of the original data and begins to make sense of core meanings, subsequently used to generate codes. Codes were captured through self-reflection methods, as Wertz (1985) suggested, which included empathetic immersion, considering all details of the experience, suspending preconceived beliefs, magnifying and amplifying details of described situations, and focusing on the meaning of objects versus the object itself.

The initial coding process began to identify and cluster segments of relatable expressions such as words, descriptive phrases, expressions of feelings, examples of magnitudes, diversified phrases, and content-laden paragraphs. Physical manipulation of the text, such as moving units of the text in proximity for visual cohesion, color coding sections for similar results, and using features of Microsoft Word to identify and store similar units in proximity was applied. This arranging and grouping of text, topics, and categories reduced preliminary data's generated volumes, allowing new, unique categories to emerge.

I used an open coding technique, not based on predetermined codes. Vigilant awareness and search for emerging new and unique categories were necessary throughout this preliminary process as unexpected codes appeared that addressed larger theoretical perspectives and underlying abstractions. This method also allowed for comparing and contrasting topics and categories to connect underlying metaphors, rhetoric, humor, and sarcasm. As the specific research topic of MI themes following criminal recklessness is yet unexplored in the literature, codes were allowed to emerge from the data with the flexibility of modification and change given what was being learned.

Themes and Descriptions

A deeper psychological reflection occurred before formulating themes and descriptions following the primary and secondary cycle coding. Several more minor themes became apparent throughout the coding process and illustrated multiple perspectives, which were subsequently shaped into larger themes, allowing for the outcome of phenomenological analysis. The identified themes received repeated inspection to uncover more complex themes and descriptions for a final synthesis of the total experiences. Towards this last analysis, Creswell (2014) suggests reflecting on what lessons were learned, how the findings compare with congruent patterns in the literature or with other theories, what new questions might be offered, and notably, how the synthesized meanings of the experiences advocate for the action of reform.

Issues of Trustworthiness

The standards of doctoral-level dissertation research call for exemplary levels to establish quality results in naturalistic descriptive phenomenology. Methods to establish such trustworthiness are credibility, transferability, dependability, confirmability, and conforming to the ethical process (Ravitch & Carl, 2016).

Credibility

Credibility, or its parallel term internal validity, was achieved by carefully assessing the research design, the instruments, and the sound reproduction of the data and its analysis. Credibility is based on how well a study was conducted, the data's accuracy and quality, and the conclusions' believability (Schwandt et al., 2007; Suter, 2012). It

focuses on the congruence between reality and research findings and remains one of the essential factors in trustworthiness (Creswell, 2009).

Credibility was strengthened through multiple methods or data sources. I allowed prolonged engagement with this study's phenomena (or respondents). Two hours were allowed for contact with the respondents to encourage expansion on the inquiry questions without interruption or haste. I participated in dialogic engagement and debriefing with colleagues to articulate thoughts, clarify emerging ideas, and discuss the evidence. I applied peer reviews to expose emerging results with uninvolved professionals, thus keeping the research and its process fair and honest.

Member checking also occurred, where participants were invited to read a summary of the interpreted data, noting if the descriptions of their experiences, feelings, and emotions had been captured. And finally, allowing participants to refuse to respond during the research facilitated a genuine willingness, ability, and preparedness to participate in the study.

Transferability

Transferability ensures that the descriptions of the participant's lived experiences are understood by readers (Patton, 2015). Transferability, paralleling the term external validity, refers to the generalizability of the research study, meaning that results or conclusions from one group can be generalized to another group or population (Ravitch & Carl, 2016; Schwandt et al., 2007).

I achieved transferability by gathering thick, descriptive data and context-relevant statements. As stated by Patton (2015), when sufficient background and contextual

information is given, it can promote the reader's ability to infer true, semantic meaning from linguistic-based examples. The analysis process allowed genuine responses to be directly quoted and paraphrased, avoiding assumptive statements, which brought together multiple units and concepts for a distinct, stand-out picture of the phenomenon.

While fewer participants may be less optimal to conclude that similar findings will occur in other populations, data from a smaller sample size can still represent units of core meanings identifiable in broader groups (Patton, 2015). Presenting the research plan and process to willing colleagues helped guide the understanding of the data reduction, coding, thematic sense-making, and the proposed conclusions.

Dependability

Dependability, or reliability, is the factor in qualitative research that promotes adherence to a consistent plan regarding what data will receive attention and how it will be collected. It ensures that the fluid nature of phenomenological studies includes factors that allow future researchers to repeat the work consistently, with stability, and thus replicate the results (Saldana, 2021).

Dependability measures for this research occurred through an audit trail, consisting of an external review, as indicated, of the interview protocol and guidelines, the audio-taped interviews, the manual and electronic records of the transcribed data, field notes, and the research proposal in its entirety. This audit ascertained that the research was conducted with rigor and integrity to minimize data distortions and identify data salencies throughout the research process. Walden University academic staff

reviewed the study's design, the appropriate execution of the research, the reflections on the appraisals during the analysis, and the generated summaries and reports.

Confirmability

Confirmability, also called objectivity, is how the researcher avoids insulation during data collection and applies neutrality in their data analysis (Schwandt et al., 2007). As a researcher, admission of predisposition is necessary as the human element of bias is universal (Patton, 2015). The instrument for this study was direct, and how the data was gathered and analyzed to generate conclusions and recommendations was available for review. As requested, the raw data, personal notes, manual transcripts, and electronic records were at liberty for external perusal.

Treatment of Discrepant Cases

Saldana (2021) commented that any research usually has discrepant cases. It is essential to consider and report sources and discrepancies to evaluate the generalization of findings to larger groups. An active search for harmful or discrepant data occurred to enhance the development of insights, adjusting the latter continuously as the research proceeded. No discrepant cases were noted.

Ethical Procedures

Access to Participants or Data

The ethical practice guidelines the APA set forth were reviewed. All participants were voluntary, had full knowledge of the risks and benefits of study participation, and were allowed to make an informed decision regarding consent. The planning of this study ensured that there would be no coercion. Sufficient time was allowed to communicate a

thorough explanation of the study. Prospective participants had adequate time to consider the information before deciding to participate. The informed consent form included the purpose and nature of the research, the procedures, the content of the study questions, the expected duration, and the right to decline to participate and withdraw from the study. This review also included the potential risks or adverse effects, potential research benefits, lack of assured benefits, and limits of confidentiality.

Institutional Permission

This study did not commence without approval from the Walden University IRB per their established guidelines. I frequently reviewed IRB approval and dissertation resource protocols to keep abreast of any potential institution changes. The locations of the subject interviews were not affiliated with Walden University; permission was obtained from any property landlord to use a designated interview site.

Treatment of Data Collection, Dissemination, and Destruction

I executed the research with an ethical framework, discussing the plan with institution committee members and incorporating their sage and honest advice. All information, forms, and documents pertinent to this study, including collected audio files, data analysis documents, and overall results were encrypted and stored on a password-protected laptop. I stored all hard copies in a locked filing cabinet in my private office, which only I could access. All redacted participant information and documentation required for Walden University committees and their reviews were stored electronically on a password-protected file through the secured University server. Data was not accessed or stored on any computer open to the public domain.

All other documents were retained per the Walden University IRB guidelines and made available for audit purposes, including copies of research proposals, consent documents, recruitment processes, reports of unanticipated problems throughout the research process, debriefing methods, contact information for resources, and all correspondences between the researcher and any involved facilities. When the destruction of reports occurs, it will be performed in a technical fashion that protects the subjects' confidentiality. This study will be considered complete when all links between the individual and the data are destroyed. Data will be kept for at least five years, as the University requires. I had no potential conflicts of interest for disclosure of information.

Participant Treatment and Protection

Patton (2015) stated that interviews are interventions that affect people, and can leave the interviewee with feelings, thoughts, reflections, and ideas about themselves that they may not have known before the interview. Thus, the interview must apply the tactics of collaborative and participatory interaction, with empathy and human sensitivity. I assured each participant that their participation was voluntary, they might encounter sensitive information, they could refuse to respond to any question, and they could terminate participation at any time. Following Walden University institution research guidelines, participants were required to review the informed consent form. This informed consent contained the procedures, the purpose and process of the research, the safety measures of the participants, and information about safeguarding and protecting the participant's confidentiality. Participants were made aware that all electronic data was stored on a password-protected personal computer. I safely ensconced any paper

documents related to the research, which were destroyed as appropriate at the end of the study.

I conducted all interview processes in a setting that allowed total privacy. All aspects of the study were free of misleading information and presented with integrity. My responses to participants were supportive and empathetic, avoiding emotionally charged or controversial interactions. While there was minimal risk from this study, qualitative inquiry could be intrusive and involve greater reactivity, given the sensitive nature of the questions (Patton, 2015). If I noted stress or discomfort with the interview questions, I offered a prepared list of options to seek support, including a list of 12-Step meetings in the surrounding area and other pertinent resources (Appendix D). Debriefing occurred at the close of each interview, and member checking was conducted before the completion of the research study. Member checking allowed the participants an opportunity to view the handling of their contributions and to provide feedback on the integrity of assumptions, categories, and themes. I informed the participants that the final product of this research would support the requirements for a doctorate of philosophy from Walden University.

Summary

This chapter included the selected methodology for this qualitative phenomenological study involving exploring MI themes that were relevant in terms of criminal recklessness among adults with AUD. First, I provided the details of this study's design, the selected methodological approach, and the rationale for choosing this data

acquisition and analysis. The sequence of data reduction, description, and search for essence explained the investigative focus of the study.

Second, interview materials and format were described, which emerged from the qualitative phenomenological literature and were developed to address the research question. This chapter included descriptions of the population of interest, recruitment procedures, means for protecting participants' confidentiality, and data collection methods. The interview process in terms of its alignment with qualitative phenomenological research methods was presented, as were interview questions (Appendix C). I used semi-structured interviews to obtain deeper insights about participants and maximize my interpretive understanding of the phenomenon. Through open-ended questions, I offered a platform for participants to provide extensive and personal accounts without response confinement. The small, manageable, defined, and homogeneous samples optimized rich, detailed, and extensive data collection from personal accounts. Member checking was conducted to ensure participant experiences were represented accurately.

Third, I outlined the data analysis and interpretation plans. I used the qualitative research method to explore and interpret MI themes in terms of lived experiences involving criminal recklessness. Once I transcribed audio-recorded interviews, multiple text readings followed to increase understanding of content, context, and language to identify themes and patterns. I analyzed data sources separately to address commonalities among participants. I outlined methods for arriving codes, subthemes, and major themes related to the research question.

Fourth, I addressed issues of trustworthiness. I adhered to the central tenets of the university's IRB. The informed consent was used to explain the study's focus, goal, benefits, and potential risks. I advised interviewees they could withdraw at any time without reason and I would destroy unused data. I explained how subject confidentiality would be ensured, how data would be stored and secured, and how the method of data destruction by electronic erasure and commercial shredding would occur.

Chapter 4 includes data, analysis, and descriptive findings. I also present qualitative codes, phrases, categories, themes, and descriptions associated with the research question. I discuss data synthesis and overall results to convey relevant lived experiences involving MI themes following criminal recklessness among adults with AUD.

Chapter 4: Research Findings

This qualitative descriptive phenomenological study was designed to identify MI themes involving criminal recklessness in a population of adults with AUD. I explored participants' responses regarding psychological, social, and emotional experiences when recalling criminally reckless behaviors.

Studies on MI themes have primarily focused on active duty and veteran military participants. There is a gap in literature regarding the presence and effects of MI in populations other than military personnel, including groups with AUD, and in criminal populations (Hosser et al., 2008; Jackson, 2009). Scholarly articles involving MI among groups with substance abuse and criminality simultaneously are also limited. This lack of research prompted the focus of this study.

This chapter includes results obtained from audio-recorded and transcribed interviews with eight participants. I gathered data through semi-structured interviews and follow-up probes based on the research question: What are MI themes involving criminal recklessness in adults with AUD? The chapter includes the setting, demographics, data collection and analysis procedures, evidence of trustworthiness, results, and a summary. I detail how the data was gathered, followed by describing the phenomenological analysis process. I recount the rigor used to ensure quality results for this naturalistic and descriptive phenomenological approach. The results include narrative accounts that address the research question, and lastly, a concise summary of the study's findings is shared.

Setting

I conducted all interviews in a private room in facilities holding AA meetings. I scheduled initial participant contacts through personal invitations to maintain confidentiality. Interview environments were comfortable, quiet, and free from interruption or violation of participant privacy. I offered a \$10 gift card to thank participants for their time. To my knowledge, no factors influenced participants or interpretation of results.

Demographics

Eight adult AA members who self-reported meeting a minimum of 60 days of continuous sobriety, were 20 years or older, and had demonstrated criminal recklessness within the previous 20 years agreed to participate ($N = 8$). Four females participated in the study and ranged from 40 to 64 years of age, with a mean of 56.5 years. The four male participants ranged in age from 54 to 72 years, with a mean of 62.8 years. Length of continuous sobriety for the sample ranged from 2 months to 12 years, with a mean of 3 years and 7 months. All participants resided within northern California, spoke English, and could understand, read and write fluently in English. Each participant was assigned a numerical identifier to protect their identity (e.g., P1 for participant number one, P2 for participant number two).

Data Collection

I initiated data collection after Walden University's IRB granted research approval (06-21-22-0540797). This approval expires on June 20, 2023. I incorporated modifications as requested by Walden University's IRB to ensure the study's validity and

compliance with ethical guidelines to be certain the research was conducted in a manner which would not be harmful to participants.

I secured the eight participants by distributing a recruitment flyer (see Appendix A). I contacted interested participants privately, where I could determine if they met the subject criteria. If so, the purpose of the study, its voluntary nature, risks and benefits of participation, and procedures for maintaining participant confidentiality were further discussed. I addressed all participant questions and obtained audio-recorded verbal consent before proceeding with data collection.

I deliberately mapped interview questions to investigate psychological, emotional, and social experiences involving MI (Appendix B). Participants completed in-person semi-structured interviews (Appendix C) to address the study's research focus. No video recording occurred. Two hours were scheduled for each interview; however, all interviews were completed within 60 minutes. Duration of the separate interviews ranged from 23 to 53 minutes. All interview transcriptions resulted in 61 double-spaced data pages.

Interview questions were designed to elicit distinct information. All responses throughout interviews were analyzed and coded appropriately. In the following section, I address the formal data analysis process of the study.

Data Analysis

I used an iterative staged process, applying Patton's methodology of organizing data into meaningful clusters and categories. I also incorporated Saldana's approach to transform the data into meaningful units and psychologically significant ideas. This

combined discovery of patterns and themes from original and conceptualized categories furthered the content analysis. A final synthesis of the codes was used to generate subthemes related to major themes that reflected total experiences of participants and answered the research question.

Data Preparation and Organization

I created a Word document for each transcribed audio-recorded interview within 2 days following interview completion. I numerically coded interview recordings and transcriptions to preserve participant confidentiality.

Before continuing with thematic analysis, I conducted member checking with three of eight participants (P1, P3, and P6) who were willing and available to review the accuracy of their accounts. Member checking was used in my research analysis to improve the study's credibility. I provided these three participants with a transcribed copy of their interview and asked them about any required additions, revisions, or clarifications. P1 asked for minor modifications for clarification accuracy, while P3 and P6 accepted the transcripts as written.

Coding Procedures and Thematic Discovery

My goal for the final analysis stage was to reexamine the transcriptions and manually code the data to determine themes reinforced by specific phrases and statements describing experiences of the phenomenon. To identify syntactic and semantic connections, I read each interview transcript multiple times to grasp thorough familiarity with the content, context, and language while watching for keywords, phrases, synonyms, and indigenous terms. After the intentional analysis of these components, specific coding

procedures began. I also reviewed written notes that reflected my observations of non-verbal reactions to questions and my interpretation of projected attitudes. Bracketing, described by Husserl (1962), along with my review of written notes and psychological reflection, are essential in phenomenological analysis to capture the essence of the participant's lived experiences and occurred throughout the analysis. This self-check maintained the study's objectivity and allowed the collection of lived experiences with accurate representation, interpretation, and synthesis.

After immersion into the generated participant responses, I transformed data into psychologically significant units. Lengthy descriptions were segmented into manageable parts while retaining the participant's wording. Consistent with qualitative data analysis procedures, preliminary categories revealed data clusters that warranted further explanation, thus applying codes. Once the volume of data was reduced, first and second-cycle coding methods for content analysis occurred. Codes were identified, reevaluated, modified, and reorganized into subtheme clusters, capturing the frequency of concept reoccurrence embedded in the diversity of participant data. Final themes emerged from the condensed rich, descriptive narratives which addressed the research question. By the seventh interview, recurring data and codes ceased to lead to the further acquisition of new information. Interviews concluded after the eighth participant after I ascertained data saturation.

This data transformation created the opportunity to elucidate the meaning, structure, and essence of MI themes following criminal recklessness through the lived experiences of adults with AUD. It is worth noting if a participant did not generate

responses germane to specific codes, it did not mean this code or theme was not relevant to their current situation or excluded from their life. It simply indicated this information was not shared during the interview. Thus, the produced codes reflect their minimum occurrence during the interview, confirming variability in the relevance of these themes to the participants.

After analyzing the interview transcripts, 224 relevant responses were coded, which I subsequently mapped into six primary themes and 19 subthemes (see Table 1).

Table 1*Themes and Subthemes for RQ*

Theme	Subthemes
Psychological Symptoms	Hopelessness Anger Fear
Changes in Behavior	Detachment and Isolation Acknowledging Honesty
Lifelong Risk of AUD Reactivation	Disappointment/Embarrassment Awareness of needing help Punishment as a deterrent
Changes in Wholehearted Living	Self-deprecation Lack of Control Changed expectations of self
Social and Interpersonal Change	Judgment from others Loss of connectedness Self-acceptance
Moral Well-being and Life Meaning	Guilt/Shame Trust/Faith Gratitude/Forgiveness Changed view of right and wrong

Evidence of Trustworthiness

Credibility

Credibility, or validity, was ensured by using the premise of data saturation. The sample size for this study was comprised of eight individuals and was large enough to sufficiently describe the phenomenon of interest. The number of participants fell within the suggested sample size noted by Creswell (2014) of 5-25 participants for descriptive phenomenological studies. While observing for redundant or superfluous data, saturation began as the sixth interview identified no new concepts, themes, findings, or insights. The seventh and eighth interviews did not obtain additional perspectives, nor added to the already discovered opinions and experiences.

Member checking maintained the validity of the data. Three participants agreed to review a transcribed copy of their account to ensure its accuracy. Also, bracketing and reviewing reflexive notes were strategies used to identify areas of potential researcher bias. Applying these techniques allowed the data to take precedence and reveal the authentic experience of the lived phenomenon.

Transferability

External validity, or transferability, is the extent to which a study's findings apply to a larger population (Patton, 2015). Transferability allows readers to understand the participant's lived experiences by relating the accounts to their own lives. While this study's sample size was small, the unique aspects of each participant still produced examples representative of a broader population or group. The applied analysis process

promoted genuine quotes, allowing the exact words to reflect the participant's personalities and natural reactions to situations. I avoided assumptive statements. I combined these authentic units and concepts into subcodes and subsequently into more prominent themes, clarifying the distinct summary of the phenomenon of study.

Dependability

Dependability refers to the data's stability, consistency, and reliability of the research findings. The data collection methods and analysis procedures for this study were reported in detail, allowing future researchers to repeat this work. Dialogic engagement with colleagues met during a Walden University residency program allowed individuals not connected with this study to review the proposed study premise and the interview questions. Without interruption or haste, these colleagues also commented on this study's emerging themes and the summarized implications upon my request. Dependability was strengthened through the available audit trail, which consisted of transcripts, digital recordings, reflexive journal notes, and raw data. In addition to this peer review process, my committee members reviewed the research process and the written data document to ensure the dependability of the findings.

Confirmability

Confirmability is the extent to which a researcher can acknowledge their predispositions (Patton, 2015; Schwandt et al., 2007). Through bracketing, vigilant awareness continued toward realizing personal cultural, social, and ideological experiences that could have impeded an unbiased view of the phenomenon. By using an audio recorder during the interview, I accurately captured participant responses,

eliminating erroneous transcriptions. I addressed the potential for dismissing evidence that did not support my personal experiences or beliefs by reflecting on my journal entries, including comments on non-verbal observations and semantic nuances.

I had no known conflict of interest or undue familiarity with the study participants. Participant recruitment was not directly or indirectly connected with my workplace or school. I did not offer incentives to participate. I focused on remaining neutral at each stage of the analysis process. I stayed aware of my moral judgments and avoided postulations or the use of any reproving statements throughout the research stages. There was no indication of other sources of systematic error.

Results

This qualitative descriptive phenomenological study aimed to explore themes of MI in adults with AUD who have experienced criminal recklessness. After receiving IRB permission to proceed, I secured eight participants and completed the interview process. Eleven in-depth, semi-structured instrument guide questions broadened and clarified the experience and essence of MI following criminal recklessness. Rich, descriptive statements were collected and coded, identifying participant commonalities, thoughts, feelings, and emotions evoked from the queries regarding their criminally reckless behaviors. I completed the analysis (see Table 1 and Table E1), from which six major themes emerged from 19 subthemes. In the following sections, I used direct participant quotes to clarify and reinforce the experiences of MI following criminal recklessness. All eight participants endorsed components of MI on one or more occasions within the themes. I censored some quotes for professionalism.

Theme 1: Psychological Symptoms

Interview data uncovered three subthemes with the major theme of psychological symptoms: hopelessness and sadness, anger, and fear. These feelings of a disruption in psychological stability were present in all eight participants when recounting their emotions following criminal recklessness. Participants expressed negative self-worth, struggles with re-establishing ambitions, anger escalations, and fear regarding the dangers imposed while drinking and driving. These subthemes are illustrated with direct quotes below.

Subtheme: Hopelessness and Sadness

Participants expressed an inability to feel pleasure (anhedonia) in their reflective responses. P1 said, "I can get very depressed over my past behaviors," and, "I know I'm supposed to get over the past. But the past just doesn't disappear." P2 felt hopeless: "I couldn't stop (drinking), and what is wrong with me?" P3 was saddened by the consequences of his behaviors, stating, "I hated what happened to me." P7 commented, "I don't want to feel the feelings of hopelessness and uselessness. I'm not unworthy. Just have self-pity." This participant also reflected on the emotional burden of having to responsibly "build back my life that I burned to the ground over the last 40 years." P8 noted she was "living on that broken and hurt side. You kind of lose yourself in a way. You lose your judgment, and you lose your sense of what's right and wrong. You don't care anymore because you're feeling so bad." This participant also stated that her reckless criminal experiences impacted her emotions: "It just tore me down." Many participants

reported they found it necessary to pursue mental health interventions to help heal and promote their overall psychological health.

Subtheme: Anger

Participants endorsed the subtheme of anger through annoyance, displeasure, and hostility with either themselves or outside authority. Now in sobriety, participants were able to reflect on the need to be aware of situational factors that could elicit resentment and irritability. P2 stated, "My fear turned to anger, and that's why I assaulted a cop," and, "I'd get so angry that I wasted so much of my life." P6 noted, "I took anger and depression out on booze. I had a lot of anger." P7 experienced "anger towards authority. Any authority." P8 noted self-annoyance by saying, "I would get angry about situations I couldn't control," and, "I just kept on with the irritable vibe and the anger and resentment. It just never went away."

Subtheme: Fear

Fear was reported to occur in situations of self-created dangers. Participants commented on the fear created by their intoxicated driving (DUI), which they were aware could have caused harm, injury, or death during criminal recklessness. P1 stated to have "a sickening fear when I think of what could have happened," "reliving fear of a criminal record," and, "I'm thankful I didn't have to come to with someone telling me I had killed someone." P2 voiced her fears with, "Did I hurt somebody? Did I kill people? Did I get in an accident?" and, "That scared me because I didn't know how my life was going to end up." P4 endorsed fear with, "What would I feel if my children were involved?"

Theme 2: Changes in Behavior

Subthemes within changes in behavior were detachment and isolation and acknowledging honesty. Responses from six participants reflected on their reactions to the repercussions of violating moral values, in some cases causing withdrawal, isolation, and sabotaging positivity. In contrast, responses within acknowledging honesty illustrated the awareness of the beneficial impact of living honestly and lawfully. Some participants related their personal train of events from destructive, isolated living to an authentic, truthful lifestyle. Generated comments within this theme reflected indifference to being responsible and, in contrast, the appreciation of opportunities for greater responsibility allowing changes toward living honestly and with sobriety.

Subtheme: Detachment and Isolation

Participants reflected on their experienced feelings of isolation and detachment. P1 noted, "When I was still drinking, I really didn't care what I was doing," "I didn't think ahead to my consequences," and, "I would have rather isolated than deal with my problems." P3 deflected responsibility with, "I also thought to myself that what I did for that DUI wasn't that bad." P6 stated he "isolated a lot and just drank and drank." P7 added, "I just didn't give a **** [expletive]. Didn't care. I can drive drunk," and, "I'm an alcoholic. I have alcoholism. I don't care." P8 noted a certain excitement when detaching from her moral standards, stating, "I could get away with it and not get caught doing certain things. I kind of got a thrill out of it." She also found herself "so stuck and just looking for the next drink and drinking with loneliness and shamefulness by myself."

Subtheme: Acknowledging Honesty

Participants commented on recognizing a need to change their behaviors and act with greater integrity. P1 commented on the lasting repercussions of behaving criminally, noting that "I need to remain honest no matter how hard it is," "have to be honest with myself," and, "At this point, I choose to live lawfully." P3 commented on a new awareness of the influence of drinking on lawfulness: "When we drink, we take ourselves out of the norm and who we are," and "makes me someone I'm not." P4 acknowledged self-honesty with, "I knew that I would know that I had a drink." P7 realized her self-honesty: "You have to get honest with yourself to not do stuff you're not supposed to do." She also noted, "I was arrested and look back on that now, and I am so like, oh my gosh, that's not who I am today." P8 found a "feeling of freedom you get from being honest with yourself."

Theme 3: Lifelong Risk of AUD Reactivation

Participants viewed their AUD as a reactive process to situations in their lives and that it is a disease that could be kept in suspension through sobriety. All eight participants realized they faced a life-long recovery journey to avoid future criminal recklessness. Three subthemes illustrated the totality of the risk of reactivating their substance misuse with subsequent criminality: disappointment/embarrassment, awareness of needing help, and punishment as a deterrent.

Subtheme: Disappointment/Embarrassment

Participants reflected on their experiences within the subtheme of disappointment and embarrassment and were primarily shocked that they had acted in certain shameful

ways. P1 commented on her criminal actions, stating, "I can feel physically ill when I read about, or when someone tells me about the specific things I did." P2 was stunned when "I came to, I was in the drunk tank." P3 reported, "I passed out at a stop sign," and, "I can't believe what I did." P4 was regretful after driving intoxicated, noting, "I felt sorry for myself after my DUIs." P7 was told she "blacked out completely. I do not remember anything." Participant 08 commented, "I felt like I should have known better," regarding the action of driving while influenced by alcohol.

Subtheme: Awareness of Needing Help

Participants acknowledged the need to halt their drinking patterns. P1 stated, "I don't wish to live my life any further in this type of situation." P3 noted his progressive drinking patterns were leading to further demise, stating, "I saw the direction I was going," He also noted, "I can't handle my drinking," "I knew I had to quit drinking," and, "The only way I can keep from getting four DUIs is not to drink." P5 knew "if I don't (get help), I'm at risk of getting into trouble again.". P8 relayed, "A week after I got my DUI was when I got sober. I knew I needed help. I knew I needed to get to meetings. I knew all the things that needed to be done."

Subtheme: Punishment as a Deterrent

Participants provided comments on their legal punishment experiences. While some participants felt punishment had the impact of deterring them from repeating criminally reckless behaviors, others did not feel punitive measures encouraged a change in their behaviors.

P1 commented that the repercussions of her criminal experience were grim with being "in prison for six months because of my latest DUI," and this was felt as "awful jail time, an ugly prison experience, and meeting people that really scared me." P3 noted, "Getting caught and going to jail was awful." P6 stated his experience with incarceration led him to value the option "to stay around for my family and not go back to jail."

In contrast, P5 reported, "In jail, I wasn't so regretful. I was just inconvenienced." P7 denied that punishment would promote lawfulness with, "Probation? Damn, I drove drunk while I was on probation." P8 summed up her experiences with "punishment didn't work. I got ordered to AA meetings. I don't remember a [expletive] thing from those meetings."

Theme 4: Changes in Wholehearted Living

Reflections in the subthemes of self-deprecation, lack of control, and changed expectations of self were relevant to the major theme of wholehearted living. All eight participants shared their thoughts on the healing process from moral dissonance created by criminal recklessness. Participant answers illustrated negative and positive reflections when recalling their experiences.

Subtheme: Self-Deprecation

Self-deprecation comments were often associated with feelings of negative self-worth and low-esteem rising from the totality of their criminally reckless experiences. Six participants endorsed such reflections. P1 noted her drinking and driving behaviors were "Very dumb," with "unexplainable reasoning." P4 shared, "I just felt awful," and with sarcasm, "I celebrated my nine months (of sobriety) with drinking." P6 reported his

behaviors "made me feel worthless," "anti-social," and, "I thought I was just evil." P8 added, "I feel stupid" and, "so dumb."

Subtheme: Lack of Control

Participants shared their lack of being able to control unlawful behaviors along with the dominant patterns of drinking. P3 shared, "I'm sitting here in jail. I said I can't do this anymore," and now, "I realize there is no control in my life." This participant added, "My intentions were good, but then, I drank anyways." P4 shared, "what I thought was being in control was just an illusion." P6 realized, "I had no control. I never had any control over myself. I used to go to jail and just relax." P7 stated, "I still want to control the world. But I guess I can't. It just doesn't work." P8 shared her craving for alcohol with, "I was thinking I wasn't intoxicated enough. I could drive," just after being released from jail for a DUI arrest.

Subtheme: Changed Expectations of Self

Following their experiences with criminal recklessness, all eight participants noted a change in their ambitions with more optimism and purpose, whether by helping themselves or others, and living with less conflict. P1 believed, "There is a purpose for me. I've survived many of my unlawful behaviors," and, "I know I can help others." P2 firmly stated, "You need to stop thinking and just say no matter what, I'm not going to do that again." P4 shared, "It's changed me by thinking about what I can do to help other people," and, "I live with life's ups and downs." P5 commented, "I need to be a benefit rather than just non-existent," and, "Sometimes the transformation has to be more if you want to stay out of jail." P6 sought serenity with, "I believe now I don't have to

participate in confrontation." P7 commented, "It just depends on how you want to work on yourself to be better," and P8 stated, "Doing the next right thing, that's what gives me peace."

Theme 5: Social and Interpersonal Change

Participants stated they felt a life-long struggle with social acceptance and turned to alcohol for ease and comfort. All reported their behaviors had disrupted social bonds. Throughout their experiences, especially in handling legal consequences and maintaining sobriety, they have learned to be more aware of personal perceptions and judgments, especially towards those who have not interacted with the legal system or suffered from addictive behaviors. Subthemes included judgment from others, loss of connectedness, and self-acceptance.

Subtheme: Judgment from Others

Participants were affected by how others perceived them. P1 underscored the feelings of being judged when she stated, "I still get anxious when I don't know what others will think of me" and, "I'm not in control of how others respond to my background record." P6 felt others judged him following sprees of criminal recklessness by stating, "It was like I wasn't good enough to be their friend or something." P8 discussed how she tried to appear in control to avoid judgment, stating, "I always wanted to think that when I'm stressed, it doesn't bother me. I'm fine. I got this. I'm strong. And that's the front I paint for the world."

Subtheme: Loss of Connectedness

Participants elaborated on how they had lost feelings of ease and comfort when around others, including family and close friends. They found the frequency of connecting with people having different experiences continued to lessen, and even relationships with family members could feel ingenuine and stifled at times. P1 stated she had turned to alcohol because "I needed a drink either to feel more socially acceptable." P5 reflected on the loss of closeness with, "My connection with others and my feelings with others is what's important. I had lost it." P6 disconnected from his family and friends, saying, "I'd just shut down my feelings," and upon occasion, had said to them, "You can have everything I have; just leave me alone." P8 explained her cyclical barrier to social connections, sharing, "You feel negative, and you do negative. And I realized that I was negative and doing negative and was just like, in this vicious cycle."

Subtheme: Self-Acceptance

Participants struggled with self-acceptance, commenting on the difficulty of fully acknowledging past behaviors and genuinely proceeding forward with positivity. P2 stated, "Got to let go of the past." P4 shared, "And I'm really accepting that. It's not just realizing it, but accepting it." P7 added, "Through this process of recovery, I've learned about myself." P8 stated, "I've learned today to be more accepting. I just held on to my past, thinking I needed to. Now I know I could let go, and it's okay. You're not perfect."

Theme 6: Moral Wellbeing and Life Meaning

All eight participants communicated spiritual and existential issues within this theme. The subthemes guilt/shame, trust/faith, gratitude and forgiveness, and changed

view of right and wrong composed this major theme. Respondents endorsed feelings of moral pain, dissonance, and shifts in their psychospiritual development. Quotes within this subtheme indicated the participants view their spirituality as an evolving and ongoing requirement of lived recovery to eliminate criminally reckless behaviors.

Subtheme 6.1: Guilt/Shame

Responses within the subtheme of guilt/shame were indicative of painful moral emotions in response to negative self-oriented experiences, leaving participants with feelings of social condemnation. All participants endorsed elements of guilt and shame. P1 stated to have "heavy guilt as I carried around the burden of doing wrong along with my hangovers" and, "I have remorse for those criminally reckless behaviors." P2 stated, "I drove with my kids in the car. There was a lot of guilt." Comments from P4 included, "I would be so ashamed if I had them find out I had another DUI," and "I was left with regret after all my DUIs." P5 reported, "I put people at risk. That's my regret," and "I have the most guilt for what I did to my family." P6 reported to feel "shame and guilt, and a ton of remorse" after discussing his repeated arrests. P8 reflected that she "struggled a lot because I was hiding things. I was lying about stuff just to keep that thrill going," which resulted in "regret, shame, and guilt."

Subtheme: Trust/Faith

Participants shared their trust and faith reflections within this subtheme. P1 endorsed the positivity of faith, stating, "For anyone struggling, look into a spiritual connection with a higher power." P6 said, "I knew there was a God; I just didn't think he believed in me," and, "I still make mistakes, but I believe in the power of God and

miracles." P7 noted, "Don't be afraid to ask for help because you can't do it alone," and, "If my God can do that for me, I'm sure he can do it for the rest of the world." P8 stated that by returning to her church and meeting with her pastor, she learned, "I'm not right, and the only way I can get right is through a spiritual connection."

Subtheme: Gratitude/Forgiveness

Participants gave reflections supporting the presence of the subtheme gratitude and forgiveness. P1 noted gratefulness for learning from her criminal experiences as they taught her "perspectives on general issues of the world." P3 said, "I'm very grateful to the police department for my bottom" and, "My gratitude to be here is just immense." P7 was grateful for the safety of others by stating, "So now, looking back, I'm grateful that I didn't hurt anybody". Comments of forgiveness primarily focused on self-forgiving of criminally reckless behaviors. P2 stated, "I was the one who punished myself the most." P3 noted, "I'm learning to forgive myself." P4 commented, "When you can't forgive yourself for your DUIs, don't give up."

Subtheme: Changed View of Right and Wrong

Participants presented statements that demonstrated their feelings of dissonance created by their criminally reckless behaviors. Their answers acknowledged a necessary shift in their perception of correct versus incorrect behaviors. P2 stated that she was currently in sobriety and had not "had a drink for a long time. I can see clearly how wrong it was. Terribly wrong. Mentally wrong. Legally wrong." P5 stated, "First, it was about consequences, and then it became a little fuller, like do the right thing." P6 commented, "Deep, deep down, you know, you know right from wrong. I think everyone

knows right from wrong.", which agreed with P7's statement, "And those experiences have shown me I've always known what was right and wrong in the back of my mind." While discussing her children, P8 stated she is teaching them "to know what's right, and when you ignore that, it's so damaging, and you don't even realize how damaging."

Summary

This qualitative descriptive phenomenological study involved exploring MI themes and criminal recklessness among adults with AUD. Eight participants with a minimum of 60 days of continuous sobriety provided rich, thick data on consequences, thoughts, feelings, and perceptions involving criminally reckless experiences. Each participant consented to participate and completed an audio-recorded and face-to-face semi-structured interview. I framed interview questions to elicit responses that were pertinent to the impact of criminal recklessness on emotional, psychological, and social wellbeing. I transcribed the interviews and transmitted responses to a Word document database before commencing with data analysis. Three participants reviewed this document via member-checking, a procedure to ensure data accuracy and strengthen trustworthiness. I kept reflexive notes throughout all stages of analysis for maximum objectivity.

I examined data in depth, and responses were organized, coded, and themed to identify presence and types of MI involving such behaviors. Clusters of thematic answers were classified into 19 subthemes and six major themes. Analysis of these themes illustrated the significance of MI as expressed by adults with AUD who have experienced criminal recklessness. These major themes were: psychological symptoms, changes in

behavior, lifelong risk of AUD reactivation, changes in wholehearted living, social and interpersonal change, and moral wellbeing and life meaning. All participants provided personal reflections and addressed these themes.

Chapter 5 includes a summary of implications of these results as well as the study's potential contributions to advancing scientific knowledge concerning MI in adults with AUD who had criminally reckless experiences. I discuss considerations for recovery and lessening recidivism, as well as addressing alcohol overuse. In Chapter 5, I also propose avenues for social change for rehabilitation professionals and criminal reform policymakers and suggest future research related to MI, AUD, and criminal recklessness.

Chapter 5: Discussion, Conclusions, and Recommendation

MI results from observations or acts that transgress on deeply held moral beliefs, leaving one with lasting psychological, spiritual, and behavioral scarring (Litz et al., 2009). Components of MI such as everlasting shame and guilt have been found in those with AUD (Battles et al., 2018; Frankfurt & Frazier, 2016; Van Herik, 2015) as well as the criminal population (Giguere et al., 2014; Roth et al., 2022; Tangney et al., 2014). To date, MI's existence in terms of AUD and criminal recklessness have been studied separately but not from a combined perspective.

My qualitative phenomenological study involved exploring MI themes in eight adults with AUD following criminally reckless behaviors. More specifically, I sought common themes based on these experiences using empirically-based descriptions of MI from historical and current literature. Participants were self-diagnosed adults with AUD per the DSM-5 definition, were sober for a minimum of 60 days, and acted in criminally reckless ways in prior years, primarily DUI.

I presented open-ended interview questions to explore how participants made sense of their experiences and to identify psychological, emotional, and social MI themes. I collected data in-person through semi-structured interviews as part of the qualitative phenomenological design. I applied Giorgi's method of analysis to uncover the meaning of a phenomenon as experienced by humans, and Patton's and Saldana's methods of coding, categorizing, and conceptualizing coded units into larger themes, leading to a total of six themes in order to address the research question. The first theme, psychological symptoms, involved mental health components that emerged following

criminal recklessness. The second theme, changes in behavior, reflected participant patterns involving past and present conduct that had ramifications on their daily living. Lifelong risk of AUD reactivation, the third theme, involved recognition of factors encouraging sobriety and lawful living. Theme four, changes in wholehearted living, involved personal adjustments necessary to live without alcohol abuse and cease accumulation of DUIs. Social and interpersonal change, the fifth theme, revealed factors that had altered family and community connectivity resulting from alcohol abuse and reckless behaviors. The sixth theme, moral well-being and life meaning, involved participants' spiritual and existential growth experiences.

Interpretation of Findings

I used the qualitative phenomenological design to identify MI themes from participant responses to interview questions. The following sections include connections between known MI symptomology and the identified themes in this study.

Theme 1: Psychological Symptoms

All participants mentioned psychological symptoms, which are known components of MI. The subthemes hopelessness and sadness, anger, and fear were used to illustrate participants' psychological problems resulting from moral transgressions during alcohol-fueled and criminally reckless actions. Other research identifies these same psychological issues in different populations, such as combat-exposed military and civilian populations. Exposure to such psychological challenges and psychosocial barriers is also associated with an increased risk of overall mental disorders, reported by Griffin et al. (2019).

Participants addressed regret and depression, along with loss of hope and generalized sadness in terms of having wasted periods of life during their addiction. They shared feeling anxious when facing disrupted relationships, financial devastation, and loss of transportation privileges and community access due to drinking and driving. Fear was generated due to anxiety of unknown outcomes arising from irresponsible handling of problems, irrational decisions and choices, and interference with correctional rules. Anger, whether righteous or misplaced, was often felt towards self and, in the case of a few participants, authority. Both anger and fear are common MI symptoms and arise from a general lack of trust in one's decisions or offered options by others. The abusive drinking behaviors of participants also depreciated their ambitions and limited their psychosocial growth, which are both elements of MI.

Theme 2: Changes in Behavior

A quick deterioration of behavioral stability is a hallmark symptom of MI (Jinkerson, 2016; Shay, 2014). This is caused by repercussive harm, exploitation, or humiliation after crossing a moral boundary. Subthemes within the major theme of changes in behavior included detachment, isolation, and acknowledging honesty.

Participants described both positive and negative reflections on changed behaviors. They acknowledged feeling detached from everyday actions while actively drinking and alone when dealing with the repercussions of a DUI arrest. Isolation was often reported as a means of evading responsibility during these periods. Isolation and withdrawal is common among those suffering broken relationships with themselves, another person, or a higher being (Atuel et al., 2020). Currier et al. (2021) reported those

experiencing MI often fail to connect with others due to emotional pain and withdrawal from social contact. Participants found it essential to discuss their drinking patterns truthfully and commented on having been dishonest about the amounts of consumed alcohol and dangers created by their intoxicated driving. During recovery, participants reported a shift in core morality and honesty, now valuable assets for wise decision-making and choices.

Theme 3: Lifelong Risk of AUD Reactivation

MI sequelae can be present following transgressive acts toward friends, family, and one's community during active alcohol abuse and criminal actions (Currier et al., 2021; Jinkerson, 2016). Guntzel et al. (2013) explored the reasons for alcohol/substance overuse as a coping strategy, finding a healthy fear of the risk of relapse and reoccurrence of alcohol-fueled DUI behaviors. In this study's analysis the subthemes of disappointment and embarrassment, awareness of needing help, and punishment as a deterrent illustrated this lifelong risk of AUD reactivation.

All participants reported they had been involved in actions that left them with feelings of demoralization, which in turn, facilitated isolation and drinking. In MI, self-disappointment can occur from a deterioration in character or not being able to trust their ability to make a safe choice in behavior (Shay, 2014). Participants in this study shared disbelief of ending up in certain situations, sometimes questioning why a higher deity would allow such experiences. They reported embarrassment as a barrier to ask others for support, and this lack of connectivity facilitated relapse. In parallel with the literature, those who struggle with MI and AUD require a life-long commitments to sobriety and

connectivity with positive support systems to deal with the consequences of alcohol abuse and criminality (Beraldo et al., 2019). The participants who reflected on their punitive experiences found the disciplinary methods successful when the demands interrupted daily life. Lenient restrictions such as suggesting AA meeting attendance or inconsistent monitoring by law enforcement were ineffective in changing drinking and driving behavior. Further research is strongly indicated in exploring efficacious punitive measures for those with AUD seeking rehabilitative success.

Theme 4: Changes in Wholehearted Living

All participants endorsed experiences that changed their internal character. Confirmed by participant responses, this study identified subthemes of self-deprecation, lack of control, and changed expectations of self in the theme of changes in wholehearted living. Actions and thoughts that were reported paralleled MI symptomologies identified in the literature such as self-condemnation (Currier et al., 2021), altered motivation (Griffin et al., 2019), changes in self-care (Drescher & Foy, 2008), and lack of self-will (Atuel et al., 2020).

Some participants spoke negatively about themselves, others realized they were not entirely in charge of their destiny, and nearly all experienced greater serenity when lowering the demands upon themselves. Respondents shared struggles with negative self-perception and low self-worth, paralleling the experiences of moral failure and deep demoralization described by Atuel et al. (2020) and Shay (2014). Fortunately for the study participants, being diagnosed with AUD gave meaning to their struggles and helped them feel more grounded in their path toward sustaining positive sobriety and lawful

living. A few participants noted that moral code conduct was random and unconscious before sobriety and while drinking and driving. In recovery, participants reported significant differences between the pre-and post-recovery desire to live lawfully.

Theme 5: Social and Interpersonal Change

Social and interpersonal problems are frequently seen in MI (Jinkerson, 2016; Litz et al., 2009). As noted in the literature, when there is an internal conflict from participating in an activity considered transgressive, one cannot forgive oneself, and the cycle of social withdrawal begins (Battles et al., 2018). As it continues, diminished participation in activities and avoidance of thoughts, people, places, and memories occurs (Jacobs et al., 2001). Subcodes in this study's major theme of social and interpersonal change supported the presence of judgment from others, loss of connectedness, and self-acceptance.

Participants illustrated this disruption in social connectedness and social bonding by sharing both positive and negative connectivity to themselves and those around them. They reported a loss of trust in others, which heightened their damaged social well-being. To feel more accepted, they chose alcohol to lessen their social anxiety, which lubricated their social prowess and the choice to drive intoxicated. While participants acknowledged the importance of social bonds and worked towards positive reconnections with friends and community, they quickly felt rejected when judged by others for not fitting in because of their intoxicated driving choices. They often sensed a marginalization from society due to their histories. This disconnection was described as powerlessness, alienation, feeling alone, and struggling with self-acceptance. Acting responsibly,

maintaining recovery, and living within social norms promoted self-acceptance through self-confidence, through which participants also felt the healing of personal and moral wounds.

Theme 6: Moral Wellbeing and Life Meaning

Participants reflected on their developed convictions about a life purpose, meaningful living, and moral authenticity. The subthemes of guilt/shame, trust/faith, gratitude/forgiveness, and changed view of right and wrong emerged to represent the major theme of moral well-being and life meaning. All participants endorsed issues within the central theme of moral well-being and life meaning, which elicited the lengthiest answers. Throughout the interviews, the terms guilt, shame, regret, remorse, and feeling bad were often used interchangeably and were typically the first feelings shared by the participants. All endorsed the moral wrongfulness of drinking and driving.

This major theme paralleled MI's spiritual and existential issues, presented and debated at length by Currier et al. (2021), Drescher and Foy (2008), and Litz and Kerig (2019) as the challenge in spirituality following occurrences that caused spiritual suffering and disrupted moral expectancies. A significant hallmark of MI is the loss of trust or belief in a deity, the feelings of a spiritual crisis, ruptured spiritual bonds, and questioning of core moral values per actions (Atuel et al., 2020; Drescher et al., 2011; Litz & Kerig, 2019; Wortmann et al., 2022). These findings acknowledge the premise put forth by Litz and Kerig (2019) that resolving spiritual conflict, finding a new life meaning, and establishing healthy moral codes should never be overlooked when treating MI.

Participants discussed spiritual and existential issues openly and freely, described their sources of spiritual pain, and reflected on these issues as a source of strength for recovery and self-forgiveness. For those participants who were skeptical about addressing moral issues pre-recovery, spiritual and moral growth reportedly replaced this anger and mistrust post-recovery. Overall findings highlighted an empowering relationship between participants and their God/spiritual power.

The literature has identified that individuals with constant shame and guilt often engaged in self-punishment through alcohol abuse and criminality (Currier et al., 2021; Litz et al., 2009; Roth et al., 2022). This the present study, participants endorsed shame and guilt, recalling self-condemnation following criminally reckless behaviors and alcohol overuse. In a few individuals, guilt persisted for years into recovery. Before attending AA, participants felt shame when having to identify as an alcoholic or conceding to owning a criminal record. After accepting their alcoholic identity and amending the harms caused by their criminal recklessness, participants were able to begin their self-forgiveness and self-acceptance process.

Trust and faith subthemes were also prevalent. Trust issues in MI have been reported to involve betrayal, loss of the capacity to trust in others, changed attributions about God, and loss of trust in one's own decisions or choices (Currier et al., 2021; Roth et al., 2022). Participants confidently shared that the experiences that brought them into recovery helped them believe in a deity who would empower AUD recovery and therefore eliminate drinking and driving. Participants also voiced responses that pertained to the ability to trust others and trust themselves to behave with moral integrity. Through

recovery, participants grew in their trust and faith in a higher power and, by applying spiritual principles, found they could begin to trust themselves and others with greater certainty.

Participants endorsed gratitude for surviving criminally reckless experiences, that severe harm had not been inflicted, and that a force intervened to stop the alcohol consumption long enough to receive help. While forgiving self for these behaviors at an emotional level was an ongoing process, being around other individuals in recovery promoted hope for self-acceptance and forgiveness. Participants also shared their comparative reflections of behaviors considered right (i.e., no drugs, no drinking and driving) and opposingly wrong (i.e., drugs, DUI) without hesitation. Still, during active drinking, they did not care to adhere to these values. Participants discussed suppositions that healthy core moral values had developed during childhood but were compromised during active drinking. Connecting with a higher power was their primary means of seeking guidance for sober and lawful living. Moral integrity was now being repaired through a spiritual connection.

Theoretical Framework

The theoretical framework for this study was derived from Festinger's theory of cognitive dissonance. The fundamental assumption in Festinger's theory includes sensitivity to inconsistencies in actions and beliefs, with the creation of dissonance when the discrepancies are recognized. Resolving dissonance requires one to change their beliefs, actions, or perceptions of actions (Festinger, 1957). The theory postulates that all individuals are conscious at some level when actions are inconsistent with beliefs,

attitudes, or opinions. The stronger this dissonance, the greater the motivation exists to resolve the conflict. This theory explains why humans justify, rationalize, and shift beliefs over time as they try to maintain internal consistency. Not addressing internal dissonance can result in anxiety, embarrassment, shame, and negative self-worth. In contrast, resolving one's dissonant state achieves relief and satisfaction (Doukoupil, 2012; Maich, 2014). When applied to this study, this theoretical premise contends that cognitive dissonance created between alcohol abuse and a participant's core moral values could result in moral wounds such as anxiety, embarrassment, shame, and negative self-worth, identified by Doukoupil (2012) and Maich (2014).

All participants endorsed psychological, emotional, and social dissonance after criminally reckless events and at the end of their drinking careers, reflecting dissonance. Their feelings of anxiety, guilt, shame, embarrassment, and remorse were repeatedly shared throughout the interviews. Participants expressed emotional turmoil after their reckless driving events and the guilt and shame from living unjustly and untruthfully, which parallels the earlier literature on cognitive dissonance within MI.

All participants in this study identified their inability, at times, to reach and maintain sobriety, creating a gap between their desire to stop drinking and their inability to stay sober. Bolstered by intoxicated empowerment, they would drink and drive. In other words, participants knew their alcohol consumption could lead to deadly consequences, yet they drank anyways. While intoxicated, participants realized that drinking and driving could result in death, yet they did it anyways.

Limitations

I explored themes of moral injury to contribute to the body of knowledge on MI's presence and impact on addiction recovery and criminal rehabilitation. Study participants included eight adults over 20 with a minimum of 60 days of sobriety. Recruited participants were AA members in the northern California area. These participants had experienced one or more events of criminal recklessness, primarily driving while intoxicated, within the past 20 years

This study operated within the parameters of four identified limitations. Three pre-data analysis limitations were the study's hermeneutic approach to qualitative research, my limited qualitative research experience, and the data collection parameters. Following the data analysis, I identified a sample-specific limitation.

I applied the hermeneutic attributes of qualitative research, which required me to make sense of the data and interpret its content, during which prior bias may have acted as a limitation. My preconceptions based on over 30 years of professional and lifelong familial engagement had the potential to reinforce this limitation (Patton, 2015). Therefore, I used bracketing to identify and document preconceived ideas, attitudes, and notions related to the phenomenon of interest. I was mindful to remain reflexive for the duration of the study. This focus on maintaining authentic accounts from participants and my own experiences facilitated the collection of richer, information-laden data. This qualitative methodology allowed for the elicitation of greater personalized detail on the lived experiences than what could have been ascertained from a quantitative approach.

The second limitation was my lack of qualitative research experience. To minimize this concern, I practiced interviewing techniques and data capture and engaged colleagues to review the efficacy of the data collection tools. The analysis and synthesis of this entire dissertation were overseen by my experienced dissertation Chairs from Walden University. Also, I maintained ethical soundness by completing the collaborative institutional training initiative (CITI) and complying with the IRB recommendations.

Third, the data collection process may have posed another limitation as I used semi-structured interviews. Reflections and responses by participants were based on self-report, which inherently could involve error and response bias. Participants could have denied, minimized, overstated, or underreported their experiences based on the sensitive stigma attached to criminal recklessness and addiction. I sought to establish a supportive, respectful, and confidential atmosphere during each interview and participants were willing to share information, suggesting truthfulness. Saturation supported the study's trustworthiness as no new data emerged by the seventh interview. This emergence of common themes also supported the study's confirmability.

Post-data analysis indicated the subject specifics within the phenomenon of interest may have limited the study's findings. I did not consider race, gender, sexual orientation, spiritual beliefs, or cultural background in participant selection. Yet, the age, length of time in sobriety, sources of recruitment, and geographic area did impose limitations. As related to recruitment, participants from a similar geographic region may have grown up in similar environments with similar experiences in addiction recovery and types of criminal recklessness. Restricted data capture therefore necessitates further

research before generalizing results to a broader population. Participants were required to recall their criminally reckless behaviors that occurred within a 20-year timespan of the interview; memories may have shifted with time. This temporal distancing may factor into the participants' perspectives of the events, and the extent to which this may have changed the results of the present study is unknown. Recommendations for exploring these avenues are mentioned later in the chapter.

Recommendations

Current research exploring themes of moral injury in populations other than the military is scarce. This study explored MI themes in adults with AUD following criminal recklessness. Five recommendations for future research emerged from the study's findings.

First, the study arbitrarily selected a minimum of 60 days of continuous sobriety as a subject marker and called for participants 20 or more years of age with experiences of criminal recklessness. Recruited participants were AA members residing in the geographical area of northern California. Research would benefit from replicating this study with a more significant number of participants and greater diversity. This sample was composed of white, English-speaking individuals recruited from similar communities and geographic areas and may not reflect the lived experiences among other populations from contrasting communities and regions. Expanding the research to include those from other locations, other ethnic, religious, or spiritual backgrounds, and different socioeconomic and criminality conditions could identify any influence of added diversity on the replicated results. Expanding the exploration of lived MI experiences in other age

groups could collect perspectives of MI at different maturity levels, especially as experiences in younger individuals may have strong parental influence. Youth desire-driven choices in illegal drinking versus sobriety and awareness of wrongful acts would be of interest. This research would fill the knowledge gap on moral injury's presence and impact among adolescents.

Second, it is critical to explore further the presence of MI in those with less than 60 days of sobriety or who continue to drink actively to understand the lived experiences of those who remain caught in the cycle of addiction. Addiction recovery programs often address abstinence from a substance rather than understanding the underlying moral disruption (Mate, 2012). New findings could present treatment avenues that address moral integrity and social responsibility growth towards halting addictive behaviors. Future research could also gather long-term outcomes of alcoholism and criminality across a lifespan and thus guide education and counseling methods to develop internal measures of moral stability.

Third, the research could explore elements of moral injury in the other improprieties of criminal recklessness. Findings from this study support the presence of guilt and shame in these individuals who have lived through the damage caused by criminal recklessness from DUI. These participants endorsed the importance of spirituality and a presence of purpose for resiliency from their experiences. While this study called for memories, thoughts, and feelings following criminally reckless actions from DUI occurring within 20 years before the interviews, research exploring MI

symptoms immediately after a criminally irresponsible event may reveal other stressors contributing to morally injurious experiences.

While exploring MI in the totality of criminality is beyond the scope of this paper, adding to the scholarly literature on reducing recidivism is critical, given concerns with rising crime in today's society (BJA, 2021). The fourth recommendation would be to explore the morally injurious experiences of those already incarcerated. This could produce insight into programming options within the current criminal justice system. Research in this population could address methods to repair MI and alleviate the underlying triggers of AUD, thus leaving the structure of a corrections environment with a plan and the skills for moral goodness.

Finally, research that further delineates the construct of moral injury would benefit all professionals who deal with the issues created by MI. Participants in this study highlighted the significance of spiritual/existential maladies, requiring spiritual remedies. Research could examine how individuals consciously disengage from healthy self-care and lawful lifestyle choices, how they reconcile moral conflict. Differentiating between unresolved MI, the constructs of moral pain, and Post Traumatic Stress Disorder could also better direct intervention referrals. The present study supports the plausibility of applying a multiple-pronged approach to treat MI, including factors of spirituality, resiliency, coping, and moral well-being. Such an understanding is void in the literature on mental health and criminal justice.

Implications

Positive Social Change

MI symptoms, if unresolved, can manifest as social, spiritual, psychological, interpersonal, and behavioral complications (Currier et al., 2021; Jinkerson, 2016; Nerian & Pickover, 2019; Papazoglou et al., 2020; Papazoglou & Chopko, 2017; Williamson & Stevelink, 2018; Wortmann et al., 2022). This study identified MI themes representative of these symptoms in the population of adults with AUD having acted in a criminally reckless manner. Understanding the potential impact of MI on these citizens should not be minimized. AUD remains a societal problem (NIAAA, 2021), with its diagnosis in approximately 16.5 million adults. Along with these immense numbers, recidivism rates in the United States are soaring, with an average of 77 % of previously incarcerated individuals rearrested within five years (BJA, 2021). Acts such as DUI, recognized as a criminally reckless offense, are prevalent in this arrest-rearrest cycle (BJA, 2021). These figures underscore the importance of effective recovery regimens for substance abuse and co-occurring criminality.

Through theme development and analysis, my qualitative phenomenological study identified the presence of MI adults with AUD having experienced criminal recklessness. Findings showed participants experienced deep guilt, shame, and regret from alcohol abuse and criminality. They reported robust spiritual and existential issue repair guided their return to healthy and wholehearted living. Developing a spiritual and moral connection with a higher power helped most participants avoid relapse and eliminate dangerous, reckless behaviors.

Promoting social change by bringing these results forward to rehabilitation and criminal justice professionals could enhance the coaching and counseling of adults with AUD to strengthen their commitment to recovery, thus eliminating their reckless behavior patterns. These suggestions arise from the presented data herein that moral and spiritual issues are essential to promote healing from AUD and return to living rightly in society. Being aware of MI symptomology could propel social growth and lessen cycles of addiction and criminal recklessness. By applying the knowledge from this study, alternative medical and mental health processes for AUD can be developed, and legal practice reforms aimed at reducing recidivism for DUI can be composed and implemented.

Methodological Implications

Applying a qualitative research approach to study this phenomenon showed that researchers must listen closely to all unique implications reported by the studied population. The unfolding results from this study could potentially drive clinical practice, expand interventions, aid in the reduction of misinformation and bias, and reduce harmful punitive recommendations.

I used a descriptive phenomenological method and exposed how this phenomenon is felt at individual, familial, and societal levels. I captured the thoughts, emotions, and everlasting feelings surrounding MI throughout the qualitative data collection and analysis process. This methodology allowed me to grasp the depth of each participant's sincere alcohol abuse recovery attempts, how they cultivated their decision and choices,

how they reacted to the demands of lawful living, and how they struggled with future lifestyle choices.

Theoretical Implications

According to this study, based on Festinger's theory of cognitive dissonance, participants illustrated mental and moral disequilibrium created by their repeated attempts to reconcile contradicting attitudes or beliefs. They shared their painful moral conflict when having behaved in a manner opposite to their core ethical values. While participants were in different stages of recovery or legal resolve, it was uncovered that the current criminal justice system perpetuated cognitive dissonance through long-term punishment reminders of having acted against core moral values. Educating the criminal justice system through the lens of cognitive dissonance, encouraging restorative counseling on the elements of moral principles, and considering sentencing options that include moral remediation may be a means to reduce recidivism if only one individual at a time. This may also lessen addiction and criminality's financial and socioeconomic stressors, promote self-worth, reduce the barriers created by shame and guilt, and stimulate overall moral health.

Treatment Implications

Results also support modifying the focus of treatment for adults with AUD having experienced criminal recklessness. The best treatment for individuals who have experienced this phenomenon may not be immediate, punitive abstinence from alcohol or strict incarceration. This study supports the proposal of tailored treatment approaches to address the signs and symptoms of MI in this vulnerable population. Adjunctive methods

of MI treatment are emerging and have been suggested by previous research. Treatment of shame, developing psychological and behavioral flexibility, and promoting nonjudgmental acceptance of internal experiences have been suggested by Nieuwsma et al. (2015). Ways to target moral repair and develop compassion and forgiveness for self and others have been outlined by Litz et al. (2018). Strategies to build spiritual strength (Pearce et al., 2018) and suggestions to collaborate with faith communities and chaplaincy for spiritual guidance (Wortmann et al., 2022) are emerging. While suggested treatment of MI in those with alcohol abuse (Beraldo et al., 2019) and addressing MI in criminality (Jackson, 2009) are piecemeal, the potential to develop combined alternatives for MI in AUD and criminal recklessness are indicated given the results of this study. It would be reasonable to include spiritually integrated measures for moral repair and to alleviate MI symptoms when offering intervention for sobriety and counsel for criminality. This implication is supported by the prevalence of responses emphasizing the impact of spiritual and moral disequilibrium throughout experiences of addiction and crime. As a community, concentrating resources on coordinated, all-inclusive interventions could improve outcomes in this vulnerable population.

Findings from this study place a new responsibility on clinicians facilitating recovery from alcohol abuse and on criminal justice members recommending corrective measures. Disseminating the research results to such professionals can provide shifts in educational and treatment approaches regarding spiritual and existential topics that address moral repair. These results may also facilitate modified regimens for individuals preparing to leave the safety of a treatment program or the structure of incarceration.

Individual and family education could delineate potential moral conflict in the aftercare environment, identifying barriers to upholding moral values towards lawful living.

Younger individuals with alcohol-related addictions or juvenile offenders may represent an upcoming generation less experienced with spiritual and moral connectivity. They present a new intervention challenge. Specifically, as a treating clinician, I would incorporate this research into my clinical practice by educating clients of all ages and colleagues from multiple professions about the suitability of alternate treatment options, including those that promote the capture of moral stability. In conclusion, rehabilitative policies and criminal justice reform are encouraged to include moral value and spiritual repair issues in therapies and law practice.

Conclusions

My study's purpose was to explore themes of MI within the related domains of adults with AUD who have experienced criminal recklessness. This study filled a gap in the literature on moral MI in a unique population. It sought to understand the impact of MI on the ability to maintain sobriety and, therefore, eliminate unlawful actions bolstered by alcohol abuse. It identified the frequency and impact of MI within the themes of psychological symptoms, changes in behavior, lifelong risk of AUD reactivation, changes in wholehearted living, social and interpersonal change, and moral well-being and life meaning. I interviewed eight adult AA participants residing in northern California; all eight identified the presence of MI. Detailed subtheme analysis found features of MI symptomology in these participants to parallel MI described in the literature. Unresolved moral injury emerged as a crucial hallmark in the persistent struggle to maintain sobriety

and live lawfully. Participants told how they were implementing strategies to overcome emotional and spiritual barriers, gain lasting confidence in their recovery, heal their moral wounds, and reach their goal of living lawfully in society.

Responses from the eight participants endorsed the phenomenon of Festinger's theory of cognitive dissonance. Participants stated they knew that AUD was a deadly disease, yet they drank anyways. While intoxicated, participants realized that drinking and driving were unlawful, yet they did it anyways. This cycle exemplifies cognitive dissonance, which happens when attempting to reconcile two attitudes or beliefs contradicting one another. In recovery, participants sought cognitive resonance, the antidote to cognitive turmoil, by re-establishing a sense of balance and purpose, healing their moral injuries, and living with aligned thoughts and actions.

The results of this study highlighted a topic that has received little attention but, in totality, is a considerable critical social concern. It brought awareness to the impact of MI on AUD and criminal recklessness. It called for considering new moral health treatment paradigms for those interacting with AUD and criminal populations, including social and mental health services, medical professionals, legal and judicial members, correctional systems, and those in the clergy. Ongoing reliable research can uncover the impact of MI on other vulnerable groups, and best practices for treatment can be developed. Education models to increase personal wellness, spiritual health, and living as a law-abiding citizen can be implemented. This study has geared its implications for all those who have suffered, still suffer, and will suffer from alcohol abuse and incarceration.

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Appendix A: Recruitment Flyer

Interview study seeks adults with alcohol use disorder having experienced criminal recklessness (for example, DUI)

There is always new information emerging about treatment and recovery methods for substance addiction, specifically alcohol abuse. For this study, you are invited to describe your experiences regarding your moral values following unlawful actions before and after you stopped drinking.

About the study:

- One 30-45 minute face-to-face interview that will be audio recorded
- The interview is anonymous and your full name will not be requested at any time

Volunteers:

- Must be 20 years or older
- Must have at least 60 days of sobriety from alcohol abuse
- Have experienced criminally reckless behaviors (DUI, driving at excessive speeds, etc.)

This interview is part of a doctoral study. Interviews will take place between June and July 2022.

To volunteer, please contact the researcher

Appendix B: Mapping of Interview Questions

Emotional

- Did any of these examples leave you with regret?
 - How have these experiences affected your views of right and wrong?
 - How have these experiences affected your core moral values?
-

Psychological

- Tell me about the times you might have behaved in a criminally reckless manner, whether or not you were arrested.
 - Thinking back about how these actions made you feel, what has helped you deal with the repercussions or punishment of these actions?
 - What have you learned about yourself while dealing with these behaviors and following emotions/your purpose in life?
-

Social

- How do you think those criminal behaviors affected your outlook on life?
 - How have these experiences of criminal recklessness affected your view of human nature?
 - How have experiences of criminal recklessness affected your sense of feeling in control of your life?
 - What would you like to tell others who may be struggling with these feelings you reported?
-

Appendix C: Copy of Instrument

INTERVIEW PROTOCOL

Before we begin, I'd like to (review the consent form). (Review consent to record the interview).

Your participation in the interview process is an acknowledgment this consent is in place at this time. (Once the consent is acknowledged, begin the interview).

Interviewee: _____

Date: _____ Start Time: _____ End Time: _____

The study explores how those with alcohol abuse issues identify and deal with their emotions and feelings about criminal recklessness and the dangerousness it may create. The focus is to have you describe your emotions and feelings about your past and even possibly present reckless behaviors. It is NOT designed for you to disclose any specific criminally reckless activity. This is not a meeting to discuss legal advice if such issues are still pending. This meeting is to explore, in-depth, how you feel about your criminally reckless behaviors.

Thank you very much for agreeing to meet with me today. I believe your point of view will be helpful to others who are facing their feelings and emotions when remembering their past actions and behaviors. You don't have to tell me any details that are upsetting or difficult to talk about.

- Take some time to reflect to the days you were drinking and how you now feel about how you, at times, acted criminally recklessly, whether or not you were arrested. Criminally reckless examples might be:
 - Drinking and driving (“DUI”);
 - Driving at dangerously high speeds in a residential neighborhood or an area where there are several pedestrians;
 - Using illegal substances in a public area;
 - Carrying a concealed weapon without a proper license to do so;
 - Storing weapons, toxic substances, or other dangerous items in areas where children may get to them (such as child endangerment).

- Without describing the actual crime itself, tell me about the times you might have behaved in a criminally reckless manner, whether or not you were arrested.
- . Now, did any of these experiences leave you with regret?
 - a. OR ...now that you can look back with a clearer mind, how do you feel about those actions and behaviors?

Prompts: Shame guilt remorse fear sadness depressed angry

- How have these experiences affected your views of right and wrong?
- How have these experiences affected your coral moral values?
- How do you think those criminal behaviors affected your outlook on life?
- How have experiences of criminal recklessness affected your view of human nature? Of yourself?
- How have experiences of criminal recklessness affected your sense of feeling in control of your life?
- Thinking back about how these actions made you feel, what has helped you deal with the repercussions or punishment of these actions? (repeat those stated).
- What have you learned about yourself while dealing with the emotions following these behaviors? About your purpose in life?
- Describe how your acknowledgment of these crimes contributed to your recovery.
- What would you like to tell others who may be struggling with the feelings of (repeat those stated).

Anything else you'd like to share?

Thank you so much for your willingness to answer the questions and your openness in discussing your experiences and feelings. Do you have any questions for me?

Debriefing

Thanks for meeting with me and discussing some of your life experiences. The purpose is to identify moral and spiritual injury themes to understand better how these themes can affect people. With the information you shared, I believe we will better understand the impact of these experiences and how the emotions that follow may linger and affect recovery.

Because these experiences might bring back difficult memories, I would like to know how you are feeling right now. Is there anything else you'd like to share? I want to make sure you have connections of support folks in your recovery program if some of these questions raise negative feelings and thoughts.

Anything else? Again, thanks so much!

Appendix D: Debriefing

**Title: Exploring Themes of Moral Injury Following Criminal Recklessness in Adults
with Alcohol Use Disorder**

Thanks for meeting with me and discussing some of your life experiences. This study will identify moral and spiritual injury themes to better and how these themes can affect people. With the information you shared, I believe we can better understand these experiences' impact and the feelings and emotions that follow.

Because some questions were sensitive, they may have brought back difficult memories. I would like to know how you are feeling right now. Is there anything else you'd like to share? If you are concerned about the impact of these questions and memories on your overall emotional wellness, please let me know. If some of these questions raise negative feelings and thoughts, I want to make sure you have connections and support folks in your recovery program.

Here is a schedule of Alcoholics Anonymous meetings in this area, and I want to ensure you have the number of the A.A. Hotline. Should you experience any psychological distress from the interview, please contact the California Warm Line, a 24/7 non-emergency resource for anyone seeking mental and emotional support.

- If you would like to receive results following the completion of the study, please check the box. Results can be emailed to you by the researcher. As stated earlier, your email address will be removed following the distribution of the study results.

Again, thanks so much!

Table E1*Theme and Subtheme Analysis*

Theme	Number of Responses	% of total responses	Number of subjects	% total subject
Responses Related to Moral Injury and Criminal Recklessness	224	100	8	100
Psychological Symptoms	32	14.3	8	100
Hopelessness/Sadness	15	6.7	7	87.5
Anger	7	3.13	5	62.5
Fear	10	4.46	4	50.0
Changes in Behavior	34	15.2	6	75.0
Detachment/Isolation	17	7.6	6	75.0
Acknowledging Honesty	17	7.6	6	75.0
Lifelong Risk of AUD				
Reactivation	34	15.2	8	100
Disappointment/Embarrassment	10	4.5	7	87.5
Awareness of needing help	15	6.7	6	75.0
Punishment as a deterrent	9	4.0	6	75.0
Changes in Wholehearted Living	41	18.5	8	100
Self-deprecation	11	5.0	6	75.0
Lack of control	11	4.9	5	62.5
Changed expectations of self	19	8.5	8	100
Social and Interpersonal Change	17	7.6	7	87.5
Judgment from others	4	1.8	3	37.5
Loss of connectedness	6	2.7	4	50
Self-acceptance	7	3.1	4	50
Moral Well-being and Life				

				138
Meaning	66	29.5	8	100
Guilt/Shame	22	9.8	7	87.5
Trust/faith	14	6.2	5	62.5
Gratitude/				
Forgiveness	17	7.6	7	87.5
Changed view of				
right & wrong	12	5.4	5	62.5

Note. Total responses, $n= 244$; Total subjects, $n=8$.