Potentially Morally Injurious Experiences (PMIEs) in the Humanitarian Sector: The Role of Moral Expectations.

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Abstract

There is growing evidence that Moral Injury (MI), which is commonly understood to be the result of failing to prevent, witnessing, or participating in an event which transgresses peoples' moral beliefs, may affect those working in inherently stressful contexts, such as the humanitarian field. Humanitarian work frequently involves challenges of an ethically or morally distressing nature. Research which aimed to determine whether unpaid humanitarian aid workers supporting displaced people in Calais and Dunkirk, Northern France, were exposed to Potentially Morally Injurious Experiences (PMIEs), is presented. Thematic Analysis (TA) was used to examine the narratives of 7 participants who discussed experiences that transgressed their moral beliefs while volunteering, as well as the emotional effects of those experiences. The data suggested that the participants may have been exposed to PMIEs. This finding has important implications for the mental health and psychosocial support needs of both paid and unpaid humanitarian aid workers, and could inform interventions by international and national Non-Governmental Organisations (NGOs) working in similar contexts. The data was re-examined with a focus on feelings of guilt and shame and questions of identity and morality,

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sometimes called existential crises, which are understood to adversely affect mental health wellbeing.

Keywords

Moral Injury, Humanitarian Aid, Refugees, Asylum seekers, Volunteers, Refugee camps, NGOs

Introduction

Over the last two decades there has been an increasing movement in exploration, acknowledgment and discussion around humanitarian aid workers' wellbeing, and their psychological exposure to potentially harmful events and situations (Antares Foundation, 2012; Connorton, Perry, Hemenway, & Miller, 2012). Multiple studies have reported that the risks of developing severe symptoms such as depression, anxiety, Post-Traumatic Stress Disorder (PTSD), compassion fatigue and vicarious trauma among humanitarians are higher than in other populations (Ehrenreich, & Elliott, 2004; Cocker & Joss, 2016; Jachens et al. 2018, 2019; McCormack et al. 2009; Strohmeier and Scholte 2015). While trying to understand the impact of humanitarian work, several authors have also explored the most common factors that seem to affect the risks and the resilience of individuals (Brooks, et al. 2015) and several recommendations have been made to organizations to support the wellbeing of their staff through the different stages of their experience in the field, such as training; pre-deployment; deployment; returning home (Wersig, & Wilson-Smith, 2021).

From studies carried out over the years, it has emerged that the emotional impacts on aid workers are not only related to being exposed first-hand to traumatic events and to beneficiaries' suffering, but also to the process of making difficult choices at the 'right' time; experiencing ethical dilemmas over which action to take, where and why; witnessing 'inhumane' treatments towards beneficiaries, for example in refugee camps; and having to readjust to a new identity when returning home after leaving a mission (Harrell-Bond, 2002; Hansen, 2007; Wersig, & Wilson-Smith, 2021). Looking more closely at some refugee camps, restrictions and punishment of refugees are common. For instance, many cases of corporal castigation and abuse have been reported in refugee camps in Australia and in Greece (Kaldor Centre for International Refugee Law, 2021; Rottmann and Kaya, 2020). As Harrell-Bond (2002) commented, "it is not unusual

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for humanitarians to be found passively observing such abuses being carried out by others in their employ" (p.63).

Walkup (1997) reports that aid workers must deal with a lot of psychological distress at work because of the impossibility, considering the level of need, of effectively contributing to a better quality of life for beneficiaries. This can be attributed to several factors, such as limited budgets, logistical problems, disruptions in connections and communications, volatile environments, cultural and language barriers and difficult ethical dilemmas, among others. Walkup (1997) claims that in the effort to deal with this stress, aid workers develop various coping mechanisms, including feelings of anxiety, frustration, and guilt.

Although those working in humanitarian contexts deal with a variety of stressors, there are many motivations for undertaking this work. Wersig and Wilson-Smith (2021) conducted a phenomenological study exploring aid workers' understanding of their identity and belonging through their experiences of leaving refugee camps and returning home. One of the sub-themes that they identified was "moral values drive humanitarian action" (p. 6). It has been claimed that in general, those who undertake humanitarian work tend to do so out of strong moral motivation (Komenska, 2017). Komenska (2017) also discussed volunteer humanitarian aid workers' motivations from an ethical perspective, identifying moral motivation as one of the main elements. The author refers to moral motivation, as described by Armstrong, Ketz, and Owsen (2003), as "the degree of commitment to taking the moral course of action, valuing moral values over other values, and taking personal responsibility for moral outcomes" (p. 2). Komenska (2017) claims that humanitarians need to put into practice, via their actions and behaviours, acting in a way that is good for others and not simply feeling 'empathy' towards them (p. 152).

The moral motivation described above could come from an existential need to find meaning in life (Frankl, 1969), for example by 'doing good' and from the intention to help people in vulnerable positions because of emergencies and disasters. This choice, though, incurs the risk of facing a deep existential and spiritual crisis when personal values, beliefs and hopes, get crushed by the actual reality (Walkup, 1997). Recently, the concept of Moral Injury (MI; Hoffman, Liddell, Bryant & Nickerson, 2018) has emerged via research into various groups of individuals who deal with similar experience and dilemmas, such as military personnel, veterans or healthcare professionals (Griffin, et al., 2019; Mantri et al., 2020; Armes-Bruce, 2016).

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However, the presence of MI within groups of humanitarian aid workers remains largely unexplored (Truman & Berdondini, submitted).

What is Moral Injury?

MI can occur as a result of an individual "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz, Stein, Delaney, Lebowitz, Nash, Silva & Maguen, 2009, p. 700). The term was coined during the Vietnam war, when clinicians, expecting to observe symptoms of PTSD in combat veterans, observed symptoms that were not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) definition of PTSD, such as emotional distress, meaninglessness and existential crisis (Shay, 2014). MI has since been associated with elements of PTSD (Litz et al., 2009), however they are two distinct concepts (Barnes, Hurley & Taber, 2019).

The recognition of PTSD was grounded in military contexts and has been characterised as a fear-based response to an experience (American Psychiatric Association, 2000). However, the diagnostic criteria found in the DSM-IV-TR has been critiqued for being too narrowly focused on the fear response, therefore excluding other emotional responses to trauma, such as guilt, shame and sadness (Sharp, Fonagy & Allen, 2012; Holmes, Grey & Young, 2005) and was revised in 2013 with a more inclusive definition. Notably, where PTSD is characterised as a physiological or mental disorder, MI is not. MI can be described as a deep mental wound (Kok, Hoedemaekers, van der Hoeven, Zegers & van Gurp, 2020; Barnes, Hurley & Taber, 2019). MI has also been defined as a "breakdown in global meaning" following a discrepancy between an individual's moral values and their experiences (Currier, Holland, Rojas-Flores, Herrera, & Foy, 2015, p. 26). It is the transgression of moral beliefs, and the breakdown in meaning that can follow, which can give rise to the psychosocial outcomes observed in MI.

It is also important to separate the concepts of PMIEs and MI. Experiences that transgress a person's moral beliefs, labelled PMIEs, can lead to moral distress, as well as emotions such as guilt, shame, sadness or anger (e.g. Drescher et al., 2011). However, MI can be differentiated from moral distress and similar concepts by its "lasting psychological, biological, spiritual, behavioural and social" impacts (Litz et al., 2009, p. 697). As experiencing trauma does not always result in PTSD, MI is not inevitable following a PMIE (Barnes, Hurley

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& Taber, 2019). It is a person's appraisal of an experience that determines whether there is significant dissonance between the experience and the person's moral beliefs to lead to impacts characteristic of MI (Barnes, Hurley & Taber, 2019).

Drescher et al. (2011) researched the signs of Moral Injury, and found they included self-effacement, spiritual or existential crises, and social and psychological issues. They also identified feelings of guilt, shame; meaninglessness, questioning identity and morality; loss of trust, depression, anxiety, or worsened pre-existing mental illness. The majority of previous MI research has been grounded in military settings, however the contexts in which it has been studied have broadened significantly, and marked overlap has been found between moral challenges in humanitarian settings and previous research contexts. For example, Nilsson, Sjöberg, Kallenberg and Larsson (2011) looked into situations in which participants upheld rules or regulations which challenged their moral beliefs, and those in which they broke rules or regulations in order to follow their moral beliefs, and concluded that moral stress can be caused when individuals appraise situations as incompatible with their moral values. Hunt (2008) and Schwartz et al. (2010) found that humanitarian healthcare professionals experienced resource scarcity and barriers to satisfactory care, which resulted in feelings that they were unable to do enough (Schwartz et al., 2010) and issues of distrust (Hunt, 2008). Hunt and Schwartz et al. also found that participants reported questions of identity in the realms of morality and professionalism. Many of the signs of MI have been related to the notion of identity and existential crisis. Drawing on from the work of Drescher et al., (2011) on the signs of MI, the present paper will be focusing on feelings of guilt and shame, and the questioning of identity or morality that may accompany it.

Moral Injury and guilt

It is well recognised that many veterans, healthcare workers, humanitarian workers, among others, experience feelings of guilt (e.g. Drescher et al., 2011; Haight et al., 2017). According to Tilghman-Osborne, Cole, and Felton (2010) guilt can be defined as stemming from "moral transgressions (real or imagined) in which people believe that their action (or inaction) contributed to negative outcomes" (p. 546).

In reviewing studies which explored guilt and shame, in particular in veterans, the work of Norman and colleagues (2014), who developed

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a model on 'nonadaptive guilt and shame' (NAGS), is notable. The authors claim that guilt can be adaptive, leading to a more conscious and intentional choice of prosocial and values driven behaviours, or nonadaptive. The latter is the result of attributing the feeling to an unquestionable conclusion of having done something wrong, with consequent avoidance of reflecting on the event and exploring possible alternatives or change of behaviours. The guilt can then escalate into shame if the person starts to believe that their contribution to the event is evidence of their poor value as a person (Norman et al., 2014). Guilt can therefore be related to specific behaviours, whereas shame can be seen as a negative evaluation of the entire self (Tilghman-Osborne, Cole & Felton, 2010).

Frankfurt and Frazier (2016) reviewed research studies on MI in veterans and identified, particularly with regard to the model of MI proposed by Litz and colleagues (2009), that when discrepancy between transgressive acts and individual moral beliefs is accompanied by negative attributions of causes and meanings of these transgressive acts, it can lead to long term feelings of shame, guilt and fear of being judged. MI and the guilt that follows it may stem from the discrepancy between one's moral motivations to 'do good', and the actual reality of situations in many contexts, for example, barriers to satisfactory care leading to questions of identity in the realms of morality and professionalism (Hunt, 2008; Schwartz et al., 2010).

Context and Methodology

This research set up to explore the experiences of unpaid humanitarian aid workers supporting displaced people in Northern France. Specifically, the authors aimed to determine whether Potentially Morally Injurious Experiences (PMIEs; e.g., Drescher, Foy, Litz, Kelly, Leshner & Schutz, 2011) were present. PMIEs are distinct from MI, and are defined here as experiences which may cause MI. Based on findings from existing MI literature (for example, Drescher et al., 2011; Haight et al., 2017), the authors proposed that people working in the humanitarian context may also experience events that transgress their deeply held moral beliefs, and that these experiences therefore may be PMIEs. The research was exploratory, and aimed only to provide insight into the existence of PMIEs and their impacts, if any, in the chosen population. This research, may contribute to the growing body of evidence for MI and to the understanding of PMIEs in humanitarian aid work.

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Context

Calais and Dunkirk, Northern France, have been temporary settlements for displaced people on the move since the demolition of the Calais 'Jungle' in October 2016 (Hanks, 2019). Living conditions for displaced people in Northern France have been described as "inhumane and unconscionable" ("France: Calais migrants at risk", 2017), due in part to hostile environment policies implemented by the French and British governments (Edmond-Pettitt, 2018). Displaced people in the region are subject to many stressors, including but not limited to uncertainty of access to clothing, hygiene facilities, shelter, food and water, sleep deprivation and high levels of violence from police (Refugee Rights Europe, 2018). An investigation by the French Interior Ministry into this violence highlighted the "abusive use of tear gas" and "disproportionate, even unjustified, use of force" by police in Northern France (Refugee Rights Europe, 2018, p. 24). Police violence has caused prevalent distrust in the police, furthering the vulnerability of displaced people to exploitation and trafficking (Refugee Rights Europe, 2018). The Compagnies Républicaines de Sécurité (CRS), or riot police (The French Police, n.d.), are particularly active in the region, seemingly for the sole purpose of creating a hostile environment for displaced people (Edmond-Pettitt, 2018). They are among the 7 branches of the police that have a presence in areas of Northern France populated by displaced people, so herein, 'police' will be used as a blanket term.

In Northern France, police harassment has been reported to extend beyond the displaced community to the aid workers themselves (Griffiths, 2017). Griffiths (2017) described aid workers' reports of feeling emotionally and psychologically distressed by incidents involving police. For them, both witnessing police violence against displaced people, and negative interactions with the police themselves may be distressing.

Humanitarian aid in Northern France is predominantly provided by small, grassroots organisations, staffed mostly by unpaid workers (Griffiths, 2017), many of whom have little experience or training, but are reported to be motivated by strong moral principles, solidarity and humanitarianism (Hughes, Burck & Roncin, 2019; Hilhorst, Hagan & Quinn, 2020). Working at a grassroots level can enable volunteers to react to changing circumstances and mobilise efficiently (Hilhorst, Hagan & Quinn, 2020; The Social Change Agency, 2017). However, humanitarians in grassroots organisations   are not

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necessarily trained professionals, which evokes questions about aid workers' preparedness to effectively deal with distressing experiences, or to understand how their moral values affect their judgements in this context.

Methodology

The present study adopted a qualitative, social constructionist approach. Participants were 7 individuals who had previously volunteered with organisations supporting displaced people in Northern France through the provision of food and non-food items. Participants were recruited initially through contacts of the NGOs working in Northern France, and using the snowball method (Salganik & Heckathorn, 2004), involving the use of existing participants to recruit others through their social networks. The inclusion criteria were that participants should be over 18 years of age, have at least one-month volunteering in the context, and have ceased field work at least six-months prior to the interview.

Participants engaged in semi-structured interviews about their experiences working with displaced people in Northern France. They were questioned about; situations that they had heard about, witnessed and participated in that conflicted with their moral values; situations in which they had to make difficult ethical or moral decisions, and; their emotional reactions to each situation. Interviews were conducted in a confidential space of the participants' choosing. Interviews were recorded and transcribed verbatim. Four participants consented to the use of transcription software.

A Contextualist Thematic Analysis (TA; Braun & Clarke, 2006) was used to analyse the data. TA is applicable to areas in which a large body of research is lacking, so is often used in exploratory studies (Braun & Clarke, 2006). All responses were coded and arranged into distinct themes, sub-themes and codes (see Table 1). Ethical approval was obtained from The School of Psychology Research Ethics Subcommittee at the University of East London. Each participant was given an information sheet and gave informed consent in writing prior to the interview. During the interview it was also made clear that they could take a break, or stop the interview at any time. Participants were also given a debrief sheet containing services that they could seek support from in the event that they felt distressed following the interview.

Results

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Four overarching themes emerged from the Contextualist Thematic Analysis. These were Impact of Others, Own Impact, Expectations and Psychosocial Outcomes. Each theme contains sub-themes, and codes (see Table 1). Many of the themes that emerged were consistent with manifestations of MI identified in previous research. There was some overlap across themes, as the outcomes in Theme 3 (Expectations) and Theme 4 (Psychosocial Outcomes) were recognised as being a result of the situations described in Theme 1 (Impact of Others) and Theme 2 (Own Impact).

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Table 1.

Themes	Sub-Themes	Codes
Impact of Others	**Impact of the Police**	Dehumanisation
		Use of Force
	Impact of Individuals	Behaviour of Volunteers
		Behaviour of Displaced People
	Institutional Impact	NGO Organisational Policies
		Deaths of Displaced People
Own Impact	**Powerlessness**	Complexities of Inter-group Dynamics
		Insufficiency
		Lack of Resources
	Power Imbalance	Privilege and Authority
		Boundaries and Inappropriate Relationships
		White Saviour Complex
	Rules	Breaking Rules
		Upholding Rules
Expectations		Conflicting with Expectations
		Consistent with Expectations
Psychosocial Outcomes	**Coping Mechanisms**	Drinking, Drugs, Smoking
		Normalising

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		Rationalising
	Change in Outlook	Trust in Institutions
		Cynicism
		Questioning Identity and Morality
		Difficulty Leaving
	Emotions and Feelings	Sadness and Depression
		Fear and Anxiety
		Guilt and Shame
		Anger and Frustration
		Stress and Burnout
		Feeling Numb

The following analysis examines participants' accounts of experiences volunteering in Northern France which transgressed their moral values or beliefs. Broadly, Themes 1 and 2 (Impact of Others and Own Impact, respectively) look at experiences which participants identified as transgressing their moral beliefs. For example, the experience of witnessing violence from police towards displaced people, or of having to refuse to give someone much needed items, such as shoes, due to lack of resources. Themes 3 and 4 (Expectations and Psychosocial Outcomes, respectively) look at participants' expectations and appraisals surrounding these experiences. For the purposes of this paper, only Themes 3 and 4 will be discussed in detail, due to the focus being on guilt and shame, and the questions around identity and morality that can stem from the experiences discussed.

Expectations (Theme 3)

Two sub-themes were identified as falling under the theme of Expectations; Conflicting with Expectations and Consistent with

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Expectations. Participants were not directly asked about the expectations they held for their experiences, so these narratives emerged without prompting. Six out of seven participants' narratives included elements that were coded under this theme. Among these six participants, four stated that their experiences conflicted with their expectations, whereas the other two participants stated that they did not. These two participants only discussed expectations through the lens of police violence.

This theme is particularly relevant as participants' expectations seemed to have had an effect on the psychosocial outcomes of the experiences discussed. For example, participants who weren't prepared for how difficult it was to provide sufficient support often reported feelings of guilt and sadness around their inability to do more. Thus, the theme of expectations is woven throughout the narratives and has the most significant overlap with the other themes.

Conflicting with Expectations

Most of the examples participants provided in their narratives about expectations related to police violence, however expectations around participants' ability to support and make positive contributions were also discussed within the narratives.

P3 - What I imagined, I guess, before I went, was working with people, all of us part of an effort together, but of course because of the dynamics in Calais, that's not possible really ... I'd had these expectations and then actually this is what I was doing.

P6 - I didn't think that the situation would be so dire in terms of not having what we needed to provide to people.

These quotes illustrate participants' desire to, and expectation that they would be able to, provide the needed support to the displaced communities in Northern France, and the realisation that this was not possible in the realities of the context. The quote from participant 3 also suggests a moral motivation for volunteering in Northern France.

Participant six explained that they had decided to volunteer based on what they had seen on TV or read about, and that their motivation for volunteering was a desire to help and to gain a deeper understanding of the situation. However, in reality they felt that they were unable to really help, as they felt that nothing improved while they were there and that members of the displaced communities that they knew "would get to England, but they were doing it all through

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their own resources". This indicates doubts around how much, or what, they were contributing and that they didn't expect to be unable to instigate change.

Some participants who had not expected the degree of police violence in Northern France, or the actions of the French and UK governments, reported experiencing changes to their worldview, and their views around systems that were meant to protect people.

P1 - I wasn't hugely prepared for the level of police brutality in Calais. And coming from a background where that wasn't necessarily something I'd had to experience and was lucky enough not to have had to experience that, suddenly being right in the coal face of it was a huge change … I think there's a general assumption in the society I grew up into that the police are there to at least protect people and it blatantly seemed that that wasn't the case at all.

P7 - I just I don't think I realised how badly people could be treated, especially not by [the state]. I think I had a bit of faith in the UK Government … I thought, we're the UK, I know we've done some bad stuff, like colonising countries, but I thought we'd take some responsibility for these people and we would do something because I liked to think that we were a nation of decent people.

Participant 1 explained that police"[prevented] volunteers from distributing food on regular occasions, sometimes quite physically, and [cleared] people's belongings and tents and [used] tear gas and excessive force against people that we'd got to know quite well and were not harmful". The above quotes demonstrate how things that had previously been assumed changed for participants, such as the expectation that police were there to protect and support people, when in the reality of participants' experiences, the police were causing harm. Participant 1 also explained that their understanding of justice, borders, trade, among other structures "[became] even more farcical", illustrating the profound changes in participant's views of many things that they had not initially expected.

Consistent with Expectations

Participants' whose expectations were consistent with their actual experience, particularly with regard to police violence, didn't report changes in identity or worldview in the same way as those whose expectations were not consistent with their experiences. These participants may have been more prepared for what they would

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experience in Northern France, so the violence they witnessed was less shocking.

P2 - Even before I went to Calais, my experiences with American police haven't been great either … The thing is, institutionalised racism is the same, especially when it comes down to people who have power over others. So maybe I've gotten more militant in that regard, but really it was just a confirmation of what I knew already.

P4 - I witnessed a lot of things that completely go against my moral stance on just the world in general ... but still not something that I was not expecting, and therefore was not a shock`.

Neither of the above participants' narratives included elements coded as Change in Outlook, apart from participant 2 reporting a general increase in cynicism. Throughout the narratives of both of the above participants, expectations were only coded in the context of the police or the state.

Psychosocial Outcomes (Theme 4)

A number of sub-themes were identified as falling under this theme; Coping Mechanisms, Change in Outlook, and Emotions and Feelings. The majority of participants discussed the coping mechanisms utilised, such as use of alcohol and drugs, normalising their experiences and rationalising their experiences. However, due to the focus of this paper, only Change in Outlook and Emotions and Feelings will be discussed in more detail.

The sub-theme Change in Outlook includes loss of trust in institutions, but also in participants' own morality, which was coded under Questioning Identity and Morality, which was reported by three participants. These concepts have parallels with previous research on the impacts of humanitarian and helping professions.

The sub-theme Emotions and Feelings includes the feelings of guilt and shame reported by participants, following experiences which caused them moral conflict. Six participants reported feelings of guilt and shame. Four provided examples related to the inherent power imbalance between aid workers and displaced people. Four provided examples related to the things they were not able to change due to insufficiency or lack of resources, or about the effects of their presence or their actions.

Questioning Identity and Morality

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Participants discussed doubts about their morality, and questions surrounding the type of person they were. The idea of identity and that humanitarian aid workers tend to be motivated by strong moral values is illustrated in how profound these doubts seemed to feel for participants.

P5 - One thing I remember really clearly after having left Calais, is just feeling like I was a horrible and immoral person.

P6 - I think that working in a situation like Calais, unless you've been in a situation like that before, I think it does ... have an effect on your morals and the way you see the world and what you thought was ethical.

Guilt and Shame

Consistent with the common understanding of moral emotions, words or terms such as guilty, ashamed, apologetic and feeling bad were often used by participants. These instances were coded as Guilt and Shame. Use of the term apologetic was coded under this sub-theme, as it insinuates a feeling of regret or remorse, which is characteristic of guilt. Guilt or shame were often associated with participants wanting to do more or to act in a different way, their inability to prevent harm to the displaced people they were supporting, or the power imbalances between them, such as participant's ability to leave Calais when the people they were supporting could not.

P1 - I remember, for a while, I really couldn't face the thought of just going travelling after Calais as well, or just like, going on a city break around Europe or wherever. Because the concept of that just seemed so alien to then the situation of the majority of people that we're working with … the guilt that you would feel about being able to go somewhere that others couldn't or being able to leave.

P6 - [I felt] incredibly guilty because it was like, I've been able to leave, but the people that I was helping for three months couldn't.

The realisation of participant 1 of "how huge that was that I [could] just pop away for a few days ... and then just go back to the camp at Dunkirk afterwards" and the guilt that followed because they were supporting people who were risking their lives to do just that, denoted the realisation of privilege of volunteers, and the power imbalances between them and the people they were supporting.

P2 - Sometimes I just [felt] like [I was] another tool of the state ... you want to help, but really, you're just oppressing them … [I felt]

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like I was doing damage to people ...that [made] me feel guilty, very guilty. Like, deeply guilty and bad, just like, I wish I could change things. Ashamed as well, in some ways.

P3 - I always felt apologetic, but that's just about our position in life relative to theirs.

The above quotes illustrate the guilt that stemmed from the impact participants felt their presence might have on displaced people and questions around how to provide the right kind of support. Prior to the above quote, participant 2 explained a situation that came up in many of the narratives, but in slightly different ways; not having enough of a crucial resource to be able to provide it to everyone. They went on to question "how do you prioritise who gets the food? That's always hard". The quote from participant 2 also demonstrates a moral motivation to be there, and the effects the reality of the situation had on them.

Discussion

Although the earliest MI research focused on military settings, more recent research spans a number of contexts and focus areas, with many parallels emerging from the research. Research in civilian settings has identified PMIEs such as restrictive historical, political, social structures or organisational policies (e.g., Schwartz et al., 2010; Nilsson et al., 2011), morally difficult decision making (Keefe-Perry, 2016), resource scarcity and barriers to satisfactory care (Hunt, 2008). MI has been associated with signs such as guilt, shame; meaninglessness, questioning identity and morality; loss of trust, depression, anxiety, or worsened pre-existing mental illness (Drescher et al, 2011).

It is argued that there is overlap between the PMIEs and signs of MI that emerged from the literature identified above and the morally transgressive experiences described in participants' narratives in the present research. For example, the analysis of the results present examples of morally difficult decision making (Keefe-Perry, 2016), resource scarcity and barriers to satisfactory care (Hunt, 2008), as well as the presence of guilt, shame and questioning of identity or morality which are characteristics of MI. The results also show that participants were exposed to ethical dilemmas over which action to take and how to prioritise support; 'inhumane' treatments towards beneficiaries, and having to readjust to a new identity when returning home, as well as psychological distress due to the impossibility, considering the level of need, of effectively contributing to a better

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quality of life for beneficiaries (Hansen, 2007; Wersig, & Wilson-Smith, 2021; Walkup, 1997). Although the present research does not provide evidence to suggest whether or not MI is present within the chosen population, it is possible to conclude, based on comparison with the literature, that some of the participants' experiences may have been PMIEs.

The sub-theme Change in Outlook, and the concepts within it, can be related to existential crises, which have been established in the literature as having a link with MI (e.g., Meagher & Pryer, 2018). Hunt (2008), among others, also identified increased mistrust and questioning of identity as some of the adverse outcomes of experiencing moral transgressions in humanitarian contexts. In the present research, participants discussed changes in their views and expectations of police from being an institution providing support, to one of violence. They also discussed feeling like a 'horrible person' and questioning whether what they were doing was 'good', which is related to questioning of identity and morality. As described by Walkup (1997), the existential need to 'do good' incurs the risk of facing existential or spiritual crisis when people's values are crushed by the actual reality. As discussed, Norman et al. (2014) described shame as stemming from a person attributing their negative contribution to an event to an idea that they are a 'bad person'.

Guilt and shame can manifest when dissonance between an individual's moral beliefs and a transgressive act is paired with negative attributions of the causes or meanings of the act (Frankfurt & Frazier, 2016). Valent (2002) also stated that empathy, combined with an inability to protect a person from harm, can lead to feelings of guilt. In the contexts discussed in the present study, guilt may have occurred as a result of a discrepancy between an individual's moral motivations or empathy for the people they were supporting, and the actual reality of the situation, especially in relation to participants' moral motivations to provide adequate support. For example, the feeling reported by participant 2 that they were "another tool of the state" by being present but not being able to provide what people needed, due to lack of resources and an inability to make real change. In a definition of moral motivation by Armstrong, Ketz, and Owsen (2003), the authors described "taking personal responsibility for moral outcomes" (p. 2). This is arguably demonstrated within the narratives in the present study, due to participants' internalisation of their experiences leading to them questioning their own identity or morality.

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A motivation to 'help' or 'do good' may go hand in hand with an expectation to be able to do so, which many participants discussed in their narratives. The idea of expectations is woven throughout the present discussion. It is suggested that participants' expectations, particularly around police violence, and around their ability to support displaced people or protect them from harm, had an effect on their psychosocial wellbeing, such as losing trust in institutions, questioning of morality and identity, and guilt and shame.

Conclusions

This paper presents a qualitative study exploring the experiences of 7 unpaid humanitarian aid workers supporting displaced people in Northern France, with a specific focus on investigating whether Potentially Morally Injurious Experiences (PMIEs; e.g., Drescher et al., 2011) were reported. Based on the results that emerged from this study, the authors argue that there is evidence of PMIEs, with explicit questioning of people's own identity and morality and the expression of guilt and shame in relation to their contribution to colonial dynamics and an inability to provide adequate support. The findings of the present paper add to the existing knowledge and research in the field of wellbeing of humanitarian aid workers. Whereas there is a substantial body of research on MI and PMIEs in other disciplines (Fenton & Kelly, 2007; Drescher et al., 2011; Hoffman et al., 2018), this study appears to be one of the first to explore these concepts in the humanitarian sector.

Based on participants' narratives, it is argued that participants' expectations had an effect on their psychosocial experiences and their wellbeing. For example, many participants held an expectation that they would be able to provide a level of support, and reported feelings of guilt, shame or doubts around their own identity or morality when they were unable to. This reinforces the argument that it is the discrepancy between the idea that it is possible to achieve one's moral motivation to support vulnerable people or to 'do good', and the actual reality, which can lead to adverse outcomes.

Some studies have explored how motivation and expectations can become more explicitly part of the criteria to recruit staff for humanitarian organisations with the idea that they can help identify staff more likely to be retained in their roles (Bjerneld et al, 2006; Albuquerque et al, 2018). From the results presented in this paper, there is evidence of how, for some participants, the original

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expectation impacted the psychological experience of volunteering and how 'unprepared' some of them seem to have been.

From an existential perspective (Frankl, 1969) humans are motivated by their 'will to meaning' and in more recent theories (Laengle, 2011) motivation is explained as a dialogical process between the individual and the environment, that implies making free and responsible, active choices, constantly encountering the inner needs with the external world. "Existential meaning is therefore what is possible here and now, on the basis of facts and reality, what is possible for me, may it be what I need now, or what is the most pressing, valuable or interesting alternative now. To define and redefine this continually is an extremely complex task for which we possess an inner organ of perception capable of reducing this complexity to liveable proportions: our sensitivity as well as our moral conscience" (Laengle, 2011, p.42).

Looking forward, it seems important to highlight the importance of carefully offering training, preparation and support for humanitarian staff, beginning at the preliminary stages and continuing through to returning home, to explore, from an existential perspective (Laengle, 2011), their motivations and expectations. This process would be fundamental not only for the purpose of assessing and monitoring the inner resources and wellbeing of staff, but also as a tool to equip them becoming more actively engaged with their expectations, choices and resilience.

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