

Moral Injury

An Introduction to the Concept – Chris Adsit

With thanks to CH Jonathan Landon, Clinical Chaplain Roseburg VA Medical Center

Working definition from the VA: Moral Injury is caused by perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations. This may entail participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others, as well as engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code.

In other words:

- When you DO or KNOW ABOUT
- Events or actions
- That violate deeply-held moral beliefs and expectations
- Resulting in lasting harm to your *shalom* (sense of peace, well-being, health)

Common Experiences that contribute to Moral Injury:

- Betrayal (leadership failures, betrayal by peers or trusted civilians)
- Failure to live up to one's own moral standards
- Disproportionate violence (mistreatment of enemy combatants, acts of revenge)
- Incidents involving civilians (destruction of civilian property, assault)
- Within-rank violence (military sexual trauma, friendly fire, fragging)

Indicators of Moral Injury:

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| • Loss of meaning | • Abandonment of religious practices |
| • Guilt/Shame | • Emotional distance from friends and family |
| • Loss of sense of reliability of the world | • Withdrawal from communication |
| • View themselves as bad people | • Distrust of authority |
| • Sense of worthlessness | • Self-sabotage |
| • Abandonment of previously held moral values | • Self-harm |

Moral Injury vs PTSD:

- | <u>Moral Injury</u> | <u>PTSD</u> |
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| • No diagnostic standard | • Diagnostic standard meticulously defined |
| • Perception of transgression | • Sense of transgression not necessary |
| • Trauma unnecessary | • Trauma is definitive |
| • <u>Guilt/Shame</u> response to transgression | • <u>Fear</u> response to danger, stress, trauma |
| • Agent of killing or failing to prevent injury | • Target of killing or injuring in war |

- Symptoms may overlap (intrusion, avoidance, numbing, etc.)
- Both MI and PTSD may be present, or only one
- Veteran may need PTSD treatment first, to clarify memory enough for moral evaluation to proceed.
- Combat guilt is the most significant predictor of both suicide attempts and suicide preoccupation (Hendin and Haas study, 1991; Maguen, Luxton et al., 2011)

Religious/Spiritual Concepts for Care:

- Group isolation/retreat
- Dispel Guilt/Fault/Blame (“Adaptive Disclosure” – imaginal exposure to core haunting combat experience; conversation with the deceased or a compassionate and forgiving moral authority.)
- Provide access to forgiveness/absolution
- Amends/atonement
- Reconciliation
- Meaningful ritual and ceremony
- Feedback from Moral/Ethical authority
- Positive involvement in:
 - Family
 - Church
 - Mental Health
 - Medical
- “I” statements instead of “You” statements
- Boundary Setting
- Communicate: “Your feelings and thoughts are important, but how you are responding to them is harmful to you and to others.”

For More Information:

- *Soul Repair*, Rita Nakashima Brock and Gabriella Lettini (Boston: Beacon Press, 2012)
- *War and the Soul: Healing our Nation’s Veterans from Post-traumatic Stress Disorder*, Edward Tick (Wheaton, IL: Quest Books, 2005)
- *Achilles In Vietnam: Combat Trauma and the Undoing of Character*, Jonathan Shay (New York: Scribner, 2002)
- *Killing from the Inside Out: Moral Injury and Just War*, Robert Meagher (Eugene, OR: Cascade Books, 2014)
- *Moral Injury in the Context of War*, http://www.ptsd.va.gov/professional/Co-occurring/moral_injury_at_war.asp
- *The Interpersonal Theory of Suicide*, Thomas E. Joiner Jr., Kimberly A. Van Orden, Tracy K. Witte, M. David Rudd (Washington DC: American Psychological Association, 2009)