

**MORAL INJURY:  
A CONCEPT EMERGING  
FROM THE CARE OF VETERANS**

Spirituality, Religion and Health Interest Group  
Hospital of the University of Pennsylvania  
January 4, 2017

Chris J. Antal  
Staff Chaplain  
Corporal Michael J. Crescenz VA Medical Center  
(Philadelphia)

# Objectives

- Develop empathy for veterans who experience hidden wounds and moral conflict
- Begin to distinguish PTSD from moral injury
- Recognize the clinical construct of PTSD and moral injury and criticism of it
- Appreciate the contribution chaplains can make in reframing and addressing moral injury
- Educate the community about their responsibility (1) in creating the conditions for moral injury and (2) to restore the broken social contract



Masks by veterans, photographs by Lynn Johnson  
<http://www.nationalgeographic.com/healing-soldiers/>

# How do we name this unique type of suffering?

Soldier's Heart?

Shell Shock?

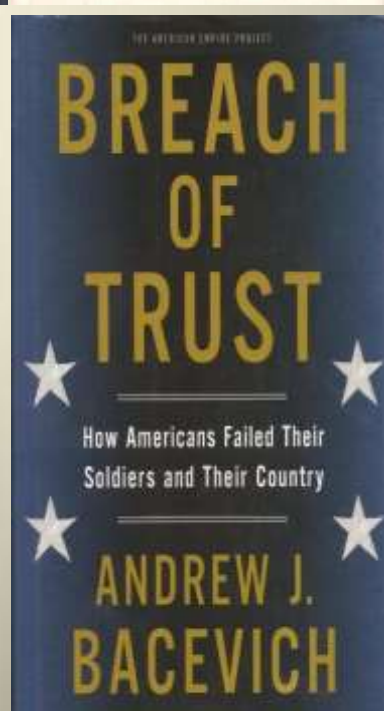
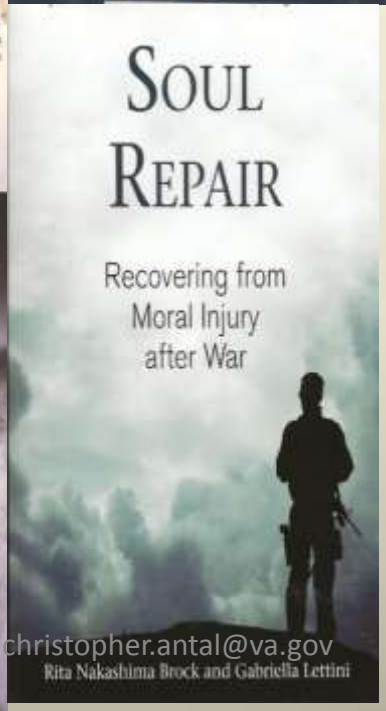
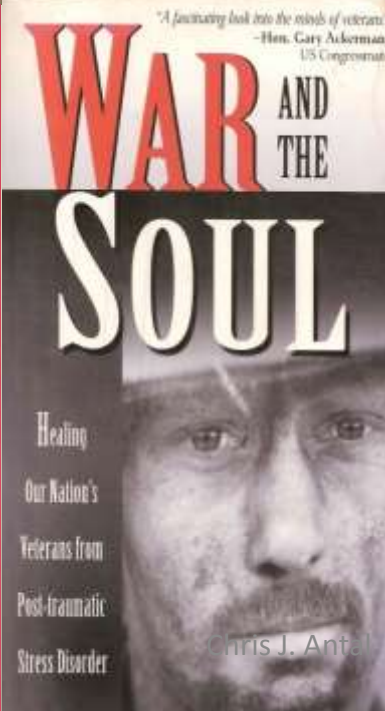
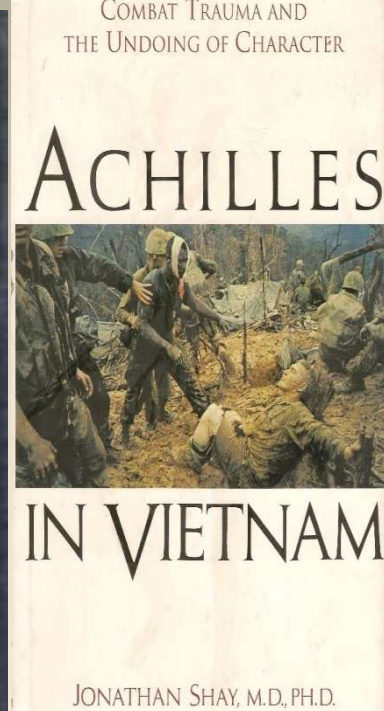
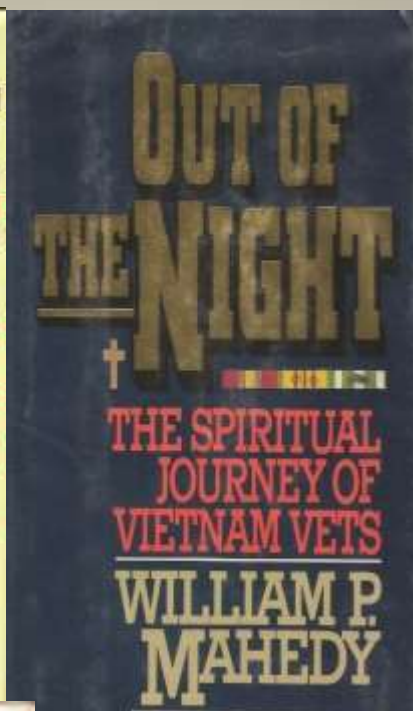
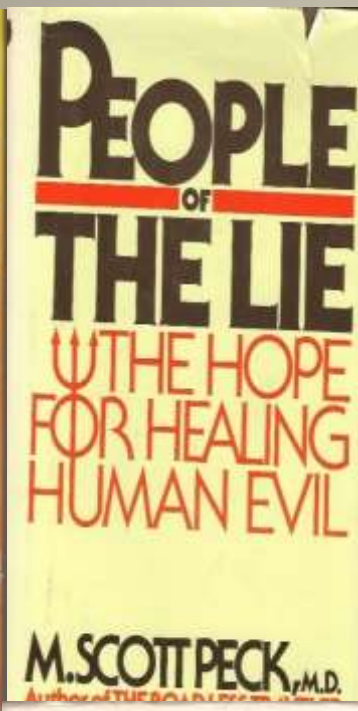
Battle Fatigue?

Moral Pain?

PTSD?

Soul Wound?

**Moral Injury?**



## “Moral Injury”:

*A clinical construct developed by VA psychiatrists and psychologists operating within a medical model of diagnosis and treatment.*

## Disclaimer

*I am a chaplain  
(not a psychiatrist or psychologist)  
and I operate  
from a different set of assumptions*



# The Clinical Construct

## MORAL INJURY

Jonathan Shay, MD, PhD  
*Colrain, Massachusetts*

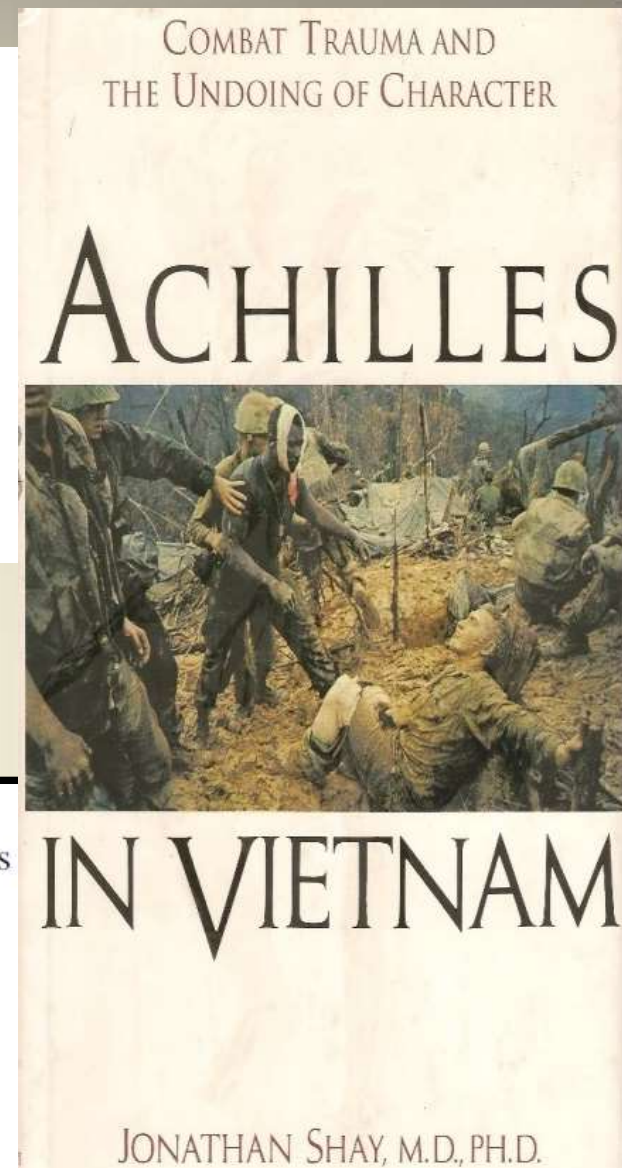
this is not the place to go into that further.

Here's my version of moral injury, derived from my patients' narratives  
Homer's narrative of Achilles in the *Iliad*. Moral injury is:

- A betrayal of what's right.
- by someone who holds legitimate authority (e.g., in the military—a leader).
- in a high stakes situation.

All three.

The nature and importance of moral injury first crystallized for me from Homer's *Iliad*, resulting in a little didactic article on taking a decent combat history that appeared in the *Journal of Traumatic Stress* (Shay, 1991). This then evolved into the book *Achilles in Vietnam* (Shay, 1994). The narrative of Achilles in this poem is a story of moral injury.





# The Clinical Construct

## Most Valid Open-Ended Definition

- *The lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations*
- We do not know what “the syndrome” is
- We do not know its prevalence
- Betrayal has emerged as an important theme

## Moral Injury and Moral Repair

Brett Litz  
National Center for PTSD  
VA Boston Healthcare System  
Boston University



# The Clinical Construct

A number of clinician-researchers, among them Brett Litz, Shira Maguen, and William Nash, have done an excellent job of describing an equally devastating second form of moral injury that arises when a service member does something in war that violates their own ideals, ethics, or attachments (See Figure 1.). The DSM diagnosis, Posttraumatic Stress Disorder (PTSD), does not capture either form of moral injury. PTSD nicely describes the persistence into life after mortal danger of the valid adaptations to the real situation of other people trying to kill you. However, pure PTSD, as officially defined, with no complications, such as substance abuse or danger seeking, is rarely what wrecks veterans' lives, crushes them to suicide, or promotes domestic and/or criminal violence. Moral injury—both flavors—does.

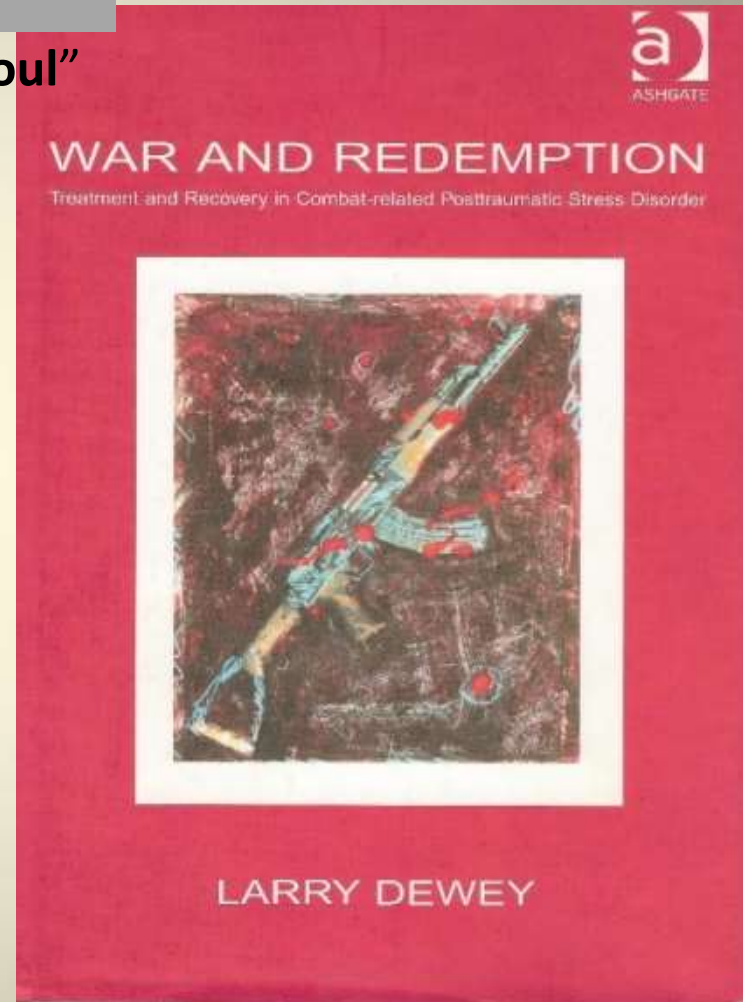
Jonathan Shay, MD, PhD  
*Colrain, Massachusetts*

# The Clinical Construct

## “Breaking the Geneva Convention of the Soul”

- Seeing and committing acts that result in civilian casualties.
- “Friendly fire” incidents. Killing one’s own men.
- Killing while filled with hate, rage, or something like elation.
- “Battlefield Justice”: Vigilante actions in the context of war. This includes both acting as a vigilante and permitting or condoning the actions of others who do so.

*War and Redemption* (2004), p. 74.



# The Clinical Construct

*Clinical Psychology and Psychotherapy*

*Clin. Psychol. Psychother.* 22, 54–63 (2015)

Published online 10 September 2013 in Wiley Online Library (wileyonlinelibrary.com). DOI: 10.1002/cpp.1866

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Assessment

## *Initial Psychometric Evaluation of the Moral Injury Questionnaire—Military Version*

Joseph M. Currier,<sup>1,2\*</sup> Jason M. Holland,<sup>3</sup> Kent Drescher<sup>4</sup> and David Foy<sup>5</sup>

<sup>1</sup>Psychology Department, University of South Alabama, Mobile, AL, USA

<sup>2</sup>Fuller Theological Seminary, Graduate School of Psychology, Pasadena, CA, USA

<sup>3</sup>Department of Psychology, University of Nevada, Las Vegas, Las Vegas, NV, USA

<sup>4</sup>National Center for PTSD, VA Palo Alto Healthcare System, Menlo Park, CA, USA

<sup>5</sup>Graduate School of Psychology, Pepperdine University, Encino, CA, USA



# The Clinical Construct

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## Assessment

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<sup>3</sup>Department of Psychology, University of Nevada, Reno

<sup>4</sup>National Center for PTSD, VA Palo Alto Health Care System

<sup>5</sup>Graduate School of Psychology, Pepperdine University

#### *Moral Injury Questionnaire*

Table 1. Descriptive statistics for Moral Injury Questionnaire—Military

#### MIQ item

- (1) Things I saw/experienced in the war left me feeling betrayed or let-down by military/political leaders
  - (2) I did things in the war that betrayed my personal values
  - (3) There were times in the war that I saw/engaged in revenge/retribution for things that happened
  - (4) I had an encounter(s) with the enemy that made him/her seem more 'human' and made my job more difficult
  - (5) I saw/was involved in violations of rules of engagement
  - (6) I saw/was involved in the death(s) of an innocent in the war
  - (7) I feel guilt over failing to save the life of someone in the war
  - (8) I had to make decisions in the war at times when I didn't know the right thing to do
  - (9) I feel guilt for surviving when others didn't
  - (10) I saw/was involved in violence that was out of proportion to the event
  - (11) I saw/was involved in the death(s) of children
  - (12) I experienced tragic war-zone events that were chaotic and beyond my control
  - (13) I was sexually assaulted
  - (14) I sometimes treated civilians more harshly than was necessary
  - (15) I felt betrayed or let-down by trusted civilians during the war
  - (16) I saw/was involved in a 'friendly-fire' incident
  - (17) I destroyed civilian property unnecessarily during the war
  - (18) Seeing so much death has changed me
  - (19) I made mistakes in the war zone that led to injury or death
  - (20) I came to realize during the war that I enjoyed violence
- Average item score

\* $p < .001$ .



# The Clinical Construct

## Domains of Morally Injurious Experiences

- acts of betrayal (by peers, leadership, civilians, self);
- acts of disproportionate violence inflicted on others;
- incidents involving death or harm to civilians;
- violence within military ranks (including rape)
- inability to prevent death or suffering;
- ethical dilemmas/moral conflicts.

Source: Currier and colleagues.

# Critique of Clinical Construct

**Moral injury is [a] clinical construct [within] the structural constraints of contemporary psychology ...**

**[we need to ] rescue moral injury from the medical model and the means-end logic of *techne* [with] something like moral theology ... embodied in specific communal practices [that] can allow for truthful, contextualized narration of and healing from morally fragmenting combat experiences.**

- Warren Kinghorn, “Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury,” *Journal of the Society of Christian Ethics*, vol. 32 no. 2, 2012, pp. 57-74.

Karl  
Menninger, M.D.

WHATEVER  
BECAME  
OF SIN?  
SIN?

“Moral Theology”:  
*how one is to act*

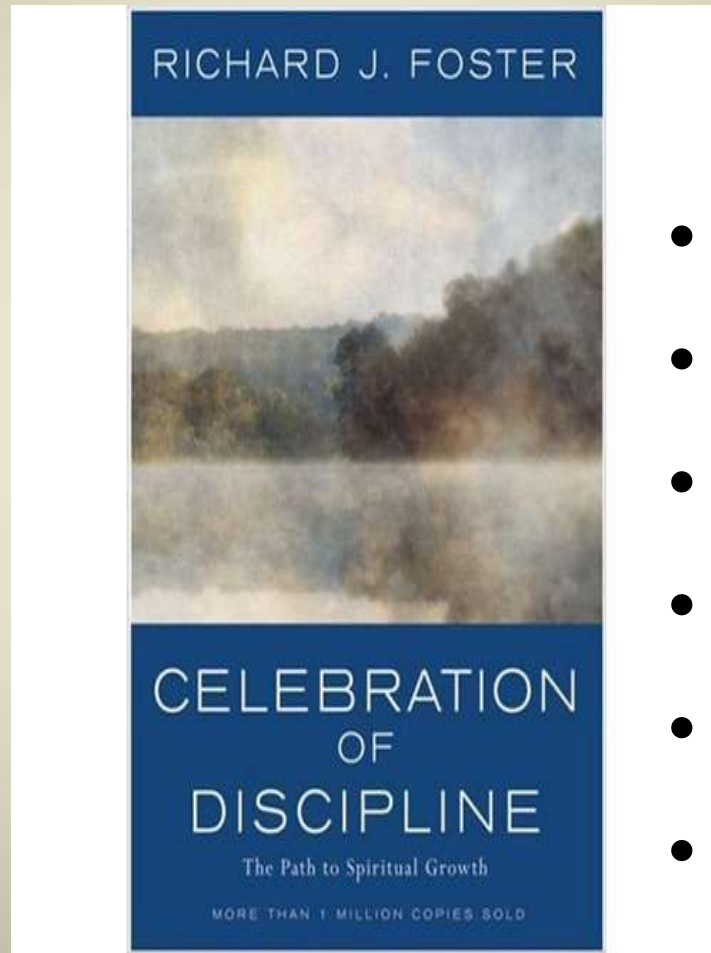
“Communal Practices”:  
the spiritual disciplines  
that help us discern  
“how one is to act”



# Spiritual Disciplines:

The means of discerning “how one is to act”

- **Fasting**
- **Prayer**
- **Meditation**
- **Study**
- **Service**
- **Simplicity**



- **Solitude**
- **Submission**
- **Guidance**
- **Confession**
- **Worship**
- **Celebration**

Moral Values:  
the compass for determining  
“how one is to act”

# Moral Values

- Compassion
  - Fairness
  - Honesty
  - Respect
  - Responsibility
- (Rushworth Kidder)

TAKING ACTION WHEN YOUR  
VALUES ARE PUT TO THE TEST

## MORAL COURAGE

FACE MORAL DILEMMAS HEAD-ON  
—  
KNOW THE STAKES BEFORE YOU ACT  
—  
LIVE YOUR VALUES WITH INTEGRITY

RUSHWORTH M. KIDDER  
AUTHOR OF *HOW GOOD PEOPLE MAKE TOUGH CHOICES*

# Moral Dilemmas

- Truth versus loyalty
- Individual versus community
- Short term versus long term
- Justice versus mercy

(Kidder)

# Critique of Clinical Construct

## PTSD

“pathologizes the veteran”

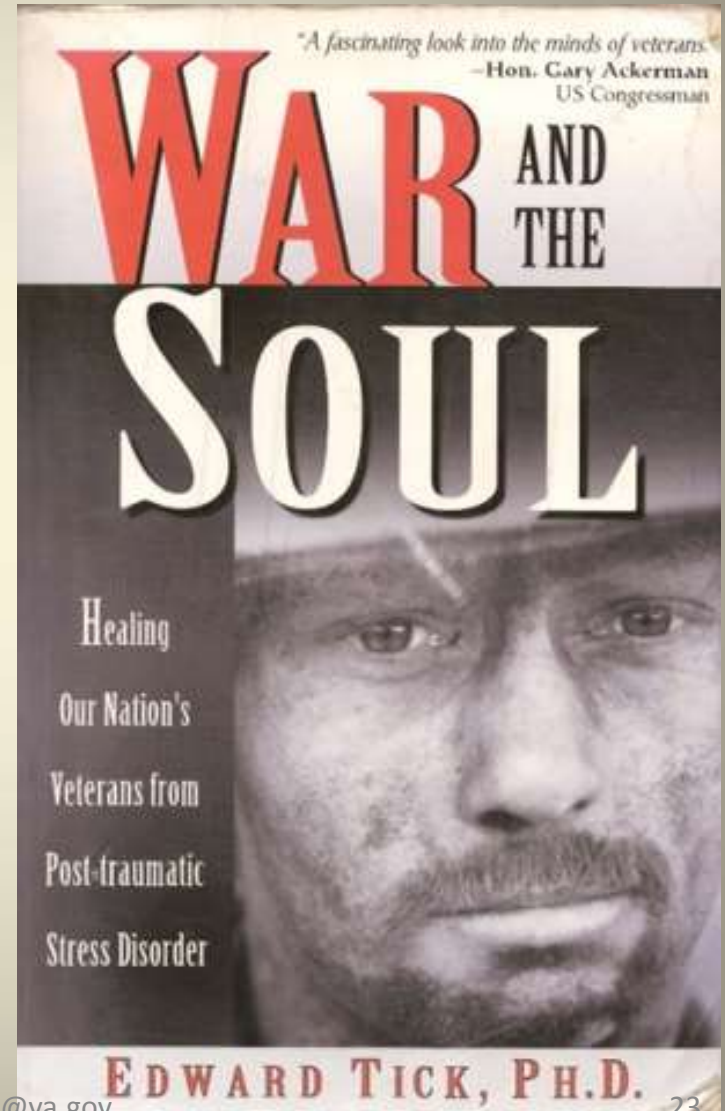
## Moral Injury

“disguises the reality”

- Soul Wound
- Post Traumatic

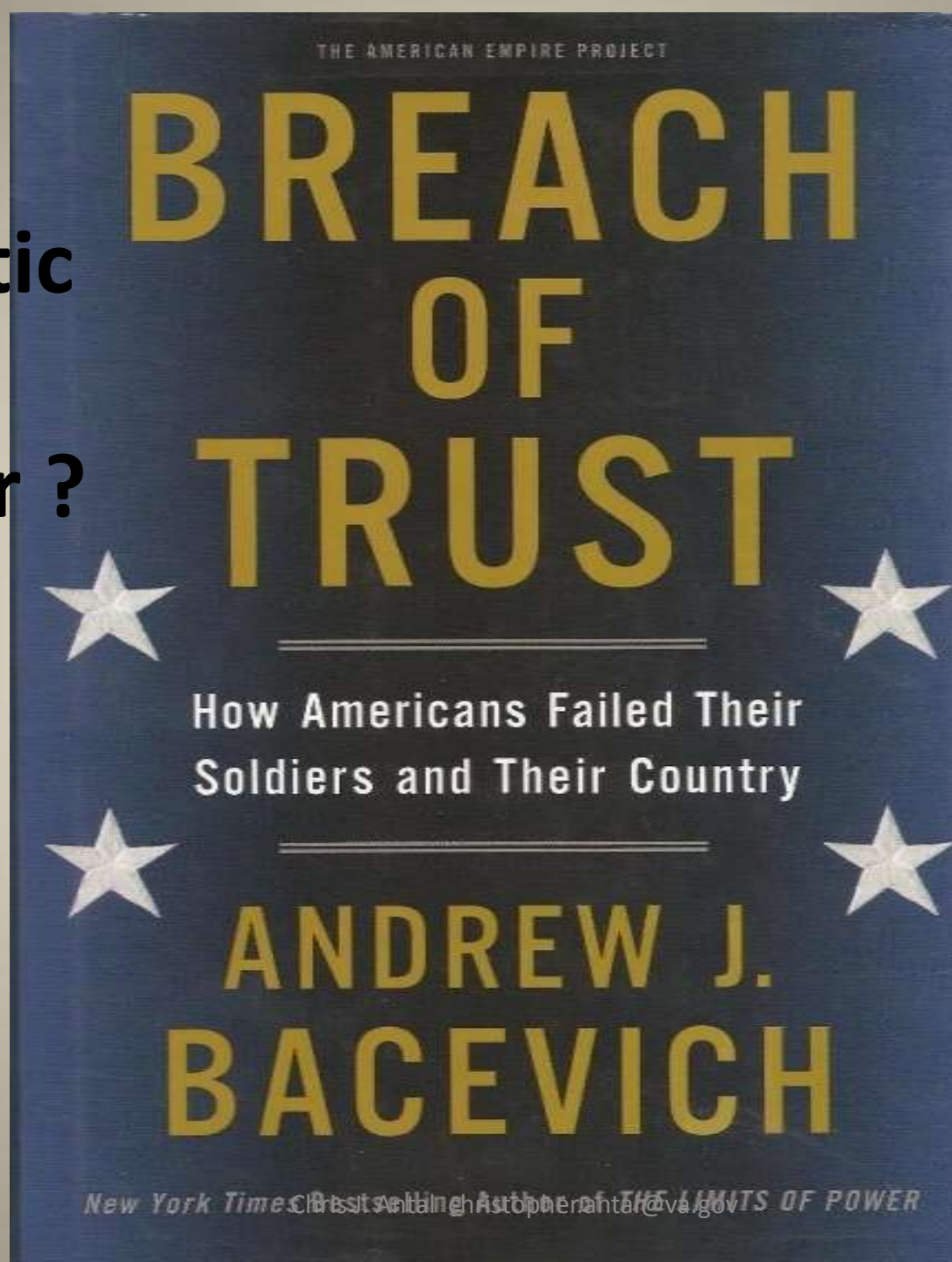
## Soul Distress

- Post Traumatic
- ## Social Disorder

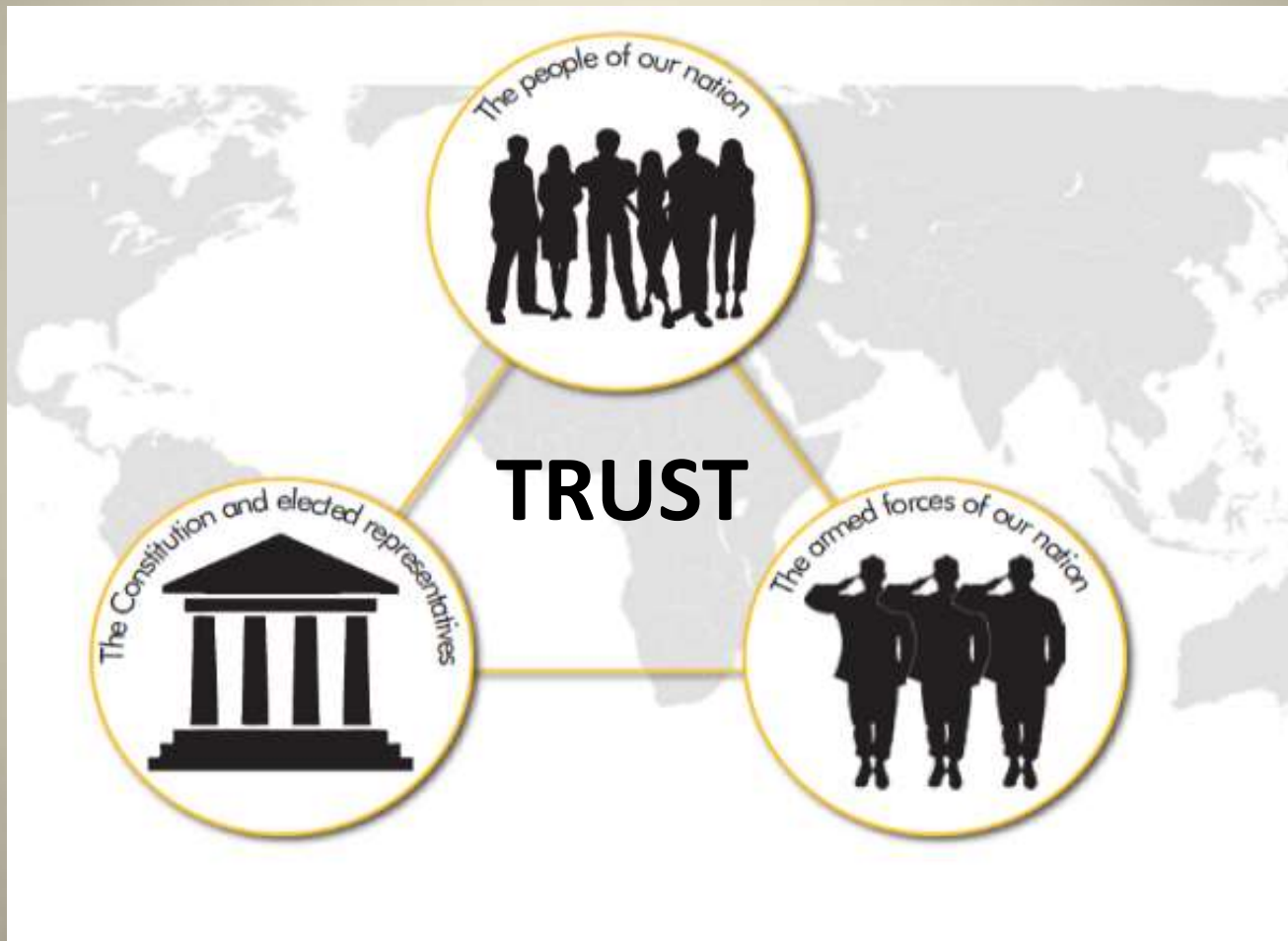




Post  
Traumatic  
Social  
Disorder ?



# The Social Contract that Frames Civil-Military Relations in the U.S.



Source: Center for Army Profession and Ethic, West Point, NY

# Breach of the Social Contract

- Unlimited Liability (willing to kill and die)
- Taking the Oath = entering a relationship of Sacred Trust with Society
- Society is obligated to use the military well (righteous cause and noble purpose)
- veterans can feel abused, abandoned, betrayed or violated by the very country, people and leaders to whom they had offered their faith, trust and lives = MORAL INJURY

# Moving Beyond the Clinical Construct

Dewey resorts to expressions like “sin, confession, mercy, forgiveness, redemption and love,” adding:

“I have struggled with my use of the word redemption. I have tried to use words like recovery or healing instead but they don’t express fully what my patients have experienced and expressed to me.” (p. 187)



**Post  
Traumatic  
Soul  
Distress?**

The best response  
to “Moral Injury”  
may not be  
“Treatment”  
or “Healing” or “Therapy”  
But *Tending*,  
*Redemption, Reconciliation*  
and *Atonement* in Community



# THE NEW YORKER



**Atonement** by Dexter Filkins

*A troubled Iraq veteran seeks  
out the family he harmed*



Left: Margaret Kachadoorian and her only surviving child, Nora, in Glendale, California. Margaret's husband and two sons were killed by U.S. marines in Iraq in 2003. Right: Lu Lobello, a former marine in the company that opened fire on the family. Credit Photographs by Andrea Bruce / NOOR

# The Case of Angelito .

## What happened:

A soldier presented himself to this chaplain in Afghanistan as a last resort. He had tried medications, anger management, therapies and substance abuse but nothing would relieve him from the haunting nightmares and searing shame. He wanted peace and was considering suicide. He agreed to enter into a relationship of care and trust with this chaplain and disclosed a critical incident that had occurred in a previous deployment three years prior to this encounter: His convoy had fired upon a vehicle and watched the driver bleed to death in front of his family while children screamed and the soldiers shouted obscenities and made rude gestures. Angelito was a trained medic yet he did nothing to help and remained silent about the incident thereafter.

Reflecting on his past actions, Angelito said his father had taught him the story of the good Samaritan and told him to “be that man.” He said, “I did the exact opposite. I betrayed my true self. I am a monster.”



# The Case of Angelito

## Analysis

- ✓ Seeing and committing acts that result in civilian casualties
- ✓ Killing while filled with hate, rage, or something like elation
- ✓ acts of disproportionate violence inflicted on others
- ✓ inability to prevent death or suffering
- ✓ ethical dilemmas/moral conflicts – truth/loyalty, short term/long term
- *“Should I stop, render aid, and perhaps save a life and restore local trust even though I might put myself and my comrades at greater risk in the short term, or should we ignore the mess we just made and move on?”*
- *“Should I tell the truth and report what really happened through the chain of command so the victims get the respect of a formal investigation and a fair chance at reparations or should I lie to protect my comrades and avoid innocent suffering?”*
- ✓ Violation of core values: compassion, honesty, responsibility, fairness & respect
- ✓ Betrayal: “We should not have even been over there.”



# The Case of Angelito.

## What happened:

This chaplain guided Angelito to write a song and dedicate it to the man he had helped kill. He wrote the song, "Driving By as I Watched You Bleed," as both a confession and a petition to God and the deceased: "please forgive me for the things I've done." He performed the song for a worshipping community on a Sunday morning. The community provided a safe and accepting space for him to experience grace and forgiveness. He later reported that the nightmares had ceased and his relationship with the dead man had changed from a haunting phantom to a directing conscience. His core emotions shifted from maladaptive shame to appropriate adaptive and empathy-enabling guilt for real harm done. He also reported increased gratitude. To the dead man: "Thank you for being there in my life. Thank you for reminding me of who I can become and who I need to be."










# The Case of Angelito.

## Analysis

The chaplain utilized spiritual disciplines to tend this “morally injured” soldier: confession, prayer, guidance, and worship. In doing so Angelito was able to move from moral disengagement to moral engagement. This involved telling it like it is, accepting responsibility, attending to harmful outcomes, and humanizing the person he had dehumanized. In the process he experienced redemption, reconciliation, and atonement. This case reveals the limits of the treatment model and illustrates that “recovery” from “moral injury” happens in community. This case suggests fuller “recovery” would require restorative justice for all perpetrators and victims of the violent incident, or at least symbolic acts of reconciliation as demonstrated in the above case of Lu Lobello and the Kachadoorians. Fuller “recovery” would also require an honest moral reckoning by legitimate authority: *who sent us there and why did they really send us?*

# Mechanisms of moral disengagement and engagement

Moral disengagement		Moral engagement
Pseudo-moral justification		Principled moral arguments
Euphemistic labeling		Telling it like it is
Advantageous comparison		Identifying better alternatives
Displacement/diffusion of responsibility		Moral agency/accepting responsibility
Misrepresenting, minimizing or disregarding consequences		Attending to negative consequences
Blaming the victim		Exonerating or pardoning the victim
Dehumanizing or demonizing the other		Humanizing the other

Adapted from Albert Bandura (2002) "Selective Moral Disengagement in the Exercise of Moral Agency" *Journal of Moral Education*, Vol. 31, No. 2, 101-119, by Kathie Malley-Morrison and Pat Daniel.



Military training often results in moral disengagement. Bandura says, “High moral disengagers experience low guilt over injurious conduct” (2002, 115). Moral injury is not a personality disorder but rather a wound suffered by a conscientious moral agent [and is] best understood as moral engagement with the harsh reality of war and killing. A veteran who remains morally disengaged never returns home.

Chris J. Antal and Kathy Winings, “Moral Injury, Soul Repair, and Creating a Place for Grace,” 110 *Religious Education* (2015). 384-385. DOI:10.1080/00344087.2015.1063962

Addressing “moral injury”  
in the context of the  
Philadelphia VA  
through interdisciplinary  
collaboration between  
chaplains and psychologists  
and community partnerships



DEPARTMENT OF VETERANS AFFAIRS  
Corporal Michael J. Crescenzo  
VA Medical Center  
West of Franklin Avenue  
Philadelphia, PA 19104

January 3, 2017

# Sample Welcome Letter

Dear fellow veteran:

Welcome to our VA! I'd like to introduce our Chaplain Service and a new group I help lead.

As an Army chaplain before, and now as a VA chaplain, I've often heard people tell me "I left my soul over there" or "I've lost my moral compass." Many veterans reflect on their time in uniform and feel pride, yet others struggle with more negative emotions like guilt, shame, resentment, abandonment, disgust, and rage. This is understandable, considering the military manages violence and often kills people. Even when violence is authorized and necessary, people of character can experience moral pain or crisis of conscience.

The VA is a safe place to care for these invisible struggles and injuries. Chaplains tend invisible wounds by providing spiritual care, as desired or requested by the veteran. The VA defines *spiritual* as that which is related to the "Spirit of Life." *Spirituality* can refer to "that which gives meaning and purpose in life," or, more specifically, "the practice of a philosophy, religion, or way of living."

Killing is not the only source of moral pain. Invisible wounds may occur as a result of an event caused by self, or an event beyond our control that damages our relationship with self, others, or God (for persons of faith), and alienates us from that which gives meaning to life. We may have experienced a betrayal of what is right, especially by someone in trusted authority. We may have perpetrated, failed to prevent, witnessed, or learned about acts that violate deeply held beliefs, values, or religious teachings.

If you seek support in tending invisible wounds, or have religious or spiritual struggles or moral concerns, then chaplains are available for confidential meetings. Chaplains provide, together with staff psychologists, a 12-week moral injury group that meets Mondays at 2pm. Our next group starts January 23. If you wish to take advantage of these opportunities for restoration and growth please contact me. Most of all, I wish you peace and wellness on your journey.

Sincerely,

Chris J. Antal, M.A., M.Div.

Clinical Staff Chaplain / Post-Deployment Transition Team

(215) 823-5814 – Chaplain Service

## Moral Injury Group

*Hypothesis:*

Veterans need a fundamental change in their perception of self: from self as patient, or “sick person,” or victim, in need of “treatment” or “help” to self as survivor and self as *prophet* who leads and promotes change with messages and actions which convey the displeasure of God for the behavior of people.

On veterans as prophets see William P. Mahedy, *Out of the Night: The Spiritual Journey of Vietnam Vets* (New York: Ballantine Books, 1986), 178.

## Moral Injury Group

*Hypothesis (continued):*

*Prophetic* veterans face painful circumstances in order to discover through moral engagement their values and wisdom, shape their philosophy of life, nurture spiritual development, and build their adaptive capacity as “wounded healers” and “moral witnesses.”

On wounded healers see Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (Garden City, NY: Doubleday, 1972), 88-89; on moral witness see Avishai Margalit, *The Ethics of Memory* (Cambridge: Harvard University Press, 2002), especially chapter 5, “The Moral Witness,” 147-182.

## Moral Injury Group

*Hypothesis (continued):*

Veterans who speak prophetically provide adaptive leadership by “influencing the community to face its problems.” As moral witnesses to painful circumstances they promote “deep remembering” in order “to clarify values, and change attitudes, beliefs and behavior.” Such leadership transforms systems and corrects social disorder.

On adaptive leadership see Ronald A. Heifetz, *Leadership Without Easy Answers* (Cambridge: Harvard University Press, 1994), 4, 14; on deep remembering see Geiko Müller-Fahrenholz, *The Art of Forgiveness: Theological Reflections on Healing and Reconciliation* (Geneva: WCC Publications, 1997), 36-39, 46-48.

# Moral Injury Group

## *Rationale:*

In addition to the need for PTSD symptom reduction or management, some veterans with traumatic stress symptoms struggle with moral and/or spiritual injuries as well as religious and ethical questions or conflicts that are not addressed adequately by most groups or treatment models.



## Moral Injury Group

### *Rationale:*

Some veterans seek an opportunity to better understand their service within a moral and spiritual framework. Issues of morality often invoke a relational, communal, and social context in which these issues need to be understood. This group integrates resources from both Behavioral Health and Chaplain Services as well as community partnerships and culminates in a public ceremony.

## Moral Injury Group

### *Background:*

The group in Philadelphia is an adaptation of a group currently run by Brandon Bryant and Ethel Bamberg-Revise at the Salisbury, NC VAMC. The group is informed by Edward Tick's books *War and the Soul* and *Warrior's Return* as well as other sources cited in this presentation.

## Moral Injury Group

### *Objective:*

This group addresses combat-related moral injury in a process-oriented and experiential design. The group addresses the context of military service, and the practice of compassion for self and others, while engaging moral emotions such as guilt, shame, pride, and gratitude.

## Moral Injury Group

### *Objective:*

The primary objective is post-traumatic growth, in terms of increased self-forgiveness, greater moral engagement, compassion, increased social support and connection to others, and the reduction of PTSD symptoms. The growth sought is both within the veterans and in the larger systems and communities of which they are a part.

## Moral Injury Group

- Six combat veterans
- Co-facilitated by chaplain and psychologist
- 90 minutes/week X 12 weeks
- Met at VA Community Living Center
- Community Healing Ceremony
- Pre and Post Group Assessments

Patient Health Questionnaire (PHQ-9) -depressive symptoms

Schwartz Outcome Scale (SOS-10) -life satisfaction

Self-Compassion Scale Short Form (SCS-SF)

Religious Spiritual Struggles Scale (RSS)

Post Traumatic Growth Inventory Short Form (PTGI-SF)

# Key Concepts Explored in Group

- Post Traumatic Growth (Patient to Prophet)
- Moral Injury
- Moral Values
- Moral Dilemmas
- Moral Disengagement/engagement
- Trust/Social Contract
- Spiritual Disciplines
- Compassion and Forgiveness



The Moral Injury Group Presents  
**Community Healing Ceremony**

A Service of Reconciliation for Veterans and Civilians



Masks by veterans, photographs by Lynn Johnson, <http://www.nationalgeographic.com/healing-soldiers/>

**4:30 PM • Monday • December 5 • 2016**

Heroes Chapel • The Corporal Michael J Crescenzo VA Medical Center

**Reception to Follow**

Hosted by Peter Yeomans, Staff Psychologist, & Chris Antal, Staff Chaplain

## Order of Service

### Music for Gathering

**Song** "Inner City Blues" (Marvin Gaye)

### Welcome & Introductions

### Responsive Reading

CHAPLAIN

VETERANS [standing] : We want to come home. We want to share our wisdom and our pain. We want to teach and lead our people in the ways of peace.

CHAPLAIN

CIVILIANS [standing]: Yes, we are willing. We want you to come home. We want to do better. We want to learn. We want to carry our fair share of the burden.

CHAPLAIN

VETERANS [seated] Yes, this is our story.

CIVILIANS [seated] We honor your story.

CHAPLAIN

VETERANS [seated] Yes, this is our story.

CIVILIANS [seated] We let you down. We are sorry. We will do better. Teach us how. Help us learn. What can we say, what can we do, to make a difference?

### Veterans Share the Burden

### Bell Sound

### Reconciliation Circle

*Civilians who choose to participate should gather at the front of the chapel and speak these words to our veterans:*

We sent you into harm's way. You were willing to go for me, for my family, for our nation.

We put you into situations where atrocities were possible.

We asked you to be willing to do the unthinkable, to commit the unspeakable, to bear the unbearable.

We lament. We grieve. We confess our culpability and our complicity:

For lives lost. For resources wasted and misused. For pain suffered and inflicted. For the earth scorched, contaminated, and made uninhabitable. For families broken, communities devastated, trust betrayed, and souls wounded.

We share responsibility with you: for all that you have seen; for all that you have done; for all that you have failed to do.

We affirm our duty to care, seek understanding, and change.

We lift up the burden from your shoulders and carry it with you. You are not alone. We are companions on this journey. Welcome home.

### Water Cleansing Ritual

### Closing Words

**Song** "A Change is Gonna Come" (Sam Cook)

### Music for Departure

*Please complete the questionnaire and stay for the reception.*

**Thank you for attending the Community Healing Ceremony.**

# The Community Gathers in Sacred Space



Chaplain Chris J. Antal (center) opens a community departure ritual for soldiers deploying to Afghanistan at the Holy Trinity Retreat Center in El Paso, Texas, in September 2012. Civilians and veterans attended to offer gifts, blessings and support. Photograph by CPT Leticia Ortiz.



# Veterans & Civilians Perform Live Music



# Veterans Share the Burden & Offer Guidance





# Bell Sound & Silence





# Reconciliation Circle with Confession & Healing Touch



# Water Cleansing Ritual



Chaplains provide a closing ritual to the ceremony inviting all attendees to wash their hands and recite these words from Psalms 51:

**“Create in me a clean heart, Oh God, and renew a right spirit within me.”**

## Response from Mental Health Clinicians who participated in the Ceremony

[the group] created a space for community and for healing. A real testament to their deep commitment to the Veteran community and a beautiful demonstration of interprofessional collaboration.

\*

Thank you for facilitating a beautiful ceremony. I found it to be incredibly powerful.

\*

The ceremony was indeed very moving and a tribute to the hard work the Veterans had done in your group. I have so much respect for how you both developed this genuine experience of healing – each Veteran clearly felt safe and empowered to do only what felt right to them. Thank you for inviting us to participate. It was an honor.

\*

I've never experienced anything like that. For too long we have just focused on prolonged exposure therapy. I'm very glad I went. The breadth of our work has expanded greatly.

\*

I wanted to be there. The sharing of responsibility. They alone are not responsible. We sent them. We are responsible. The sharing of role and responsibility, the blurring of lines from patient to doctor to more shared responsibility, that was especially moving.

## Response from Civilians who participated in the Ceremony

Hearing from vets was powerful- It hit on core of vet's pain  
The Ceremony allowed for healing - Very inspirational  
I was humbled by the raw honesty of our veterans

[This ceremony evoked] sadness, grief, discomfort, compassion, empathy, desire to share in ongoing healing, feel responsible, want to know what else we can do.

[I learned] Civilians have a responsibility we aren't fulfilling. We need to do more.  
To be more understanding of vets pain. Vets are suffering  
We are same but very different. There is a distance between us.  
Why vets mask their pain. They are afraid civilians won't give a damn  
We are responsible for each other.

[I discovered the moral impact of war] runs deep & effects ripple out;  
Guilt vets feel for killing people; the Deep, deep wound and how it murders the soul.

Everybody loved the music



## Outcomes of Moral Injury Group Participants (n = 5)

At this point the participant pool is too small to demonstrate any reliable change. However, initial outcomes are promising.

Patient Health Questionnaire:

- **Most reported no change or slight decrease in depressive symptoms;**

Schwartz Outcome Scale:

- **All reported greater life satisfaction;**

Self-Compassion Scale Short Form:

- **Most reported more self compassion;**

Religious Spiritual Struggles Scale:

- **Most reported fewer religious struggles;**

Post Traumatic Growth Inventory Short Form:

- **All reported more posttraumatic growth.**

All participants were glad they joined the group, found that the experience surpassed their expectations, and said they would recommend it to their peers.



At the final group meeting the chaplain presented the group with a dish of engraved stones and asked everyone to select a word that captured what the group has meant to them and what they will carry going forward on their journeys.