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
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.


- 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.

The Clinical Construct

Clinical Psychology and Psychotherapy
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Assessment

Initial Psychometric Evaluation of the Moral Injury Questionnaire—Military Version

Joseph M. Currier,¹,²* Jason M. Holland,³ Kent Drescher⁴ and David Foy⁵

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⁴ National Center for PTSD, VA Palo Alto Healthcare System, Menlo Park, CA, USA
⁵ Graduate School of Psychology, Pepperdine University, Encino, CA, USA
The Clinical Construct

Assessment

Initial Psychometric Evaluation: Injury Questionnaire—Military

Joseph M. Currier,1,2* Jason M. Holland3
1 Psychology Department, University of South Alabama
2 Fuller Theological Seminary, Graduate School of Psychology
3 Department of Psychology, University of Nevada, Reno
4 National Center for PTSD, VA Palo Alto Healthcare System
5 Graduate School of Psychology, Pepperdine University

Moral Injury Questionnaire

Table 1. Descriptive statistics for Moral Injury Questionnaire—Military

<table>
<thead>
<tr>
<th>MIQ Item</th>
<th>Average Item Score</th>
<th>p &lt; .001</th>
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<tbody>
<tr>
<td>(1) Things I saw/experienced in the war left me feeling betrayed or let-down by military/political leaders</td>
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<tr>
<td>(2) I did things in the war that betrayed my personal values</td>
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<td>(3) There were times in the war that I saw/engaged in revenge/retribution for things that happened</td>
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<td>(4) I had an encounter(s) with the enemy that made him/her seem more ‘human’ and made my job more difficult</td>
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<tr>
<td>(5) I saw/was involved in violations of rules of engagement</td>
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<tr>
<td>(6) I saw/was involved in the death(s) of an innocent in the war</td>
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<tr>
<td>(7) I feel guilt over failing to save the life of someone in the war</td>
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<td>(8) I had to make decisions in the war at times when I didn’t know the right thing to do</td>
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<tr>
<td>(9) I feel guilt for surviving when others didn’t</td>
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<td>(10) I saw/was involved in violence that was out of proportion to the event</td>
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<td>(11) I saw/was involved in the death(s) of children</td>
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<tr>
<td>(12) I experienced tragic war-zone events that were chaotic and beyond my control</td>
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<tr>
<td>(13) I was sexually assaulted</td>
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<tr>
<td>(14) I sometimes treated civilians more harshly than was necessary</td>
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<tr>
<td>(15) I felt betrayed or let-down by trusted civilians during the war</td>
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<tr>
<td>(16) I saw/was involved in a ‘friendly-fire’ incident</td>
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<tr>
<td>(17) I destroyed civilian property unnecessarily during the war</td>
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<tr>
<td>(18) Seeing so much death has changed me</td>
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<tr>
<td>(19) I made mistakes in the war zone that led to injury or death</td>
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<tr>
<td>(20) I came to realize during the war that I enjoyed violence</td>
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*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 can allow for truthful, contextualized narration of and healing from morally fragmenting combat experiences.

Karl Menninger, M.D.

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

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

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.

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

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.

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.”

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.

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

Heroes Chapel • The Corporal Michael J Crescenz VA Medical Center

Reception to Follow

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

4:30 PM • Monday • December 5 • 2016

Chris J. Antal christopher.antal@va.gov
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

Citizens 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.
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
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.