

“I’ve come to strongly believe...that moral injury is an essential part of any combat trauma that leads to lifelong psychological injury.”

***—Jonathan Shay, M.D., Ph.D.
Achilles in Vietnam: Combat Trauma and the Undoing of Character***

MORAL INJURY

Chaplain Robert A. Price, D.Min., BCC

The information, views and opinions I am presenting to you today are mine alone from personal experience and do not necessarily represent the views of the Department of Veterans Affairs, the federal government or any of its components.

DISCLAIMER

Participants whom are themselves trauma survivors, and/or others whom are not accustomed to discussing combat trauma and combat-related events, may find some of the discussion triggering, troubling, and/or disturbing. Participant discretion is advised.

*****TRIGGER ALERT*****



© DANNY QUIRK ARTWORK

Clinical Definitions and Case Examples

WHAT IS MORAL INJURY?

“I fear I am no longer alien to this horror.

I am, I am, I am the horror.

I have lost my humanity
and have embraced the insanity of war.

The monster and I are one.

So I dance, the dance of warriors.

Amidst decaying corpses and forsaken loved ones,
I dance.

I have feasted upon their flesh and with their blood have quenched
my thirst.

The blood of innocents forever stains my soul!
The transformation is complete, and I can never return.

Mea culpa, mea culpa, mea maxima culpa.”

—*Vietnam Veteran*

EVOLVING DEFINITION OF MORAL INJURY

- Moral Injury has been around as long as there have been humans and trauma
 - Moral Injury is a rapidly evolving subject, and is where PTSD was in the 1960's-1970's
-

EVOLVING DEFINITION OF MORAL INJURY

- Shay (1995) a “betrayal of what’s right”
 - As early as 1985, research is indicating that the PTSD construct may be insufficient to adequately or appropriately encompass all of the experiences and subtleties of injuries that diagnosed individuals were experiencing
-

EVOLVING DEFINITION OF MORAL INJURY

Litz et al (2009), "...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. We also consider bearing witness to the aftermath of violence and human carnage to be potentially morally injurious."

EVOLVING DEFINITION OF MORAL INJURY

Litz et al (2015), “ ‘Moral injury’ is a term used to describe a syndrome of shame, self-handicapping, anger, and demoralization that occurs when deeply held beliefs and expectations about moral and ethical conduct are transgressed. It is distinct from a life threat insofar as it is also not inherently fear-based; rather, during war, moral injury can arise from killing, perpetration of violence, betrayals of trust in leaders, witnessing depraved behavior, or failing to prevent serious unethical acts (Nash, 2007). Separable from life-threatening trauma and complicated grief reactions, moral injury also requires a shift in thinking about care.”

EVOLVING DEFINITION OF MORAL INJURY

Jinkerson (2016) Moral Injury Syndrome Definition

(1) Phenomenologically, moral injury represents a particular trauma syndrome including psychological, existential, behavioral, and interpersonal issues that emerge following perceived violations of deep moral beliefs by oneself or trusted individuals (i.e., morally injurious experiences). These experiences cause significant moral dissonance, which if unresolved, leads to the development of its core symptoms.

(2) Its core symptomatic features are

- (a) Guilt
- (b) Shame
- (c) spiritual/existential conflict including subjective loss of meaning in life (or questioning of meaning in life), and
- (d) a loss of trust in self, others, and/or transcendental/ultimate beings.

EVOLVING DEFINITION OF MORAL INJURY

Jinkerson (2016) Moral Injury Syndrome Definition

(3) Its secondary symptomatic features include:

- a) Depression
- b) Anxiety
- c) Anger
- d) Re-experiencing of the moral conflict
- e) Self-harm (i.e., suicidal ideation/behavior, substance abuse, self-sabotage), and
- f) Social problems (e.g., social alienation, other interpersonal difficulty).

(4) It is likely that core symptomatic features influence the development of secondary symptomatic features.

EVOLVING DEFINITION OF MORAL INJURY

Jinkerson (2016) Moral Injury Syndrome Definition

(5) For moral injury to be identified, the following criteria must be present:

- a) history of morally injurious event exposure,
- b) guilt, and
- c) at least two additional symptoms, which may be from either the core or secondary symptomatic feature lists.

MORAL INJURY CONSTRUCT SUMMARY

- **Acts of Commission:** When a person does something that he/she thinks is “wrong” or should not have been done. This action could have occurred while following an order, been a “spur-of-the-moment” decision, or even an unavoidable action to defend one’s own life.
- **Acts of Omission:** When a person does NOT do something that he/she thinks was the “right” thing to do or should have been done. Survival guilt is an example, as persons often think they “should have died” with or instead of others.
- **Witnessing Atrocities:** When a person sees acts of or the aftermath of atrocities. Handling human remains or witnessing real-time acts of wartime violence (even remotely over video) would also be exemplar of this aspect.

MORAL INJURY CONSTRUCT SUMMARY

- **Betrayal by Authority:** When a person thinks that the authority figures made the “wrong” decisions, often costing loss of life.
- **Betrayal by Community:** When the community to which a person belongs does not treat them or act in the “right” way, betraying their trust, resulting in a loss of trust of other people. Military units, branch, etc.
- **Betrayal by Society:** When the society to which a person belongs does not receive or regard them in the “right” way, betraying their trust, resulting in a loss of trust of society, the nation, the government, etc.

MORAL INJURY CONSTRUCT SUMMARY

- **Ethics Damage:** When a person's sense of right and wrong is permanently altered as a result of having violated a personal code of ethics, or sense of right and wrong. An example would be when a person becomes apathetic to issues that would strongly affect the average "man on the street," such as acts of violence and witnessing suffering.
- **Personal Identity Damage:** When a person's view of self is altered, especially when "wrong" actions and behaviors become labels and identity, rather than the person's good character or strengths defining them. Often, a sense of belief in personal goodness is lost. Examples would be "crazy," "killer" or "murderer," "bad person," or "sick."
- **Shame and Guilt:** The person experiencing MI will suffer debilitating, functionally life-affecting shame and guilt.

Clinical Similarities and Differences

PTSD AND MORAL INJURY

PTSD AND MORAL INJURY

Post-Traumatic Stress Disorder

- External threat
- Threat to life and physical safety
- Anxiety, hypervigilance
- Fear-based

Moral Injury

- Internal threat
 - Threat to sense of self, personal identity, values, goodness
 - Guilt and Shame, depression
 - Shame-based
-

PTSD AND MORAL INJURY

Post-Traumatic Stress Disorder

- Diagnosed as a “Disorder,” it is a stress injury
- Added to DSM-III in 1980
- Response to Life-Threat Trauma, threat of death or serious harm
- Veterans can have PTSD even if not in combat (MST, body processing, etc)
- DSM 5 added criterion for diagnosis

Moral Injury

- Not yet an official diagnosis, it is a different type of holistic injury
- Not yet in DSM
- Response to violation of values, “what’s right” (Shay)
- Veterans can have Moral Injury even if not in combat and without PTSD
- Moral Injury would be in Criterion D

IS MORAL INJURY A SEPARATE
ISSUE FROM PTSD,
OR SHOULD IT BE INCLUDED WITHIN
THE MILIEU OF PTSD?

MORAL INJURY AS A SEPARATE ISSUE

Vargas et al, in a 2013 study, concluded that the need for a separate paradigm, the moral injury construct, was indicated based upon their research. They write,

“these findings advocate for the idea that it is necessary to expand the current conceptualization of combat trauma to include MI. Many of the themes fall outside the purview of the diagnostic criteria for PTSD, thus indicating that unique sets of reactions to traumatic experiences exist, including those that occur when a person’s moral framework has been violated. In this way, this study serves as further evidence of the construct validity of MI, and highlights the need for a bio-psycho-social-spiritual model to address injuries related to moral and ethical dilemmas faced by combat veterans.”

MORAL INJURY WITHIN PTSD

Per my most recent conversation with Dr. Bill Nash at a conference in April 2018, he and Dr. Brett Litz's team currently support including Moral Injury within the PTSD framework.

Significant Underlying Factor driving Addictions?

ADDICTIONS AND MORAL INJURY

ADDICTIONS AND MORAL INJURY

Research consistently supports a link between trauma and addictions.

Morally injured persons are traumatized persons. It is very likely that these persons will turn to process and substance addictions as a coping mechanism.

Most Significant Factor in Veteran Suicides?

SUICIDE AND MORAL INJURY

SUICIDE AND MORAL INJURY

In 2015, an average of **20.6** active-duty Service members, non-activated Guard or Reserve members, and other Veterans died by suicide each day.

6.1 of these were Veterans who had recently used VHA services (and only **3** of the 6 were utilizing Mental Health Services).

SUICIDE AND MORAL INJURY

In 2015, Veterans accounted for **14.3** percent of all deaths by suicide among U.S. adults and constituted **8.3** percent of the U.S. adult population (ages 18 and up).

In 2010, Veterans accounted for **16.5** percent of all deaths by suicide and represented **9.6** percent of the U.S. adult population.

SUICIDE AND MORAL INJURY

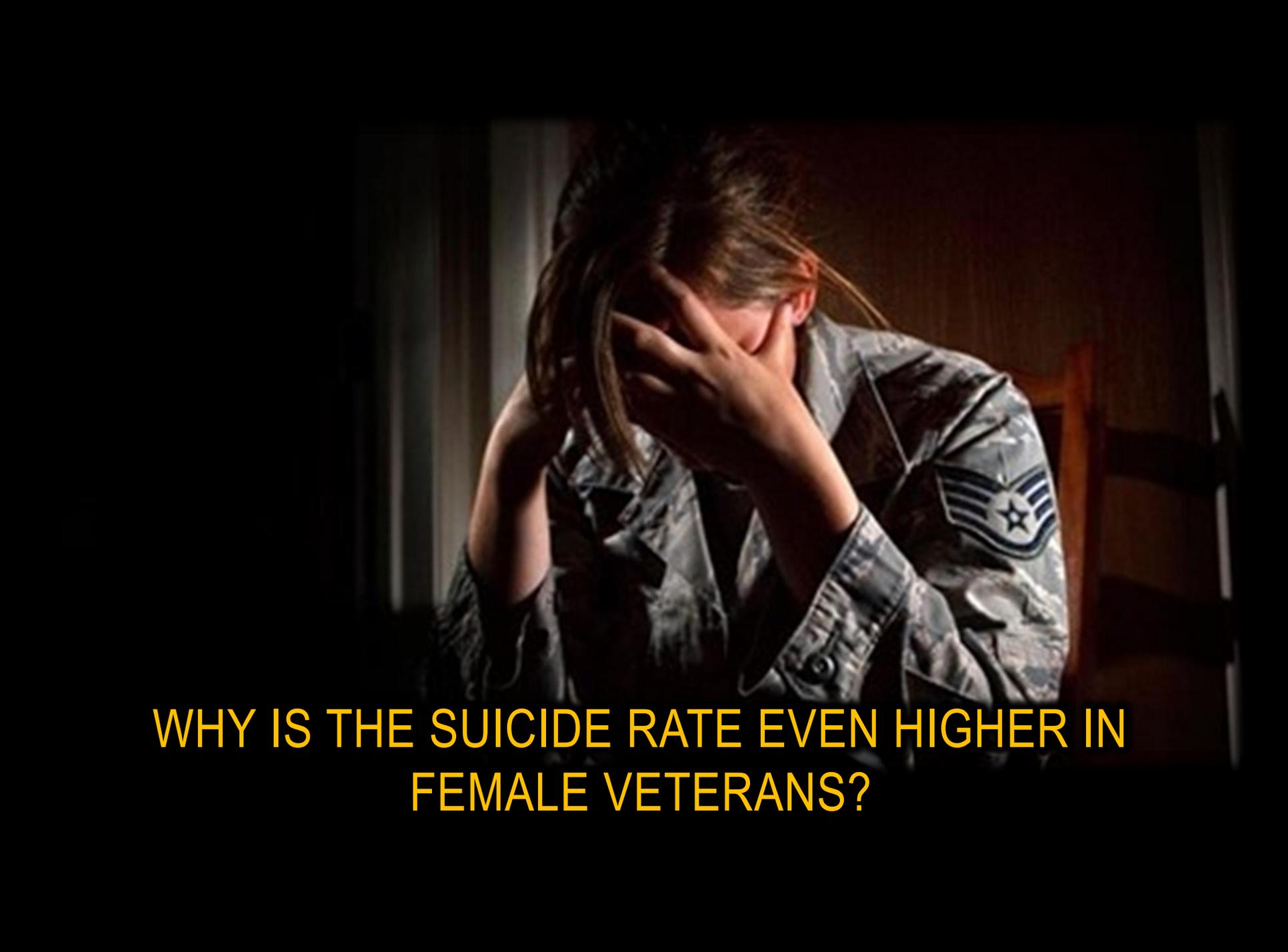
After adjusting for differences in age, the rate of suicide in 2015 was **2.1** times higher among Veterans compared with non-Veteran adults.

SUICIDE AND MORAL INJURY

After adjusting for differences in age, the rate of suicide in 2015 was **1.3** times higher among male Veterans compared with non-Veteran adult men and **2.0** times higher among female Veterans compared with non-Veteran adult women.

OLD

WHY IS THE SUICIDE RATE HIGHER IN VETERANS?

A female veteran in a military uniform is shown in a state of distress, covering her face with her hands. The uniform features a sergeant's rank insignia on the sleeve. The scene is dimly lit, emphasizing the emotional weight of the subject.

**WHY IS THE SUICIDE RATE EVEN HIGHER IN
FEMALE VETERANS?**

SUICIDE AND MORAL INJURY

In my experience, veterans expressing suicidal ideations were most often processing shame/guilt related symptoms.

Additionally, female veterans were most often survivors of Military Sexual Trauma or other sexual trauma.

What can we do to help Morally Injured Veterans?

TREATMENT OPTIONS

Tragically, the moral injuries of modern warriors have been virtually ignored or disregarded by the conventional therapeutic community...ethical concerns are clinically irrelevant and that “autonomous man” ought feel no guilt “nor bite of conscience” for his actions. Focusing, instead, upon stress and trauma, most moral symptoms presented by the returning warriors are either not taken seriously or assimilated under the diagnostic umbrella of Post Traumatic Stress Disorder. Consequently, the veterans receive the signal that an inability to “forget,” to put the war behind them, is either weakness or, perhaps worse, illness. Accordingly, veterans are advised to ignore what has occurred, to “de-responsibilize,” i.e., to neutralize their feelings by accepting the “naturalness” of their behavior on the battlefield, or to undergo a myriad of conventional therapies (psychoanalytic, behavioral, pharmacological, etc.) intended to enable them to deal with the stress and/or trauma of their experiences. In either approach, moral considerations are irrelevant.

—Camillo C. Bica, PhD

“A Therapeutic Application of Philosophy. The Moral Casualties of War: Understanding the Experience.”

CURRENT MORAL INJURY TREATMENT OPTIONS

- PTSD “Gold Standard” treatments:
 - Cognitive Processing Therapy (CPT)
 - Prolonged Exposure (PE)
 - Moral Injury Tailored Treatments:
 - Adaptive Disclosure
 - Impact of Killing (IOK) Groups
 - Building Spiritual Strengths
 - Mental Health Groups and Spirituality Groups
 - Chaplain/MH Provider Co-facilitated Groups
 - DOD Line Leadership-VA Chaplain Collaborative Meeting late April 2017
-

CURRENT TREATMENT CONTROVERSIES

- Do CPT and PE treatments exacerbate Moral Injury?
 - Acceptance of atrocities is NOT an appropriate goal
 - The survivor may NOT need to alter his/her thinking
 - More exposure may mean more shame/guilt
 - Cognitive Processing Therapy (CPT)
 - Gray et al (2017) found CPT to be ineffective, and perhaps harmful
 - Wachem et al (2017) pushed back, detailing “misperceptions” about CPT for Moral Injury
 - Chaplains or “imaginary benevolent moral authority”
-

CURRENT MORAL INJURY TREATMENT OPTIONS IN SOUTH DAKOTA

- Sioux Falls VAHCS:
 - Chaplain-led Building Spiritual Strengths
 - Individual MH Care

 - VA Black Hills HCS:
 - Individual MH Care
 - Individual Clinical Chaplain Care
 - Chaplain/MH Provider Co-facilitated Groups or Chaplain-led MI Group coming soon at inpatient domiciliary facility in Hot Springs
-

**COLLABORATION
IS NEEDED**



• Refer Veteran to VA

- The **24/7 Veterans Crisis Line (VCL)** provides immediate access to mental health crisis intervention and support. Veterans call the national suicide prevention hotline number, **1-800-273-TALK (8255)** and then “Press 1” to reach highly skilled responders trained in suicide prevention and crisis intervention.

- VCL also includes a chat service and texting option.

• Free Mobile Apps to Help Veterans and their Families

- VA has deployed a suite of 13 award-winning mobile apps to support Veterans and their families with tools to help them manage emotional and behavioral concerns.

• Telephone Coaching for Families of Veterans

- Coaching Into Care (www.va.gov/coachingintocare) assists family members and friends in helping a Veteran seek care. *Coaching Into Care* provides a motivational “coaching” service for family and friends of Veterans who see that a Veteran in their life needs help. Coaching involves helping the caller figure out how to motivate the Veteran to seek services. The service is free and provided by licensed clinical social workers and psychologists.

WHAT TO DO

QUESTIONS?

