# Moral Injury and Moral Repair: Overview of Constructs and Early Data

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# First Questions

- What role, if any, should concepts of ethics and morality play in military and veterans health science and practice?
- What gaps in our current understandings of psychological trauma might be filled by the construct of **moral injury**?
- Does the phenomenology of **moral injury** differ significantly from that of trauma and loss?
- Should treatments targeting **moral injury** be substantially different from those that target fear-based trauma and loss?

# What Is Missed By Current Conceptions of PTSD?

| | PTSD | Moral Injury |
|---|---|---|
| Triggering Event (A1 Criterion) | Actual or threatened death or serious injury | Acts that violate deeply held moral values |
| Individual's role at time of event | Victim or witness | Perpetrator, victim, or witness |
| Predominant painful emotion (A2) | Fear, horror, helplessness | Guilt, shame, anger |
| Reexperiencing (B Criteria)? | YES | YES |
| Avoidance or numbing (C Criteria)? | YES | YES |
| Physiological arousal level (D Criteria)? | YES | NO |
| What necessity is lost? | Safety | Trust |

See: Litz B.T, Stein N., Delaney E., Lebowitz L., Nash W.P., Silva C., & Maguen S. (2009). Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clinical Psychology Review,* doi:10.1016/j.cpr.2009.07.003.

# Clip From the Movie, "Thin Red Line"

# Moral Injury Scenarios Written by Marine Squad Leaders

- As you are greeted by a village elder outside his home, machine gun fire erupts from a second floor window, killing one of your Marines and injuring another. As you hit the deck, the elder pleads with you, “Don’t shoot, Don’t shoot! My family is in there!”
- A Marine handler of bomb-sniffing dogs is asked to train other Marines in your squad in his special skill set. One of his first pupils, while handling a dog on his own, fails to spot an IED that kills his best friend in the squad.
- Your squad is approached at a checkpoint by an Afghan woman holding a young boy with a badly infected leg wound. The boy is dying. Your request for a CASEVAC is denied. You must send the woman and her son away to seek care at a local Afghan hospital.

# Moral Injury: Ancient Roots

- ***Miasma:*** Ancient Greek concept of moral defilement or pollution, often resulting from unjust killing

  "What can I do? Where can I hide from all this and not be found?
  What wings would take me high enough? How deep a hole would I have to dig?
  My shame for the evil I have done consumes me…
  I am soaked in blood-guilt, polluted, contagious…
  I am a pollutant, an offense to gods above."

  **— Herakles in Euripedes' *Herakles* (424 BCE)**

- **Mortal Sin:** Judeo-Christian concept of moral transgression, often involving mortal violence

  "Cain said to the Lord, 'My punishment is greater than I can bear!
  Today you have driven me away from the soil, and I shall be hidden from your face;
  I shall be a fugitive and a wanderer on the earth, and anyone who meets me may kill me.'"

  **— Cain, after slaying Abel, in Genesis 4:13-14 (NSV)**

# Moral Injury: Phenomena in Modern Warfighters & Veterans

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- **American Civil War:** Soldiers' journals and letters revealed enduring guilt and paranoia for atrocities (Dean, 1997)
- **World War II:** Guilt among aircrews for bombing civilians (Grinker & Spiegel, 1945)
- **Post-Vietnam Syndrome** (Friedman, 1981):
  - Guilt over surviving, killing (especially civilians), and brutality
  - Rage over perceived betrayal and scapegoating by leaders, society
- **"Moral Injury" and the "undoing of character":** Enduring psychosocial impairment in Vietnam veterans due to violations of "what is right" by figures of authority (Shay, 1995, 2002)
- **The psychological "burden of killing"** (Grossman, 1995)

# Atrocities and Killing: Research

- Witnessing or perpetrating **atrocities** (disproportionate or inappropriate violence) increases risk for:
  - PTSD (e.g., Bekham, Feldman, & Kirby, 1998; Yehuda et al., 1992)
  - Misconduct (Booth-Kewley et al., 2010)
  - Post-deployment violence (Hiley-Young et al., 1995)
  - Suicidal behavior (Sareen et al., 2007)
- **Killing** increases risk for PTSD, post-deployment violence, and substance abuse in:
  - Vietnam era veterans (Maguen et al., 2009)
  - OIF/OEF veterans (Maguen et al., 2010)
- **Guilt** mediates between warzone violence and PTSD, depression, and other psychopathology (Marx et al., 2010)

# Moral Injury: Four Working Definitions

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"Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Litz et al., 2009)

"Disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave in a just and ethical manner, brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular acts that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others." (Drescher et al., in press)

"Betrayal of what's right by someone who holds legitimate authority in a high-stakes situation." (Shay, 2010)

"Stress resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations." (Nash et al., in press)

# Qualitative Study of Mental Health and Religious Professionals

- Drescher K. D., Foy D. W., Kelly C., Leshner A., Schutz K., & Litz B. T. (in press). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology.*
- Structured interviews of 23 professionals with experience working with OIF/OEF service members and veterans
- Four domains of questions:
  - How do professionals view the construct of moral injury?
  - What war-zone experiences are most associated with moral injury?
  - What are the signs and symptoms of moral injury?
  - What intervention strategies might be most helpful?

# Drescher and Colleagues' Findings

- All respondents endorsed the validity of moral injury as a construct distinct from PTSD and other disorders
- Contributing events:
  - Betrayals by leaders, trusted peers, or oneself
  - Disproportionate violence or revenge
  - Harming civilians or civilian property
- Signs and symptoms:
  - Misconduct, violence, and other disciplinary problems
  - Social alienation, alienation from self
  - Loss of faith, loss of meaning
- Intervention approaches: diverse psychological, social, and spiritual recommendations

# Lifetime Potentially Traumatic Events in Infantry Marines (N=1036)

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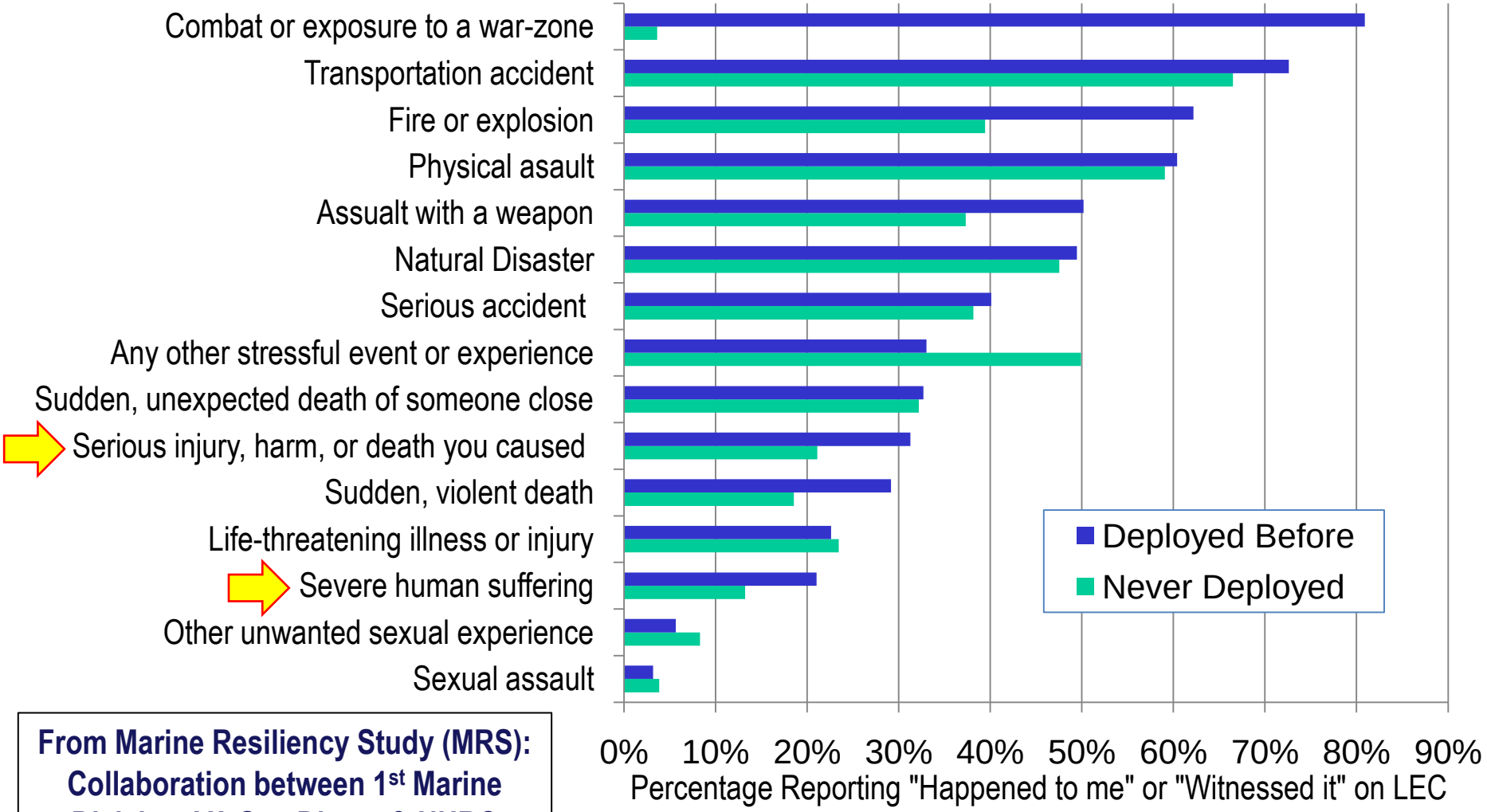
## Life Events Checklist (LEC) at pre-deployment baseline




**From Marine Resiliency Study (MRS): Collaboration between 1st Marine Division, VA San Diego, & NHRC**

# MRS MI EVENTS SCALE

INSTRUCTIONS: Please circle the appropriate number to indicate how much you agree or disagree with each of the following statements regarding your experiences **at any time since joining the military**.

| | STRONGLY AGREE | MODERATELY AGREE | SLIGHTLY AGREE | SLIGHTLY DISAGREE | MODERATELY DISAGREE | STRONGLY DISAGREE | |
|---|---|---|---|---|---|---|---|
| 1. I saw things that were morally wrong. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 2. I am troubled by having witnessed others' immoral acts. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 3. I acted in ways that violated my own moral code or values. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 4. I am troubled by having acted in ways that violated my own morals or values. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 5. I violated my own morals by failing to do something that I felt I should have done. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 6. I am troubled because I violated my morals by failing to do something that I felt I should have done. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 7. I feel betrayed by leaders who I once trusted. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 8. I feel betrayed by fellow service members who I once trusted. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 9. I feel betrayed by others outside the U.S. military who I once trusted. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 10. I trust my leaders and fellow service members to always live up to their Core Values. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 11. I trust myself to always live up to my own moral code. | 1 | 2 | 3 | 4 | 5 | 6 | |
| 12. I am having difficulty accepting the death of one or more fellow service members. | 1 | 2 | 3 | 4 | 5 | 6 | 7 NO DEATHS |
| 13. I am having difficulty accepting the death of someone outside the military. | 1 | 2 | 3 | 4 | 5 | 6 | 7 NO DEATHS |
| 14. I am having difficulty accepting the serious injury of one or more fellow service members. | 1 | 2 | 3 | 4 | 5 | 6 | 7 NO INJURIES |

# "Unethical Behaviors" In Iraq: Army MHAT Reports, 2006-2007

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*Table 3: Adjusted Percents for Male, E1-E4 Soldiers in Theater 9 Months.*

| Unethical Behavior Variable | Percent Reporting One Time or More | | p-value |
|---|---|---|---|
| | MHAT IV 2006 | MHAT V 2007 | |
| 1. Insulted and/or cursed non-combatants in their presence. | 34.6% | 33.0% | 0.403 |
| 2. Damaged and/or destroyed private property when it was not necessary. | 10.9% | 13.6% | 0.054 |
| 3. Physically hit/kicked a non-combatant when it was not necessary. | 5.3% | 6.1% | 0.377 |
| 4. Members of my unit "modify" the Rules of Engagement in order to accomplish the mission. | 10.0% | 7.4% | 0.024 |
| 5. Members of my unit "ignore" the Rules of Engagement in order to accomplish the mssion. | 5.7% | 4.3% | 0.107 |

U.S. Army Mental Health Advisory Team Report (MHAT-V), 14 Feb 08

# In-Theater Unethical Behavior vs. Mental Health Symptoms

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*Table 4: Adjusted Percents for Male, E1-E4 Soldiers in Theater 9 Months who Report Being Outside the Wire 24 Hours a Week.*

| | Positive for Mental Health Problem | | |
|---|---|---|---|
| Unethical Behavior Variable | No | Yes | p-value |
| 1. Insulted and/or cursed non-combatants in their presence. | 26.5% | 48.4% | 0.00 |
| 2. Damaged and/or destroyed private property when it was not necessary. | 9.9% | 19.1% | 0.00 |
| 3. Physically hit/kicked a non-combatant when it was not necessary. | 3.8% | 10.2% | 0.00 |

U.S. Army Mental Health Advisory Team Report (MHAT-V), 14 Feb 08

# Peritraumatic Behavior Questionnaire (PBQ), Self-Report, vs. PTSD Status

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Figure 1. Percentages responding Very or Extremely True to each PBQ-SR item in PTSD-positive (N=127) and PTSD-negative (N=144) groups

# Challenges For Treatment of Moral Injury

- It may be difficult for patients to tell therapists about shame-producing MI events (e.g., atrocities, enjoying killing)
- It may be difficult for therapists to hear these events
- Traditional exposure treatment, alone, may not be helpful (patient my feel safe, but intensely ashamed and guilty while recounting events and responses in treatment)
- Therapists are not moral authorities (how can we decide when blame or self-blame is distorted vs. warranted)
- There are few therapeutic tools available to overcome the greatest obstacle to healing in MI: **forgiveness**
- Compassion toward self and others may be nearly incompatible with the warrior ethos

# "Adaptive Disclosure" (AD): A New Combat-Specific CBT

- Brief, individual CBT with specific assessments & interventions for fear-based trauma, loss, and moral injury
- "Hot cognitive processing": combines exposure and cognitive restructuring
- Manualized and embedded in Marine Corps culture
- Six to eight 90-minute sessions
- Focus of treatment shifts session to session based on expressed content and affect
- Pilot begun at Camp Pendleton in 2007
- RCT comparing AD to CPT now funded by CDMRP

# Adaptive Disclosure (AD): Pilot Data

- 56 Marines enrolled so far in six-session AD
  - 26 completers, 15 in process
  - 10 drop-outs (less than 30% average for CBT); 2 relocated
  - 3 released as inappropriate for AD
- 20 of 26 completers responded to satisfaction questionnaire
  - 100% agreed or strongly agreed that intervention was helpful
  - 80% agreed or strongly agreed that AD helped resolve problems
  - 56% agreed or strongly agreed that treatment was long enough
- Pre–post measures (N=26)
  - Mean PCL dropped from 60.0 to 49.8 (Cohen's d = .87)
  - Mean PHQ-9 dropped from 14.6 to 11.4 (Cohen's d = .75)
  - Mean PTCI dropped from 122.8 to 104.0 (Cohen's d = .84)

# The Role of Community in Moral Injury

- Moral injury involves a violation of a socially defined moral contract or covenant
- Community (family, church, military organizations, nation) establishes shared moral standards
- Example: consider what the rate of moral injury might have been in the German Wehrmacht during WWII, even those who participated in extermination camps

# The Role of Community in Moral Repair

- Moral Repair requires reconstruction of damaged moral covenants and trust
  - Making amends
  - Asking and accepting forgiveness
- Community leaders (in family, church, military organizations, nation) are responsible for social justice as an adjunct to moral repair
- Moral authorities may have unique abilities to forgive or encourage forgiveness

Walker, Elizabeth Urban (2006). *Moral Repair: The Reconstruction of Moral Relations*, New York: Cambridge University Press.

Thank you