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Moral injury: A new challenge for complementary and alternative medicine

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ABSTRACT

Moral injury represents an emerging clinical construct recognized as a source of morbidity in current and former military personnel. Finding effective ways to support those affected by moral injury remains a challenge for both biomedical and complementary and alternative medicine. This paper introduces the concept of moral injury and suggests two complementary and alternative medicine, pastoral care and mindfulness, which may prove useful in supporting military personnel thought to be dealing with moral injury. Research strategies for developing an evidence-base for applying these, and other, complementary and alternative medicine modalities to moral injury are discussed.

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The experiences of war are recognized as contributing to psychological morbidity in current and former military personnel.[1] In recent years, considerable strides have been made in assessing for and addressing the various causes of this mental health burden. Advances in research have also uncovered new clinical constructs, or, some may argue, given name to otherwise well-known and recognized forms of trauma associated with military service. This includes the experience of moral injury (MI), a relatively new clinical construct which has been observed in some current and former military personnel. MI, however, has been notably absent from much of the complementary and alternative medicine (CAM) literature.

The present paper is designed as a commentary on how CAM can potentially serve as a valuable resource for supporting those affected by MI. As a problem affecting the whole person, an increasing amount of attention has been devoted to identifying service options which can be used to support those affected by MI. We posit that certain CAM modalities, with their focus on holism, empowerment, access, legitimacy, and health, as opposed to sickness,[2,3] are uniquely poised to support those dealing with MI. In this paper we will explore MI as a clinical construct, suggest how spiritual care may serve as a useful adjunct to clinical health care services, and highlight avenues for future research.

1. What is moral injury?

MI has been compared to a primary psychological injury with no clear diagnostic threshold.[4–6] One definition conceptualizes it as the result of "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."[7(p.700)] Another definition conceptualizes MI as "a betrayal of what's right; by someone who holds legitimate authority (e.g., in the military–a leader); in a high stakes situation."[8(p.183)] Examples of morally injurious events include mistreating a civilian or combatant, feeling betrayed by one's leaders, transgressing one's moral code, or failing to prevent immoral acts.[7,9–11]

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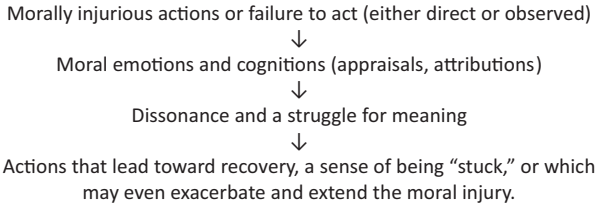

Fig. 1. A proposed model for understanding the moral injury process.

A recent qualitative study examined perceptions of moral injury among Iraq/Afghanistan combat veterans.[12] The results suggested four clusters of circumstances that these veterans felt were associated with the occurrence of morally injurious experiences. The first cluster was organizational circumstances. These are aspects of military organization, hierarchy, and policy, including moral tension around "rules of engagement". Environmental circumstances are a second category. These can include tactical strategies of the enemy (e.g., hiding in civilian areas, not wearing uniforms) or observing innocents trying to survive harsh dangerous conditions without assistance. Third, cultural and social circumstances may also result in moral injury. Mutual lack of cultural understanding can lead to dehumanizing the enemy and formation of hateful attitudes. Finally, this study noted psychological circumstances as a forth cluster. Changes in behavior such as being more willing to inflict harm than previously, as well as accumulated losses, may create a desire for "payback" or revenge that, if acted upon, could create moral injury.

Moral injury can be understood in the larger frame of social intuitionist models of morality–where an individual's moral experience is viewed as intuitive (not primarily rule-based) and shaped by his or her most immediately relevant social community.[13] Moral choices made in one social context may be reevaluated in the presence of a new social community as the moral imperatives of a given community may vary depending on its members and priorities. As reported by some service-members, this may explain the emergence of moral injury following return from deployment. Most people live their lives within an enmeshed web of social communities and relationships across time and place. Service-members might struggle should they feel as though their beliefs and values no longer fit in the civilian realm. Fig. 1 presents a possible model for understanding the moral injury process.

In clinical settings, MI refers to "a syndrome of shame, self-handicapping, anger, and demoralization."[14(p.408)] Both self (e.g., guilt, shame) and other-directed (e.g., anger, contempt, disgust) moral emotions are necessary for the development of moral injury.[13] Interestingly, these emotions also yield a powerful social impact in the phenomenology of and recovery from moral injury.[13] The broader social impact of moral injury within the family system of returning veterans has also been noted in the literature.[15]

As part of a consensus paper, chaplains, mental health clinicians, and researchers all reported that MI manifests as unique psychological, spiritual, social, and behavioral problems.[16] These complaints reflect an inner struggle or challenge for reconciling certain experiences with personal interpretations of right and wrong: self-condemnation, despair, shame, anhedonia, difficulty forgiving, reduced trust, aggression, poor self-care, self-harm, discord, guilt, lack of meaning in life, and internal conflict.[5,16–24]

While research is still emerging in this field, MI is thought to manifest as affective symptoms not fully captured by a diagnosis of post-traumatic stress disorder (PTSD).[4,5,16,25,26] Differences between MI and PTSD have been identified for physiologic arousal, event triggering the trauma, involvement in the traumatic event, distressing emotion(s), and sense of lost necessity.[7,8] Namely, whereas PTSD captures cases in which service-members were victims or witnesses of life-threatening events that led to the conditioning of fear/anxiety and loss of a sense of safety, morally injured persons might also be responsible for perpetrating a trauma on others and struggle more significantly with negative moral emotions (e.g., shame) and the loss of trust.

Although MI is not an inherently spiritual construct, some also posit a possible religious and/or spiritual etiology to MI.[4] An amassing base of empirical findings suggests that spirituality can factor prominently in service-members' experiences of MI. Most notably, research has documented that problems with forgiveness–of self and others–as well as apprehension of being forgiven by God or the divine–are frequently associated with worse mental health symptoms.[27,28] Similarly, spiritual struggles within oneself (e.g, religious doubting), with others (e.g., alienation from fellow believers), and/or with God or the divine (e.g., feeling abandoned or punished for one's transgressions) are typically associated with severe levels of posttraumatic symptomatology in military populations.[27,28] In addition, longitudinal findings from 532 veterans in a VA-sponsored PTSD residential program indicated that spirituality dimensions assessed at pre-treatment were uniquely predictive of PTSD symptom severity at discharge in the presence of concurrent and auto-regressive effects between these variables.[29]

2. Supporting those affected by moral injury

A successful treatment strategy for MI requires recognizing morally injurious experiences, empowering the victim, and maintaining well-functioning treatment teams.[8] As evidence-based strategies for dealing with MI continue to develop, discussion centers on the different support and therapeutic options which could be available to those affected by MI. Some have sought to develop new, MI-specific treatment strategies.[7,14] An alternative approach may be to adapt existing treatments shown to be effective for the problems and issues commonly associated with MI.[30]

Adaptive Disclosure (AD) is, to-date, the only therapeutic option specifically designed to support those dealing with MI. AD is a 6–8 session manualized intervention targeting active-duty military personnel dealing with PTSD, grief and loss, and moral injury.[31] AD applies imaginal exposure exercises to facilitate processing of the psychological, behavioral, and spiritual/existential consequences of traumatic military experiences. An "empty chair" exercise is used where the therapist facilitates a dialog between the client and an imagined compassionate moral authority or entity. The purpose of this exercise is to promote reappraisal of the event and enhance perspective taking that opens the potential of movement from blame to compassion and forgiveness, and hopefully behavior change. Results of the initial pilot trial showed improvements in PTSD symptoms, depression, and decreases in harmful post-traumatic cognitions. The intervention was well received by the participants and yielded a large effect size ($d = 0.79$).[14]

Cognitive processing therapy (CPT) is a 12 session psychotherapy originally developed for the treatment of PTSD.[32] CPT is based on a social cognitive model in which PTSD is conceptualized to be a problem of "stalled recovery." Trauma survivors can become "stuck" in the natural recovery process if they experience maladaptive beliefs that negatively affect their self-worth, sense of safety and danger, and ability to trust themselves and others.[33] These maladaptive beliefs contribute to guilt, shame, and self-destructive behaviors. CPT applies cognitive reappraisal skills to develop a new personal meaning associated with the trauma,[33] helping the trauma survivor become "unstuck" so they can resume the natural post-trauma recovery process. As a treatment modality, CPT is extremely effective in reducing symptoms of PTSD, depression, guilt, and suicide ideation,[32,34–37] all of which are core features of MI. Given CPT's focus on many of the psychological and behavioral