



Toward an interdisciplinary conceptualization of moral injury: From unequivocal guilt and anger to moral conflict and disorientation

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ABSTRACT

While the concept of moral injury has been embraced in academic, clinical and public discourses, it is still nascent and needs development regarding the 'moral' in 'moral injury'. When questions about the complex nature of morality go unaddressed, clinical practice is based on unsubstantiated and possibly reductive assumptions about the moral dimensions of traumas. Current conceptualizations of moral injury approach morality implicitly as a harmonious belief system. However, people always have multiple moral commitments that may co-exist in tension. What are the implications of moral tension in the experience of distress, and what are the implications of the complex nature of morality for the theoretical understanding of moral injury? This article addresses these questions, drawing on relevant literature from the fields of philosophy and social sciences, and on 80 in-depth qualitative interviews with Dutch veterans, thus contributing to a refined, interdisciplinary concept of moral injury.

1. Moral injury: the moral and the injury

"I couldn't sleep, not because of nightmares, but because I was always watching documentaries, trying to understand things." Philip (a pseudonym) was one of the Dutchbat peacekeepers deployed to Srebrenica. He began watching documentaries after coming home because he wanted to know "which story is the right story," yet he could not find one that matched his experience. Public accusations made Philip furious, but at the same time, he did not want to give in to his anger because it felt egotistical "that I'm whining about this while 8000 people died over there." He felt guilty, but at the same time, he could not let himself be guilty, because "if I asked myself questions, I felt, like, I was like the rest of the Netherlands attacking Dutchbat with unfounded accusations." Due to his inability to make sense of his experience, Philip said, "I can't find for myself ... - yeah I hate the word – but I can't find closure. And it still keeps on festering."

Philip's words recall the concept of moral injury, which gained traction a decade ago and was quickly embraced in academic, clinical and public discourses (Currier, Holland, & Malott, 2015b; Frame, 2015; Kinghorn, 2012; Litz, Lebowitz, Gray, & Nash, 2015; Litz et al., 2009; Nash & Litz, 2013; Nash et al., 2013; Shay, 2014). The concept is intended to capture what the current concept of post-traumatic stress disorder fails to sufficiently address, namely the moral dimensions of deployment-related suffering. The general idea is that moral injury is the result of deployment experiences that violate a soldier's moral beliefs and expectations and thus cause suffering.

While the concept of moral injury has been widely embraced, it is still in its infancy and needs empirical and theoretical development (Frame, 2015; Maguen & Litz, 2012). More critical attitudes suggest that the notion of moral injury may need modification. Several scholars have criticized the concept for focusing mainly on 'the injury' while attending too little to 'the moral' (Beard, 2015; Kinghorn, 2012; Molendijk, Kramer, & Verweij, 2018, forthcoming; Wilson, 2014). When questions about 'the moral' go unaddressed, tacit, unsubstantiated assumptions are easily incorporated, leading to a relatively insubstantial basis for the development of both the concept itself and the clinical practices based on moral injury.

Moral injury is currently described as a transgression of one's moral belief system (Kinghorn, 2012; Litz et al., 2009; Nash & Litz, 2013). However, it seems that this conceptualization can be refined. Morality is not a unitary, harmonious system of values, but a totality of multiple, potentially competing values (Hitlin & Vaisey, 2013; Tessman, 2014; e.g.; Zigon, 2008). A soldier internalizes both civilian and military values, and, as a soldier, is not merely an instrument of the state who must adhere to political norms but always remains a moral agent with personal values. In other words, soldiers have multiple moral commitments that may co-exist in tension. What are the implications of moral tension for the experience of distress? And, what does accounting for the complex nature of morality imply for the theoretical understanding of moral injury? To answer these questions, this article draws on 80 in-depth qualitative interviews with Dutch veterans and on literature from the fields of psychology, philosophy, and social sciences. It aims to

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refine the conceptualization of the potential conflicts at play in cases of moral injury and of the ways in which such conflicts affect soldiers.

The article begins by discussing the promises and shortcomings of the current concept of moral injury, before presenting the study methods. It then turns to the findings, which are discussed with relevant existing theory. First, it explores three themes that emerged in the analysis: value conflict, moral detachment, and feelings of senselessness. Second, it examines the impact of such experiences on veterans, which will reveal that moral injury is generally more complex than an unequivocal experience of guilt or anger. Third, it argues that while the conscience of morally injured veterans typically remains intact, as the current concept of moral injury emphasizes, the experience of moral disorientation does prompt veterans to re-evaluate their moral beliefs. The article closes by reflecting on how to understand the phenomenon of moral injury.

2. The concept of moral injury and its need for refinement

Post-traumatic stress disorder, or PTSD, is currently the dominant explanatory concept of deployment-related suffering. The most recent version of the official classification and diagnostic guide of mental disorders, DSM-V, defines the cause of PTSD as “[e]xposure to threatened death, serious injury, or sexual violence” (DSM-V, 2013, p. 271). The symptoms include re-experiencing the traumatic event (e.g. in nightmares), avoiding trauma-related stimuli (e.g. evading certain situations), negative thoughts or feelings, and arousal (e.g. jumpiness) (DSM-5, 2013, pp. 271–272). However, both scholars and practitioners increasingly emphasize that current PTSD models focus mainly on fear and pay only marginal attention to the moral dimensions of trauma (Bica, 1999; Drescher et al., 2011; Litz et al., 2009; Shay, 1994). The concept of moral injury emerged because of discontent over this.

The psychiatrist Shay (1994) and veteran/philosopher Bica (1999) are both cited as the ones who coined the term moral injury (Dokoupil, 2012; Kirsch, 2014). Litz and his colleague psychologists (Litz et al., 2015, 2009; Maguen & Litz, 2012) played a crucial role in systematically conceptualizing the idea of moral injury. They developed a much-cited preliminary model of moral injury, the foundation of an increasing number of clinical studies (Bryan et al., 2016; Currier, Holland, Drescher, & Foy, 2015a; Drescher et al., 2011; Laifer, Amidon, Lang, & Litz, 2015; Litz et al., 2015; Maguen & Litz, 2012; Nash et al., 2013; Steenkamp, Nash, Lebowitz, & Litz, 2013; Vargas, Hanson, Kraus, Drescher, & Foy, 2013). Notably, with the moral injury construct, Litz and colleagues do not aim to replace the concept of PTSD; neither do they propose moral injury as a new diagnosis. Rather, they aim to bring forward a concept that captures particular experiences in ways that deviate from dominant understandings of PTSD.

Litz and colleagues (Litz et al., 2015, 2009; Nash & Litz, 2013) argue that whereas some characteristics of PTSD may overlap with what they call moral injury (e.g. anger, anxiety, nightmares), in other ways moral injury is unique. They place moral emotions such as shame and guilt at the core of their model, as opposed to fear-related responses that stand central in PTSD models. Their definition of “potentially morally injurious experiences” also deviates from the PTSD concept. While these experiences may or may not involve (threatened) death, violence or injury – requirements for a PTSD diagnosis – Litz and colleagues’ definition centers on moral transgression, namely “[p]erpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 700). So, while current PTSD models formulate threat as the key characteristic of traumatic experience, the moral injury concept focuses on moral transgression, and while current PTSD models tend to focus on fear-related responses, the moral injury concept stresses moral emotions such as shame and guilt (see also Drescher et al., 2011; Litz et al., 2015; Maguen & Litz, 2012).

The notion of moral injury entails that when an event is radically discrepant with a person’s beliefs about right and wrong and personal

goodness, the person will experience severe dissonance (Litz et al., 2009, 2015). Put differently, moral injury is conceptualized as dissonance between, for instance, the belief “I am a good person” and the belief “I did something unforgivable.” Such dissonance often results in self-condemnation (“I am unforgivable”), a loss of trust in one’s ability to be good and, subsequently, in self-punishing behavior and/or efforts to fight (perceived) injustice (Litz et al., 2009; Nash & Litz, 2013).

To be clear, the idea that war can be morally compromising is certainly not new. It is, for instance, reflected in Tick’s works on military trauma, in which he contends that PTSD is “not a *psychological* but a *soul* disorder” (Tick, 2005, p. 108, emphasis in original). In fact, descriptions of moral suffering are found in ancient texts on war, as Shay (1994) stresses, comparing soldiers’ experiences in modern wars to those depicted in the Iliad and the Odyssey. Perhaps most striking, deployment-related guilt is a central theme in the work of Lifton (2005), a psychiatrist who played a key role in introducing ‘PTSD’ into the psychiatric lexicon (see e.g. Scott, 1990; Shephard, 2001). Given that Lifton was a key figure in the adoption of PTSD, it is remarkable that current PTSD models pay so little attention to moral dimensions of deployment-related suffering. Still, this does not mean that moral struggles related to trauma have gone completely unnoticed in PTSD research. For instance, it has long been acknowledged that survivor guilt, which refers to the guilt a person feels on surviving combat when others have not, can result from traumatic experiences. Moreover, in the most recent DSM classification of PTSD (self-)blame is explicitly mentioned as a potential symptom: the criterion “negative alterations in cognitions and mood” includes the possibility of “persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others” (DSM-5, 2013, p. 272).

Although the notion that war can be morally disturbing is thus an old one, systematic efforts to conceptualize moral dimensions of war-related suffering are relatively new. Furthermore, though current PTSD-models do acknowledge potential feelings of guilt and shame, they approach these emotions in a particular way. First, they treat condemnation of the self or others as one of the many symptoms of post-traumatic stress, not as potential *sources*. Second, they tend to approach the blaming of self and others as *misguided and misplaced* emotions, an approach explicitly indicated in the DSM classification of PTSD, which defines guilt and blame as the result of “distorted cognitions.”

Instead, the concept of moral injury stresses that negative judgments about events may also be “quite appropriate and accurate” (Litz et al., 2009, p. 702). Like Lifton – one of the founding fathers of ‘PTSD’ – Litz and colleagues state that although blame may be “unfair and destructive,” they believe “it is equally unhelpful to suggest to morally injured persons that no one is at fault.” They continue, “each person’s culpability is usually somewhere between none and all, and many people share responsibility for any outcome” (Nash & Litz, 2013, p. 372). Furthermore, for a person to be able to hold onto the idea of a moral self, it is important to judge a bad act as such (Litz et al., 2009, p. 703). Central to the process of healing, then, is forgiveness – either of the self or of others – and accordingly, acceptance of imperfection. In other words, integrating a moral transgression into one’s moral belief system (“I am a good person, but I do make mistakes”; “the world is benevolent, but not absolutely”) would reduce the experience of conflict such that one would be able to maintain “an intact, although more flexible, functional belief system” (Litz et al., 2009, p. 701).

Current research aims to develop the preliminary concept into a workable clinical model. These studies intend to validate the clinical concept with empirical evidence (e.g. Maguen & Litz, 2012; Vargas et al., 2013), to facilitate the measurement of morally injurious experiences (Bryan et al., 2016; Currier et al., 2015a; Nash et al., 2013), and to develop therapies for moral injury (Gray et al., 2012; Laifer et al., 2015; Litz et al., 2015; Steenkamp et al., 2013).

However, the understanding of morality employed in this concept and in the studies building on it needs critical evaluation and

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