

Recovering from Moral Injury

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When combat veterans and others affected by violence suffer moral injury, they can experience personal shame and estrangement from fellow human beings and God. The challenging task of making integrated peace requires faithful, patient, loving participation by communities of faith.

Violence is ubiquitous in our culture with variable degrees of consequence for society, interpersonal relationships, and individuals. While the most readily evident consequences of violence are frequently seen in the physical, psychological, and even spiritual wounds of overt victims, these sequelae of violence (particularly the psychological and spiritual) may likewise be experienced by perpetrators or bystanders of violence. Lines of distinction between victims, perpetrators, and bystanders can tragically blur over time, as cycles of violence often lead to individuals inhabiting each of these roles in different capacities. Those engaged in the activities of violence we are pondering are typically sanctioned by institutions or the state to use aggressive force in service to the institutions or state. While these individuals have typically assented to some degree to engaging in such behaviors, this assent can be challenged over the course of time. Prior cognitive assent to participate in violence does not prevent subsequent psychological and spiritual struggle when one's sense of self and identity is challenged by witnessing or participating in actions contrary to one's expectations of self and others. The ensuing distress can be quite severe and multi-faceted in its presentation – sometimes presenting concurrently with posttraumatic stress disorder or other psychiatric problems, and other times

presenting primarily in a more existential fashion. Increasingly, the mental health professionals, faith community leaders, and others concerned with the care of combat veterans and other individuals affected by violence are identifying and narrating this distinctive kind of suffering with a new term: “moral injury.”

Jonathan Shay, a psychiatrist, and Brett Litz, a psychologist, have been most frequently cited for promoting the construct of moral injury, while a number of others have now joined the conversation.¹ Shay is recognized as first using the phrase “moral injury” in the context of providing psychiatric care for Vietnam veterans. He conceptualized moral injury as having three signature components: (1) a betrayal of what’s right, (2) by someone who holds legitimate authority (e.g., in the military—a leader), (3) in a high stakes situation.² The inclusion of betrayal by a leader, such as by the actions of a commanding officer in the military, is a distinctive stipulation of Shay in his definition of moral injury. He derives the construct from combining years of his experience treating Vietnam-era veterans together with depictions of war in Homeric literature. Using his definition, Shay illustrates how the moral failures of leaders can have a lasting substantive impact on those under their command with the potential consequence of moral injury, as was the case in the story of Achilles in the *Iliad* and for many veterans of Vietnam.

In comparison, Litz and his colleagues elucidate moral injury more broadly and with a distinctively more differentiated locus of moral agency. They describe moral injury as the “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....”³ They identify moral injury as personal shame, feelings of estrangement from fellow human beings, and a sense of alienation from God or a spiritual sense of grounding. Moral injury as understood in this way incorporates more directly the potential moral agency of the person suffering. This moral agency can be experienced by individuals not only at the moment of a morally transgressive event but can also be reinterpreted over time, such that behaviors might come to be deemed excessively violent or abusive in retrospect, with acknowledgement of culpability for roles in violence potentially being interpreted differently over time as well.

A persistent sense of accountability for one’s actions, or for not intervening to challenge others when actions are contrary to previously held commitments and values, sets the context for the development of moral injury. Addressing moral injury so conceived is not without hope, but does require a more textured and multi-dimensional engagement than is frequently provided when approaching psychological and emotional struggles within a standard mental health paradigm of diagnosis and medicalized treatment. While comorbid health challenges for persons suffering with moral injury may necessitate thoughtful and well administered mental health care, moral injury—because it is formed and embedded in socio-

cultural contexts—necessitates the engagement of a community that embodies moral commitments and practices in order to provide the most optimal care. Such a community forms the interpretive lens through which sufferers can challenge moral and cognitive dissonance as they examine the story that is now theirs with which to live responsibly. The task of making integrated peace with one's story, without denial, and without excessive indulgence of the chaos precipitating the moral injury, is challenging. It is one that beckons for faithful, patient, loving participation on behalf of communities of faith and practice.

ASSIMILATING MORAL WOUNDS IN COMMUNITY

The development of care for those suffering with moral injury that adequately honors their psychological and moral interpretation necessitates consideration of the communities within which these persons seek to belong and call home after returning from the context of injury. The notions of both "belonging" and "communities" are central to the healing sought by those suffering with moral injury. At the same time, moral injury is frequently grappled with on a highly personal, individual, singular level, as illustrated by one thoughtful young veteran's description of his experience with moral injury:

I cannot quite clearly distinguish the war as something 'out there' or in the past—it is like something I own personally. It lives in me. Sometimes I feel condemned not only by my own actions, but by the war as a whole. I do not mean condemned by some cosmic force or condemned by society. I mean that I condemn myself. This is a paradox. Of course the war is a part of me. I cannot avoid it. I cannot escape my experience. And yet who I am rejects what war is—and what I was in the war.⁴

While many members of faith communities may have limited personal familiarity with war and violence whereby to understand veterans' experiences, the determinative factor for veterans' healing may well be the capacities for hospitality embodied within faith communities to welcome those struggling to conduct soul searching, to belong again, and to find integrity for themselves. Warren Kinghorn, psychiatrist and theologian, rightly argues that moral injury should be understood as being "embodied in specific communities with specific contextually formed practices."⁵ Likewise, these communities' commitments to hospitality and to caring for one another should imply a welcoming stance toward those suffering with moral injury and their associated physical, psychological, and social struggles.

In Christian communities, the challenge is to ground such understandings of welcoming the wounded and suffering within eucharistically formed practices of hospitality. In gratitude for the great gift of the Eucharist, we can do no other than to invite the wounded and suffering neighbor into a

community of redemption and healing. Such commitments and practices will nurture the ultimate renarration of a story of reconciliation with one's self and finding a place of belonging with integrity. Engagement of this process, while acknowledging the dissonance of violent and injurious experiences, offers an opportunity for a communally mediated and interpreted redemption of moral injury, while avoiding presumptuous denials of the

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depths of suffering, confusion, and struggle experienced. For many suffering with moral injury, the religious or spiritual commitments of their families or other sociocultural communities of formation were significant developmental determinants of their moral compass. Appreciating how these complex histories of formation and self-understanding contribute to the current worldview of those with moral injury is impor-

tant for offering care to them within faith communities.

One of the great challenges of communities and practitioners of care is the rush to "fix" those deemed to be suffering or the urge to declare someone healed or relieved of their suffering. While these impulses may be well intentioned, they frequently do great damage and show a lack of regard for the ongoing journey of the sufferer. The previously noted young man suffering with moral injury comments that "moral injury is more like a chronic illness than an acute one. It is something like the pain of arthritis or an old, bad knee that someone complains about when it rains."⁶ The Christian community often seeks to proclaim healings of the Easter resurrection without adequately abiding with the brothers and sisters working through their Holy Saturdays — who are beset with an uncertain sense of loss and fear, while sustained by a yearning hope of finding their way home. Such is the experience of many who are struggling with moral injury.

ACTIVELY ENGAGING WITH MORAL INJURY IN COMMUNITY

Although moral injury as a construct has been quite recently introduced into contemporary conversations around war and violence, the experience of one who is morally injured is no doubt as old as the story of Cain and Abel. And just as certainly, individuals with moral injury have for millennia turned to their faith communities and spiritual leaders. The clergy and other members of these communities are well positioned and often the most suit-

able to make significant contributions in the re-integration, care, restoration, and redemption of those whose lives have been affected by violence and moral injury. This complicated injury that reaches into the depth of one's being can cast doubt, distrust, guilt, and shame, making it potentially very difficult for one to voluntarily ask for help. Faith communities are among the safest resources to approach and are often the first place they may go, if they believe they are welcome. If they had a relationship with a faith community prior to their injury, that relationship may well be the most reliable and meaningful lifeline for them during their re-integration journey. Concurrently, it is important to be aware that reentry to a faith community can be a particular challenge as it may serve as a keen reminder of how they have been changed by their experiences while the community looks the same, especially if the community is inattentive to the potential for moral injury and its consequences.

Due, in part, to some of the tendencies alluded to above—such as the well-intentioned desire to provide healing in the face of suffering—some faith communities have not grappled fully with how to respond to moral injury in their midst. Questions for faith communities to consider include these: Are we deep enough, strong enough, honest enough, and patient enough to make room for and bear the weight of those with moral injury to share their story? Are we willing to weave such persons into the broader narrative of the life of our faith community rather than viewing them as a separate problem for our community to solve? If such a person appeared at the entrance of our church and confessed guilt and shame for things done or things undone, how would we respond, corporately and privately?

Answering these questions can help us understand our private and corporate attitudes, as well as our sense of responsibility as a faith community, toward those who seek our refuge. While many scriptural principles are relevant for such communal soul searching, it is worth reflecting in this process on one of the most foundational teachings of Jesus, who responded to a scribe's inquiry about the greatest commandment by saying,

The first is, "Hear, O Israel: the Lord our God, the Lord is one; and you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength." The second is this, "You shall love your neighbor as yourself." There is no other commandment greater than these.

Mark 12:29-31

At both communal and individual levels, how might faith communities be available, prepared, and responsible to the needs of "neighbors" who live with moral injury? How might these communities love as oneself a neighbor who is struggling with a sense of separation, distrust, or betrayal? And how will they respond if there is a sense that this betrayal has been perpetrated

by society, by the faith community, or by God? The witness of a community living in faith and fidelity with the gospel, even in the midst of a world frequently known to be in conflict with that same gospel, can in itself be a source of strength and healing for those with moral injury.

Jesus describes the summary of God's law as being centered in love. It is the central act in each of these relationships – with God, neighbor, and self – and is dependent upon the willingness to sacrifice, to make an investment of self in and for another. Knowing precisely how to practice love can be difficult to discern, perhaps especially in cases of moral injury. When should our love emphasize patience, when forgiveness, when truth, when kindness? It would be nice if these attributes of love were never in tension, but sometimes they seem to be so. Regardless, we assume both by our

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faith and by membership in our society a certain shared moral responsibility and liability when we ask (either explicitly or implicitly) those who serve our country in the military, law enforcement, and other professions to place themselves in the midst of danger, violence, and sometimes traumatic events. This shared moral responsibility means that these individuals are our neighbors. It means that we are called to love them. And love, while requiring wise discernment at times, first requires showing up. It first necessitates being present to those who suffer.

Being present is often difficult. Yet, as a people and communities of hope, who we *are* can be more powerful than what we *do*. In much the same way that generosity of spirit is about who we are,⁷ so too is love. Understood in this way, love is about making room for persons with moral injury – not fixing them or doing something to them *per se*. It is about finding a way to stand alongside them as they take the time needed to wrestle with difficult existential questions. Generally speaking, psychological science has taught us that attempting to avoid difficult thoughts, memories, and experiences does not work that well.⁸ Love as practiced in our faith communities should not seek to operate this way either. It should not seek to present a false dichotomy, choosing either moral injury *or* hope. Rather, it should seek to present an '*and*' – moral injury and hope, and trust, and meaningful relationships. In this fashion, redemption for someone with moral injury is not a onetime event but a process lived out in faithful communities of care.

In some ways, it may be most helpful when we do not have all the answers to the challenges faced by those with moral injury. Such a stance of humility and implicit acknowledgement of the true difficulty posed by certain morally injurious challenges may prove the most effective way to demonstrate love, help someone be heard, and build trust. It is here that we may be given the opportunity to be a people in *status viatoris*, that ontological quality of being on-the-way to somewhere else and living with the tension of the “not-yet,” with hope. Among a lifetime of choices, only one alternative is barred to us—that of not being *en route* at all, of not being “on the way.” As fellow pilgrims who appreciate the challenge of living with the past and looking to the future with a holy hope, we can help those paralyzed by moral injury to be less fearful of being fully present in the moment, integral to our communities, and in relationship to us, their neighbors.

BEING THROUGH DOING

While we present a dialectic between being and doing to illustrate the importance of embodying love and meaningfully embracing those with moral injury as members of our faith communities, the two complement each other. For clergy and faith community leaders desiring some signposts to direct their next steps, we provide the following considerations. They will help members effectively respond when those with moral injury seek their fellowship and support. We encourage having open and frank discussions on how to listen empathically, patiently, and non-judgmentally; help those suffering with moral injury to connect with others who suffer similarly; identify the good therapists in your city; recognize signs and symptoms of moral injury; invite those who suffer moral injury to identify and share their commitments, beliefs, and that which gives meaning and purpose to their lives; abide with them in their dark night without forcing their recovery or discounting their burden; and help them discover opportunities to engage in work where they can fruitfully apply skills they learned in the military.

Faith communities should be looked to as places of comfort and trust, of hope in the midst of darkness. They should be sought out as places that can witness the growth that is often an outcome of struggle, where one’s story (however challenging) can be told with courage and truthfulness, and where the reminder is constant that we need not face our trials alone. They ought to be a place where space is readily available for the sojourner with moral injury.

Our redemptive Creator God has abided with us at a great cost, with a love that allows unfathomable forgiveness and mercy, as well as the space and time for the working out of our faith to grow in love and friendship with both God and our neighbors. May we be communities of hospitality and care who are not afraid of the pain of our neighbors, and who can welcome the wounded and suffering among us because of our shared hope in this redemption that sustains us in the midst of our common frailties and human creatureliness.

NOTES

1 Jonathan Shay, "Learning about Combat Stress from Homer's *Iliad*," *Journal of Traumatic Stress*, 4:4 (October 1991), 561-579; Jonathan Shay, "Moral Injury," *Psychoanalytic Psychology*, 31:2 (2014), 182-191; and Brett T. Litz, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, and Shira Maguen, "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review*, 29 (2009), 695-706.

2 Jonathan Shay, "Moral Injury."

3 Brett T. Litz, et al., "Moral Injury and Moral Repair in War Veterans," 697.

4 Michael Yandell, "The War Within: A Veteran's Moral Injury," *The Christian Century* (January 7, 2015), 12-13, here citing 13.

5 Warren Kinghorn, "Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury," *Journal of the Society of Christian Ethics*, 32:2 (2012), 57-74, here citing 59.

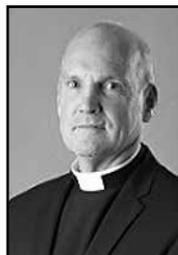
6 Michael Yandell, "The War Within," 13.

7 Douglas V. Henry, "Generosity of Spirit," *Generosity*, Christian Reflection: A Series in Faith and Ethics, 57 (Waco, TX: The Institute for Faith and Learning at Baylor University, October 2015), 11-18; available online at www.baylor.edu/content/services/document.php/253574.pdf (accessed February 2, 2016).

8 See, for example, Todd B. Kashdan, William E. Breen, and Terri Julian, "Everyday Strivings in Combat Veterans with Posttraumatic Stress Disorder: Suffering from a Hyper-Focus on Avoidance and Emotion Regulation," *Behavior Therapy*, 41 (2010), 350-363.

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