MORAL INJURY AND CLERGY

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What Is Moral Injury and Why Is It Important?
DEFINITIONS OF MORAL INJURY

“Moral injury is present when (1) there has been a betrayal of what is morally correct; (2) by someone who holds legitimate authority; and (3) in a high-stakes situation.” (Shay, 2013)

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

- PTSD
- Depression
- Anger
- Family Conflict
- Substance Use
- Spiritual Struggle
MORAL INJURY

Is NOT A Psychiatric Diagnosis!!

• Changes in DSM-5 PTSD Diagnosis incorporate more aspects of moral injury into the diagnostic criteria.
  • 4 New & modified symptoms – all of which more fully capture moral injury
    • Persistent and exaggerated negative beliefs or expectations
    • Persistent, distorted cognitions about the cause or consequences of the trauma (i.e. blame)
    • Persistent negative emotional state (i.e. mentions anger, guilt, or shame)
    • Reckless or self-destructive behavior
Research About Moral Injury
QUALITATIVE STUDIES OF MORAL INJURY

• What can we learn from qualitative studies?

• How do they differ from Quantitative studies?
  
  • Providers (Mental health / Chaplains) (Drescher et al., 2011)
  
  • Archival Narratives (Vietnam) (Filpse-Vargas et al, 2013)
  
  • Interviews with Iraq / Afghanistan combat veterans (Currier et al., 2015)
### MI – Qualitative Findings

<table>
<thead>
<tr>
<th>Types of Experiences</th>
<th>Signs/Symptoms</th>
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<tbody>
<tr>
<td>Use of lethal force</td>
<td>Social problems</td>
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<tr>
<td>Small arms, mechanized warfare</td>
<td>Isolation; aggression</td>
</tr>
<tr>
<td>Betrayals</td>
<td>Trust issues</td>
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<tr>
<td>Types: leadership; peers; civilians; self</td>
<td>Intimacy impairment</td>
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<tr>
<td>Abusive violence</td>
<td>Spiritual changes</td>
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<tr>
<td>Atrocities; Disproportionate violence</td>
<td>Loss of faith</td>
</tr>
<tr>
<td>Collateral damage</td>
<td>Existential issues</td>
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<tr>
<td>Women, children, elderly</td>
<td>Fatalism; sorrow</td>
</tr>
<tr>
<td>Within-ranks violence</td>
<td>Negative self-concept</td>
</tr>
<tr>
<td>Sexual assault; friendly fire; fragging</td>
<td>Self-loathing; damaged</td>
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</tbody>
</table>
Category #1: Organizational Circumstances

1.1. Rules of engagement can be too restrictive and place people’s lives in danger
1.2. Rules of engagement can be inconvenient and hard to define in varying contexts
1.3. Military leadership perceived as incompetent and out of touch with life on the ground
1.4. Military leadership perceived as self-serving and uncaring
1.5. Appreciation for hierarchical structure and need to defer to authority in times of uncertainty
1.6. Small units can engender sense of vulnerability and lack of accountability
1.7. Combat operations sometimes based on inaccurate intelligence
1.8. Lack of training and/or preparation for negotiating ethical/moral challenges

(Currier et al., 2015)
Category #2: Environmental Circumstances

- 2.1. Tactical strategies of the enemy and not playing by the same rules
- 2.2. Difficulty appraising threats and identifying enemy in high stakes situations
- 2.3. Contending with poverty and difficult geographic conditions
- 2.4. Persistent chaos and need for split second decision-making
- 2.5. Civilians can be unpredictable and make unsafe decisions

(Currier et al., 2015)
Category #3: Cultural and Relational Circumstances

- 3.1. Internalization of “kill or capture” attitude and group-based reasoning
- 3.2. Lack of trust or perceived incompetence of comrades
- 3.3. Pressure for respects and bonds strengthened by violence in units
- 3.4. Dehumanization of enemy and formation of hateful attitudes toward civilians
- 3.5. Uneasy alliances with civilians and indigenous collaborators

(Currier et al., 2015)
**Category #4: Psychological Circumstances**

- 4.1. Hopelessness and resolution to return home
- 4.2. Conditioned engagement in and possible enjoyment of aggressive acts
- 4.3. Emotional detachment and numbness
- 4.4. Persistent fear and forced sense of helplessness
- 4.5. Accumulative anger and desire for retribution
- 4.6. Perceived changes in identity and/or personal morality
- 4.7. Grief over combat losses and related concerns

(Currier et al., 2015)
• Shira Maguen, Ph.D. (San Francisco VA)
  • 2009 (NVVRS data) Killing associated with **PTSD symptoms**, dissociation, functional impairment, and violent behaviors
  • 2010 (Iraq) Killing was a significant predictor of posttraumatic disorder (PTSD) symptoms, **alcohol abuse**, anger, and relationship problems.
  • 2011 (Gulf War, NVVRS) Increased PTSD, Alcohol, higher PTSD & IPV
  • 2012 (NVVRS Data) Veterans who had more killing experiences had twice the odds of **suicidal ideation**, compared to those with lower or no killing experiences
  • 2013 (Iraq/Afghanistan) Those who killed had twice the odds of being in the most symptomatic PTSD class, compared to those who did not kill.
Study 1 (Nash et al., 2013)
- Moral Injury associated with higher Depression, Anxiety, PTSD, Negative Affect, and lower Social Support

Study 2 (Bryan et al., 2014)
- Higher exposure to MI Events (Self, Other) among active-duty service members with history of suicide attempt. Higher exposure to MI Events (Self) associated with recent suicide ideation (past week)

Study 3 (Currier et al., 2013)
- Associations between Moral Injury and work/social adjustment, PTSD, and depressive symptoms (including suicidality) after controlling for combat exposure
WHAT IS MORALITY?

THE HEAD, THE HEART, THE COMMUNITY
WHAT IS MORALITY?

Humans experience morality on at least 3 levels...

The Head
- Thinking, verbal reasoning
  - Learned morality

The Heart
- Emotions and physical sensations
  - Moral intuitions

The Community
- Relationships and group dynamics
EMOTIONAL ARRAY

Moral Emotions

Negative Emotions

Positive Emotions
MORAL EMOTIONS

Positive
Self-Focused
- Pride, Hubris, Self-Compassion

Other-Focused
- Gratitude, Awe, Elevation, Compassion

Negative
Self-Focused
- Shame, Embarrassment, Guilt

Other-Focused
- Contempt, Anger, and Disgust

Group Cohesion

(Farnsworth et al., 2014)
The Head

+ Rational and logical thought
+ Primarily verbal rules
+ “Should’s” and “Should not’s”

Manifested over time through...

+ Legal Systems
+ Religious doctrines
+ Cultural rules
THOUGHTS ABOUT TRAUMA

- **Appraisals**
  - Evaluate the significance of an event
    - Extent of Threat
    - Resources Available to Cope
THOUGHTS DURING TRAUMA

Why me?
Could I prevent?
Can I save him?

VETERANS HEALTH ADMINISTRATION
THOUGHTS ABOUT TRAUMA

❖ Attributions
   ✤ Explanations of cause / meaning
     ❖ Controllability
     ❖ Locus (int vs ext)
     ❖ Stability
     ❖ Intentionality
     ❖ Universality
     ❖ Globality
<table>
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<tr>
<th>Moral Intuitions</th>
<th>Moral Thoughts</th>
<th>Moral Emotions</th>
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<tbody>
<tr>
<td>Innocent Harmed</td>
<td>“I am evil”</td>
<td>Guilt</td>
</tr>
<tr>
<td>Unfair / Unjust</td>
<td>“He crossed a line”</td>
<td>Rage</td>
</tr>
<tr>
<td>Failed my team</td>
<td>“I’m weak / incompetent”</td>
<td>Shame</td>
</tr>
<tr>
<td>Disloyal / Betrayal</td>
<td>“I can’t trust anyone”</td>
<td>Contempt</td>
</tr>
<tr>
<td>Dishonor / Sacrilege</td>
<td>“He’s a disgrace”</td>
<td>Disgust</td>
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ASSIMILATION / ACCOMMODATION

- **Dissonance**
  - Discomfort at discrepancy between what you already know or believe, and new information or interpretation arising from an event

- **Assimilation**
  - Fitting new meanings derived from event into my inner world – may require changing view of what happened

- **Accommodation**
  - Changing my inner world to accommodate new meanings derived from event
SHATTERED MEANINGS

Core Beliefs / Values

- Who I am – my character
- How I view others – Who can I Trust?
- Where I fit in the universe – spiritual
- My expectations about my future
- Is there hope?
MORAL INJURY

Global Meaning
Beliefs, Goals, Values

Situational Meaning

Moral Appraisals

Moral Attributions

MI Event

Moral Emotions

Dissonance / Moral Judgments
Signs & symptoms of moral injury likely to be seen by clergy
SIGNS & SYMPTOMS

- Moral Emotions
  - Shame, Guilt, Anger, Contempt, Hatred

- Moral Beliefs about Self / Others

- Spiritual Struggle / Issues with Forgiveness

- Avoidant or Self-Destructive Behaviors
  - Risk taking, Substance Use, Active / passive self harm

- Alienation / Social Isolation
  - Job / School / Family / Relational Issues

- Mental Health Disorders
How clergy can help
HELPFUL PROVIDER CHARACTERISTICS

• Importance of rapport-building
• Cultural Competence balanced with not assuming you understand
• Willingness to ask hard questions in non-judgmental way
• Willingness to live with ambiguity - Comfort with Discomfort
• State-of-the-art knowledge
KNOWING WHEN TO REFER

- When Mental Health Disorders are Present
  - Not “Either/or” usually “Both/and”
  - Moral Injury usually co-occurs with MH Problems
- When Issues Exceed Competence
- When in Doubt Confer / Consult
- When Possible Collaborate with MH
BEST CARE IS COLLABORATIVE

- Know what Mental Health Care is available
- Build Relationships with other Providers
  - Discuss cases and consult
  - Attend Team Meetings
- Know the Treatments the Client is Receiving
  - Collaborate – don’t work cross-purposes
  - Ask the Client
  - Read Medical Record and Chart What You’re Doing
- Learn about Evidence-Based Treatment
MI CURRENT TREATMENTS

- Evidence-Based Treatments for PTSD
  - Prolonged Exposure (PE)
  - Cognitive Processing Therapy (CPT)
- Emerging Treatments (not widely available)
  - Adaptive Disclosure
  - Impact of Killing
  - Acceptance & Commitment Therapy for MI
CLERGY READINGS


REFERENCES

