

TREATING MORAL INJURY

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MORAL INJURY

Dangerous combat and operational experiences such as life threats that elicit fear and hyperarousal are not the only sources of psychic injury during warfare

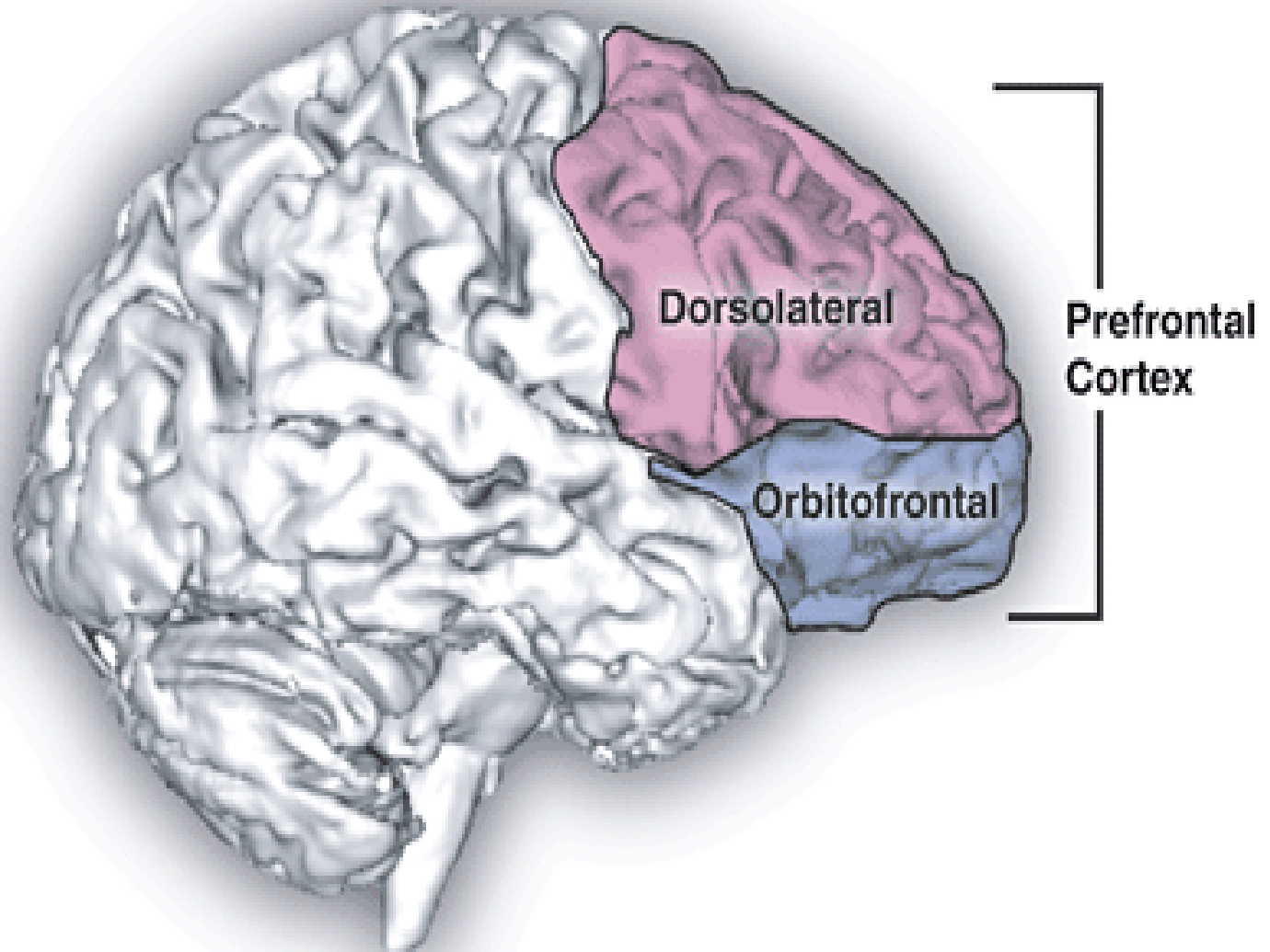
MORAL INJURY

- **They have seen the darkness within them and within the world, and it weighs heavily upon them.**
- **“I would bet anything, that if we had the wherewithal to do this kind of research we’d find that moral injury underlies veteran homelessness, criminal behavior, suicide.”** Retired Navy Psychiatrist

NEUROBIOLOGY OF MORAL BEHAVIOR

- “Neuromoral” network for responding to a moral dilemma
- Centered in the *right ventromedial prefrontal cortex and its connections*
- Neurobiological evidence indicates the existence of automatic “prosocial” mechanisms for identification with others that is a part of the moral brain

PREFRONTAL CORTEX



MORAL INJURY AND PTSD

PTSD	BOTH	MORAL INJURY
“STARTLE” REFLEX	ANGER	SORROW GRIEF
MEMORY LOSS	DEPRESSION	REGRET
FEAR	ANXIETY	SHAME
FLASHBACKS	INSOMNIA	ALIENATION
	NIGHTMARES	
	SELF- MEDICATE	

MORAL INJURY AND PTSD

- Extinction learning is hard-wired
- Hard-wired to recover from loss
- *Not hard-wired to recovery from moral injury*
 - *Difficult to correct core beliefs about a personal defect or a destructive interpersonal or societal response especially when it leads to withdrawal*

MORAL INJURY AND PTSD

- Exposure to atrocities does not appear to be associated with hyperarousal symptoms
 - Arousal symptoms stem from high sustained fear due to real or perceived threat to life
- Exposure to atrocities was only related to reexperiencing and avoidance
 - Morally injurious experiences are recalled intrusively and a combination of *avoidance and emotional numbing* may also be present

MORAL INJURY AND PTSD

- *Killing where there is real or perceived threat to one's life regardless of one's role in the act, is a good indicator of chronic PTSD symptoms*
 - Also correlated with alcohol abuse, anger and relationship problems
- **Subjective reactions are important**
 - *How it is reconciled is key*
 - If cannot accommodate or assimilate the event within existing schemas about self and others, guilt will be experienced, as well as, shame and anxiety about the personal consequences (being ridiculed)

MORAL INJURY AND PTSD

- **Poor integration leads to lingering psychological distress**
- **Individuals with moral injury may see themselves as *immoral, irredeemable and unreparable and may believe the world is immoral***

MORAL INJURY

Manifestations of Moral Injury

- **Self-harm**
- **Poor self-care**
- **Substance abuse**
- **Recklessness**
- **Self-defeating behaviors**
- **Hopelessness**

MORAL INJURY

Manifestations of Moral Injury

- **Self-loathing**
- **Decreased empathy**
- **Preoccupation with internal distress**
- **Remorse**
- **Self-condemning thoughts**
--Litz, et al., 2009; Tangney, et al., 2007; Fisher & Exline, 2006

MORAL INJURY

- **EMOTIONS**

- *SHAME is a global evaluation of the self along with behavioral tendencies to avoid and withdraw*

- May be a more integral part of moral injury

- *SHAME is related to the expectation of negative appraisal by important others*

- *Avoidance is not surprising*

MORAL INJURY

- **EMOTIONS**

- ***SHAME*** is visceral

- Involves the *parasympathetic* branch of the *autonomic nervous system*

- Shutdown for repair, digestion, elimination and storage of chemistry necessary for engagement

- » AVOIDANCE

- » WITHDRAWAL

- Mediated by *endorphins*

MORAL INJURY

- *If shame is generalized, internalized as a flaw and is enduring, he/she will experience anxiety about being judged*
- *Will see...*
 - *Reexperiencing,*
 - *Numbing*
 - *Withdrawal (avoidance symptoms)*
- **Withdrawal undermines corrective actions**

MORAL INJURY

- **SHAME**

- Associated with a wide variety of psychological problems including depression and PTSD, as well as, physiological changes including an increase in harmful cytokines, proteins that promote inflammation and cortisol
- Lead individuals to become angry, aggressive and self-defensive

MORAL INJURY

. . . Being able to pull the trigger through muscle memory is not the same as being able to reconcile the act afterward.

--Philipps, 2010

MORAL INJURY

...Many veterans were presenting with difficulties that were not sufficiently addressed in the fear and extinction-based frame that underlies exposure.

Steinkamp, et al., 2011

MORAL INJURY

Clinicians and researchers focus most of their attention on the impact of life-threatening trauma, failing to pay sufficient attention to the impact of events with moral and ethical implications.

--Litz, et al., 2009

MORAL INJURY

We argue that repeated raw exposure to a memory of an act of transgression without a strategic therapeutic frame for corrective and countervailing attributions, appraisals, and *without fostering corrective and forgiveness-promoting experiences outside therapy would be counterproductive at best and potentially harmful.*

--Litz, et al. 2009

MORAL INJURY

Be too careful and you could die...Be too aggressive and you might not be able to live with yourself.

Mistake the foe for a friend, and perhaps die...*Mistake a friend for a foe and die inwardly.*

--Philipps, 2010

MORAL INJURY

- ***Perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs***
- ***Betrayal on either a personal or organizational level can act as a precipitant***
 - Navy vet case

MORAL INJURY

- **Two Categories**
 - **Perpetration-based Injuries**
 - **Betrayal-based Injuries**

MORAL INJURY

- **Perpetration-based Injuries**
 - Actual perpetration of acts of unnecessary or capricious violence
 - Or Perceived acts of commission or omission that violate the service members' or veterans' sense of honor and duty

MORAL INJURY

- **Perpetration-based Injuries-
Examples**
 - **Accidental or intentional killing of noncombatants**
 - **Torture or sadistic killing**
 - **Indiscriminate aggressive behavior or killing (possibly coupled with killing of civilians)**
 - **Mutilation of corpses**
 - **Sexual assault**
 - **Failure to prevent death to comrades**

MORAL INJURY

- **Perpetration-based Injuries-
Negative Coping Strategies**
 - Denial- Self-protective distancing from the significance and meaning of the experience
 - Once the significance breaks through self-protective denial another coping strategy involves letting the incident overly redefine one's self-concept and identity (may lead to shame, guilt and or self-loathing and suicide)

MORAL INJURY

- **Perpetration-based Injuries-
Negative Coping Strategies**
 - Another coping strategy is excessive assimilation of the significance of the event into preexisting schemas and worldview
 - “The military is good and just and I am good and just, so what I did must be good and just.”
 - Can lead to increased immoral behavior

MORAL INJURY

- **Perpetration-based Injuries-Goals**
 - To challenge the rigidity of their worldview-although did something bad it is possible to move on
 - To plant seeds and encourage the consideration of other possible interpretations
 - To draw a circle- within the circle is the event and also the positive aspects of self, as well as, future positive actions

MORAL INJURY

- **Betrayal-based Injuries**
 - Usually involve a leaders' behavior and judgment that are capricious, dangerous and entail unfair mistreatment
 - Violation of moral and ethical conduct leading to disastrous consequences often without redress or justice

MORAL INJURY

- **Betrayal-based Injuries**
 - **Soldiers confidence in moral authority and moral structure is shaken if not obliterated**
 - **Difficulty forgiving can cause persistent anger and wish for revenge**
 - **Irritability, blaming and revenge fantasies**
 - **Ask- “Are there things about your experience that you find you cannot forgive others for?”**

MORAL INJURY

- **Betrayal-based Injuries- Goals**

- To start to understand how betrayal affects ability to trust others, believe in institutions and value ideals such as “right and wrong”
- To express anger and disappointment
- Unburden thoughts and feelings of being a helpless victim of another's immorality
- To accommodate both the immoral behavior of others and the notion of living in a world where this could happen

MORAL INJURY

Therapist Concerns

Develop a knowledge of the exact nature, conditions, issues, environment, locations of the veteran's theatre of operation.

I have found vets' autobiographies about their war experiences the most useful of all readings when it comes to treating war trauma.

MORAL INJURY

Therapist Concerns

- **What was his/her job?**
- **What his/her aspirations are/were?**
- **Degree of leadership responsibility**

MORAL INJURY

Therapist Concerns

- **Understand the military ethos and the unique war trauma among service members**
- **Create a foundation for healing, repair and recovery by presenting treatment as a different way of dealing with their problem**
- **Assume that active duty members are not well versed in sharing and disclosure-help develop narrative**

MORAL INJURY

Therapist Concerns

- **MAKING OF MEANING-** to employ strategies to help uncover and clarify the unfolding meaning they ascribe to experiences that haunt them
- **FORGIVENESS AND COMPASSION**

MORAL INJURY

Therapist Concerns

- **Veteran may feel need to suffer, be punished and not be forgiven**
- **This is antithetical to healing**
- **Deeper need for forgiveness in order to have self-compassion**
- **A regrettable action is not destiny**
- **Corrective learning can counter the need to suffer, be punished, etc.**



MORAL INJURY

Therapist Concerns

- **BETWEEN SESSIONS**
 - Foster reparation, reengagement and reconnection
 - Improve self-care
 - Consolidation of meaning

MORAL INJURY

Therapist Concerns

- **If veteran is haunted by relationship attachment to another service member the clinician can assume**
 - **The relationship was powerful**
 - **Loss, violence or tragic circumstances**
 - **The veteran may feel responsible**

MORAL INJURY

Therapist Concerns

- **The therapist can use a dialogue with lost friend (empty chair)**
 - **Can use to promote emotionally charged accommodation of the “corrective” messages voiced by the friend**
 - **To acknowledge the losses impact and meaning and implications of the loss (usually self-blame)**

MORAL INJURY

Therapist Concerns

- **GOAL: TO FOSTER BALANCE**
 - **Accept the part of themselves that did or was subjected to bad acts without attempting to modify constructions about culpability**
 - **While at the same time to help reclaim goodness and humanity and accelerate those parts of their life**
 - **Ultimately the expectation is self-forgiveness and the possibility of living a moral life**



MORAL INJURY

Therapist Concerns

Treatment starts and cannot finish

The moral process begins

MORAL INJURY

- *Goal of Treatment of Moral Injury*
 - REDUCE GUILT AND SHAME TO MILD REMORSE
 - MODIFY AND REFRAME AMPLIFYING COGNITIONS
 - *RETURN TO SEEING THE GOODNESS OF THE WORLD AND SELF THAT EXISTED PRIOR TO EXPERIENCE*

MORAL INJURY

Treatment Model

- ***CONNECTION***
- ***PREPARATION AND EDUCATION***
- ***MODIFIED EXPOSURE COMPONENT***
- ***EXAMINATION AND INTEGRATION***
- ***DIALOGUE WITH MORAL AUTHORITY***
- ***REPARATION AND FORGIVENESS***
- ***FOSTERING RECONNECTION***
- ***PLAN FOR THE LONG HAUL***

MORAL INJURY

Treatment Model

- **CONNECTION**

- *Unconditional acceptance is mandatory.* This may well be the first time the veteran has shared this information.
- They may expect to be received with scorn, disgust or disdain (this is at the core of moral injury)
- *Must model implicitly and explicitly the idea of acceptance*
- Any discordant expression by the therapist will be experienced as condemnation

MORAL INJURY

Treatment Model

- **PREPARATION AND EDUCATION**
 - *Patient needs a model of the plan* and needs to accept their role in the implementation and success of the plan
 - Patient needs to know approaching the psychologically painful material will bring healing and relief and not make matters worse
 - *Patient needs to understand that concealment is understandable but maladaptive*
 - Patient needs to understand this is a collaborative experience

MORAL INJURY

Treatment Model

- **MODIFIED EXPOSURE COMPONENT** (Briefer and not necessary if patient can articulate thoughts, appraisals and meanings regarding the event)
 - *This is done in real-time* (i.e. the current consideration of an upsetting experience)
 - Patient may close eyes although it is not necessary
 - This reduces the eye-to-eye contact with therapist
 - Can also alter the chair arrangement
 - *The goal of the exposure is to foster sustained engagement in the raw aspects of the experience and its aftermath*
 - *Extinction of strong affect from repeated exposure is not the primary change agent*

MORAL INJURY

Treatment Model

- **MODIFIED EXPOSURE COMPONENT**
 - Will be unable to reconsider harmful beliefs stemming from deployment unless they “stay with the event” *long enough for their beliefs to become articulated and explicitly discussed*
 - This step is done in tandem with the next two steps (EXAMINATION AND INTEGRATION and DIALOGUE WITH A BENEFICIAL MORAL AUTHORITY) where examination of meaning and corrective discourse can take place

MORAL INJURY

Treatment Model

- **EXAMINATION AND INTEGRATION**
 - *An important step in self-forgiveness, reclaiming a moral core and a sense of personal worth comes from examining the maladaptive beliefs about self and world*
 - *Therapist asks what the event means for service members in terms of how they view themselves and their future*
 - **Therapist asks about what caused the transgression and explores themes**
 - **Maladaptive interpretations such as “this will forever define me”, severe self-condemnation “I am bad” or “I am worthless”, “I don’t deserve to live” are explored**

MORAL INJURY

Treatment Model

- **EXAMINATION AND INTEGRATION**
 - Want patient to not deny but also not to overly accommodate
 - *The goal is a change of worldview so as not to give up what was just and good about the world and the self prior to the event*
 - Allow patient to understand that the state of their mind and conditions of combat created a brain that is not the brain that is here right now
 - Even if the act was bad it is possible to move on and have a good life

MORAL INJURY

Treatment Model

- **EXAMINATION AND INTEGRATION**
 - It is important for the patient to express remorse and to reach their own conclusions about the event with clinical guidance
 - *Don't try to relieve guilt as patient needs to feel remorseful as part of recovery*
 - *Therapists shouldn't assume they have enough knowledge or credibility to offer moral judgments about another's experience*

MORAL INJURY

Treatment Model

- **DIALOGUE WITH MORAL AUTHORITY**
 - *In person or empty chair dialogue with a trusted, benevolent moral figure*
 - This could be a chaplain, a buddy who has had their back, etc. (someone who does not want them to suffer)
 - *Have patient verbalize what they did or saw and how this has affected them and what they believe should happen to them*
 - *Also enhance the intensity by having them share remorse and sorrow and what they would like to do to make amends if they could*

MORAL INJURY

Treatment Model

- **DIALOGUE WITH MORAL AUTHORITY**

- Using empty chair the therapist asks the patient to verbalize what they believe the moral authority would say to them
- *Want content that is forgiveness oriented (if veteran doesn't bring this up the therapist should interject)*
- At the end therapist elicits feedback
 - “What was that like for you?”
 - “What are you going to take from this?”
 - “How has this changed the way you view and feel about the event
- Similar to 4th and 5th Step work in AA

MORAL INJURY

Treatment Model

- **REPARATION AND FORGIVENESS**
 - *Making amends as a vehicle of self-forgiveness and repair*
 - **To amend means to change**-in this case to change one's approach to how they live their life
 - This could involve doing good deeds
 - Be careful that the idea of making amends is not taken to extremes or that the amend might injure the other
 - Similar to 8th and 9th Step in AA

MORAL INJURY

Treatment Model

- **FOSTERING RECONNECTION**
 - *If the veteran is not able to generalize the therapy experiences and reconnect with loved ones gains will be short-lived*
 - Prepare patient for any self-disclosure with loved ones
 - Foster a dialogue about spirituality if it is consistent with patient's beliefs
- **PLAN FOR THE LONG HAUL**
 - Values and goals moving forward

MORAL INJURY

Treatment Model

Psychotherapy and pharmacotherapy do not work with spiritual issues

Spiritual healing occurs outside of time when conditions are right

Spiritual healing results in worldview changes



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