

Moral Injury

Since 2009, Clay Hunt, a 28-year-old former Marine corporal who earned a Purple Heart serving in Iraq and Afghanistan, had been a model to other veterans of a successful return home, despite his struggles with depression, grief, survivor guilt, frustration with VA services, and questions about the validity of the wars. An energetic idealist who inspired other vets, Clay married and sought many forms of service to heal others. Last year, his marriage ended and he left college. On March 31, 2011, he bolted himself in his apartment in Houston, Texas, and shot himself. He had received counseling for depression, but this failed to save his life. His friends, family, faith community, and fellow veterans are devastated. More than 1,100 people attended his funeral in Texas.¹

Despite mental health screenings of new veterans, more research on Post Traumatic Stress Disorder (PTSD), and better methods for treating it, the current U.S. veteran suicide rate averages an unprecedented eighteen a day, or twenty percent of all suicides in the nation. Between 2005 and 2007, the rate among veterans under age 30 rose twenty-six percent; in Texas, rates rose forty percent between 2006 and 2009. These numbers fail to convey the devastating impact of such suicides on veterans' families and friends, on their communities, and on other veterans.²

In December 2009, Veteran's Administration (VA) mental health professionals described, for the first time, a wound of war they call "moral injury." They define it as the extreme distress brought about by "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations." They suggest that it contributes

¹ When Project Co-Director, Rita Brock spoke on "The Humanity of Soldiers" at the Rothko Chapel in Houston on April 12, 2011, several members of Clay Hunt's community attended and shared how deeply affected they were by his suicide. His story is told in Kimberly Heffling, "Veteran Advocate Kills Self After War Tours," April 15, 2011, Associated Press News Release, http://news.yahoo.com/s/ap/us_popular_veteran_suicide, and James Dao, "Veteran Loses Battle With Depression After Helping Others With Their Own," April 15, 2011, New York Times, <http://atwar.blogs.nytimes.com/2011/04/15/veteran-loses-battle-with-depression-after-helping-others-with-their-own/?emc=eta1>.

² Eli Clifton, "Suicide Rate Surged Among Veterans," Jan.. 13, 2010, IPS, <http://ipsnews.net/news.asp?idnews=49971>. Houston Chronicle, "The Cost of War: A Marine Veteran's Suicide Points to the Heavy Toll at Home," April 10, 2011, <http://www.chron.com/disp/story.mpl/editorial/7516062.html>.

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significantly to clinical depression, addiction, violent behavior, and suicide and that it may sometimes precipitate or intensify PTSD.³

Moral injury is different from PTSD; it is possible to have only one or both. PTSD is a fear-victim reaction to danger and has identifiable trauma symptoms such as flashbacks, nightmares, hyper-vigilance, and dissociation. Moral injury is an inner conflict based on a moral evaluation of having inflicted harm, a judgment grounded in a sense of personal agency. It results from a capacity for both empathy and self-reflection. Judgments pertain not only to active behavior, such as killing, but also to passive behavior, such as failing to prevent harm or witnessing a close friend be slain. Moral injury can also involve feeling betrayed by persons in authority. Even when an action may have saved someone's life or felt right at the time, a veteran may come to feel remorse or guilt for having had to inflict harm that violates his or her inner values. Just having to view and handle human remains can sometimes cause moral injury. A 2007 study of suicide rates found that veterans diagnosed with depression without concurrent PTSD were *more likely to commit suicide* than those with PTSD and depression.⁴

Moral injury is a complex wound of the soul. Many veterans come home from war with deep feelings of guilt, unresolved grief, angst, anger, distrust, shame, and contrition. These feelings indicate a profound crisis of meaning and loss of faith, and healing from moral injury requires theological reflection and spiritual guidance. Feelings of guilt and shame as responses to traditional teachings about moral responsibility were once considered essential to virtuous behavior. However, secular approaches to such feelings usually treat them as neuroses or psychic disorders that inhibit individual self-actualization and interfere with authentic urges and feelings. Yet, many veterans do not experience their moral struggles as a psychological disorder or illness, but as a profound spiritual crisis. VA studies suggest moral injury originates in an inner sense of agency by which soldiers make choices in life-threatening situations. They then measure those choices against their core personal values as having failed those values.

VA clinicians overwhelmingly agree moral injury is a helpful concept for describing the moral impact of war. They have conceptualized it and are gathering data so that it can be

³Brett Litz et. al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychological Review*, December 2009, available at www.bu.edu/ssw/research/social/pdf/Moral%20Injury%20CPR.doc.

⁴K.H. Seal, et. al., "Increasing prevalence of mental disorders among Iraq and Afghanistan veterans: trends and risk factors for mental health diagnoses in new users of VA health care, 2002-2008" *American Journal of Public Health*, 2011 forthcoming. On the depression suicide rates vs. depression with PTSD, see Kara Zivin, "Statement from Department of Veterans Affairs Health Services Research and Development to the House Veterans Affairs Committee: Dec. 12, 2007," <http://www.va.gov/OCA/testimony/hvac/071212KZ.asp>.

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officially treated. Treatment protocols suggested by VA clinicians make clear that traditional individual approaches to counseling are inadequate. Protocols include access to a caring, nonjudgmental moral authority and welcoming communities that can receive the testimony of veterans, provide means for making restitution, offer forgiveness, and sustain their long-term community service and ties. Such protocols are not explicitly defined as religious. Nonetheless, trauma and spirituality often intersect, and the healing of the morally injured psyche involves the healing of the spirit.⁵

Clay Hunt had a deep capacity for empathy for others and was active in a suicide prevention program for vets. He also had many of the symptoms of moral injury: depression, survivor guilt, grief, a sense of anger and betrayal, an inability to sustain intimate relationships, and a need to make amends. He did his best to serve his country with honor and integrity in military service. For him, as for many, the return home became as difficult as his war service.

In basic training and the war colleges, the military teaches guidelines about the legal and moral conduct of war, including the need to protect noncombatants and to refrain from torturing prisoners. Under traditional rules of combat, the extremities of war frequently present morally anguishing ambiguities and choices. The current U.S. wars in Iraq and Afghanistan have created especially difficult moral conditions for engagement because the lines between civilians and combatants are often invisible; even women and children can be dangerous, or they can be used as shields for combatants. These confusions of roles complicate actions based on the reflexive shooting methods the military teaches. The absence of clear battle lines makes every situation of interaction with civilians potentially lethal for combatants and noncombatants alike.

Religious values and ethical precepts lie at the core of every person's sense of humanity and of meaning. Chaplains and religious leaders have long been trusted confidants of men and women in the uniformed services. Veterans who ask moral questions and express grief, contrition, and shame are usually referred to chaplains because the formal training of mental health professionals does not include theology or questions about evil or faith. Hence, VA chaplains are placed on the front lines of treating moral injury.⁶ But far more is needed to meet the needs of veterans and their families.

⁵ Kent Drescher, et. al., ., "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans," *Traumatology*, forthcoming, available from the lead author, Kent.Drescher@va.gov and material from a lecture Dr. Drescher delivered on March 19, 2011, at a conference at the Graduate Theological Union, Berkeley, CA, "Exploring Moral Injury and Religious Resources for Moral Repair in War Veterans."

⁶ Peter Marin, "Modern Therapies Cannot Deal with Guilt and Conscience," *Center Magazine* (July-August 1981): 68-100.

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