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Moral Injury:

 Erin Finley’s ethnography, *Fields of Combat*, seems to raise as many questions as assumptions on the issue of post traumatic stress disorder (PTSD). Especially in the illness narratives she collected from American veterans, it is evident that, although officially classified and defined under the American Psychiatric Association, PTSD includes many cases that require further distinction (Finley 6). PTSD has come to be defined as a mental illness distinguished by its symptoms of re-experience, avoidance, and hyperarousal in result of singular or repeated trauma which affects normal life functioning (Finley 5). This concept has changed respectably through America’s involvement in wars, transforming from “soldiers heart” to “shell shock” to “traumatic neurosis” to “combat fatigue” (Finley 89, 90, 93, 96). However, there seems the likely possibility of a coexisting dimension, distinct but often present, called moral injury. Moral injury is defined as “an act of serious transgression that leads to serious inner conflict because the experience is at odds with core ethical and moral beliefs” (Maguen 1). Though a term only recently conceived, and not yet established as a psychiatric diagnosis, it provides a clearer etiology and understanding of many veterans in distress. This essay serves as an exploration of moral injury as a unique designation from PTSD.

 PTSD and moral injury are usually described by a set of feelings because that is what most people best identify with. “Fear, helplessness, and horror” seem to be reoccurring themes in stories of those with PTSD, however when many soldiers speak of specific events they describe “shame and guilt”, and that is when a distinction should be made between PTSD and moral injury (Finley 5). For PTSD, most veterans describe their triggers to signal a threat of safety, so their response usually involves acts of survival. This results in consequent feelings of fear. However, instead of triggers, moral injury deals with the transgression of morals which are defined as “fundamental assumptions about how things should work and how one should behave in the world” (Litz 699). Any violation of moral values results in profound feelings that say “that should not have happened” whether the soldier committed the act, oversaw it and let it happen, or witnessed aftermath of a damaging event (Litz 700). Commonly, a shift in worldview and humanity occurs after these experiences and is, accompanied by feelings of shame due to self-blame or guilt due to remorse (Litz 696). For example, during one of Finley’s interviews a veteran explained that “the world had turned out to be a disappointment, true, but too often they had found themselves to be a disappointment as well” (Finley 57). Although Finley speaks of this under the diagnosis of PTSD, it seems evident that PTSD has become a sort of umbrella term for veterans whereas moral injury could help to differentiate between post-deployment experiences.

A major focus of Finley in her ethnography is misdiagnosis of PTSD. Although there are evident improvements in veteran care with the wider acceptance and awareness of PTSD, it has become an illness label that is not always necessary or appropriate. The over-diagnosis of PTSD can be attributed to the residual guilt of clinicians remaining from the Vietnam War and by the motivation of veterans for maximum healthcare compensation (Finley 58, 127). This presents an abuse of the PTSD diagnosis whether it’s a diagnosis where none is necessary or a complete misdiagnosis where moral injury may be better suited. Alternately, there is a position in which veterans, due to lack of self-report or lack of the requirements/ symptoms get no PTSD diagnosis at all (under-diagnosis). Moral injury presents a way to catch those that “slipped through the cracks” (War in The Mind). Especially for veterans that attempted to get help and lacked the criteria of trauma, moral injury provides a more appropriate term to categorize these experiences. For example, there are many soldiers that are not “on the ground” but still commit things they feel guilty for, and there was a distinction made by Finely that said what one man takes as overwhelmingly traumatic the soldier next to him may just call the source of a bad day (Finley 67). However, it is too naive to assume that the latter soldier without the traumatic experience has no residual feelings about the event.

Finley defines dislocation as “the act of disrupting an established order so it fails to continue… the state of being displaced” (Finley 59). By the nature of the military and deployment, this is a two-fold occurrence: the first move is from that of home to place of deployment, and the second is that of the return home. Prior to deployment a person has their original set of morals, goals, and desires, likely unchanged since childhood and a part of their ingrained character/ personality. Between these two periods, while in theater, soldiers go through a complete transformation in order to become an effective soldier and one capable of coming out of war alive. By routine functioning, the military forces their military culture of new morals, goals, and desires onto the new recruit as they are expected to fill a certain role during their service. Perhaps it should not be an entire replacement of previous moral code with new, but a person’s original morals will be at least masked by the new by necessity, in order to survive. This is done by military socialization, the expectation that men treat themselves as only one small part of a larger, more important whole that requires a necessary change in perspective from individual, to strictly shared values, many of which will require a moral transition (Finley 159). Nonetheless, eventually these conditioned soldiers will need to return home. Post-deployment is when the original moral construct is attempted to be restored in order to restore a sense of normalcy and reacclimation to who they used to be. However, it is not simple for one to change moral codes in either case, whether adjusting to life in theater or readjusting to life back at home.

Moral injury is what occurs when the two moral codes are mixed and utilized in the wrong environments. For example, a soldier may experience guilt after shooting a young boy in Afghanistan even though his new “militarian” moral code says that is what he needed to do because it conflicts with his previous moral landscape. How can he accept what only a few months ago he would have seen as unacceptable? This represent moral injury. Upon return however, there is continued chance for moral injury. For example, a veteran that has moved back home may feel shame after searching for mental health help, something that their original moral code is okay with. This is likely going to conflict with his previously established military moral code in that one should never focus on himself, only the team (Finley 110). This again demonstrates that there is almost an inevitability in the development of moral injury in veterans because they are forced to move from one set of moral values to the next and that can cause a lot of confusion and feelings of shame or guilt. There seems to be an unimaginably fine line in which a veteran can act in a way that will not transgress either his personal and military moral codes.

PTSD’s treatment methods also seem inadequate for those experiencing moral injury. Exposure therapy continues as a leading way to help PTSD veterans get over triggers by process of unconditioning. Exposure therapy is described as a practice in which the patient is forced to repeatedly re-experience their trauma face-to-face in hopes that the heightened tension that they usually feel will wear out (Finley, 125). However, this looks, in a personal view, to be a poor way to deal with those with moral injury whether in coexistence or independent existence of PTSD. In terms of moral injury, it is likely that exposure to moral-transgressing events will not help get rid of these heavy emotions, but to perhaps deepen them. When exposed to something that you feel ashamed or guilty for, it is unlike the circumstance of PTSD in which there is a heightened state of “alert tension”, there are deep feelings. Finley claims that “it is not possible to stay continuously at the same high level of alert tension” which is why exposure therapy may work for PTSD, but moral injury does not cause heightened tension, it is a set of deeply held feeling involving a soul. Feelings can be everlasting, we usually do not become habituated to them and lose them completely, so this treatment would not work for someone suffering from moral injury. The only way to get rid of those feelings would be self- forgiveness or reparation which requires much different treatment. Moral injury is a soul wound, and it requires a “soul-repair” (Shay & “What”).

As a quick aside for how to treat soul-wounds purification is mentioned. Purification is an interesting way to view the healing of moral injury, and it may or may not be relevant for those with PTSD. This is an idea that by ritual, personal narratives, or other “purification” processes there can be forgiveness for moral wrongdoings (Shay).

Though not a formally named condition or illness, moral injury is likely comorbid with PTSD. The added dimension of moral injury helps provide better understanding and more opportunity for treatment. For now, I think it would be acceptable to view moral injury as a dimension of mental health rather than a subset of PTSD because it is something that can present without PTSD as well. Although a new term, moral injury is not a new concept and it deserves the same sort of evolution that PTSD went through and I expect that it will. Until then however, in parallel to how PTSD came to be a widely acknowledged illness, moral injury may need a political push to commence its development as a respectable element of veterans’ illness experiences.

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