


Moral Injury and Trauma
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Moral Injury Defined: VA

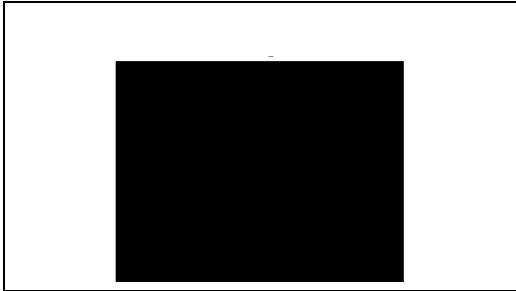
Like psychological trauma, moral injury is a construct that describes extreme and unprecedented life experience including the harmful aftermath of exposure to such events. Events are considered morally injurious if they “transgress deeply held moral beliefs and expectations”. Thus, the key precondition for moral injury is an act of transgression, which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture based, organizational, and group related rules about fairness, the value of life and so forth.

(Source: Department of Veterans Affairs – National

Moral Injury Defined (Again)

Moral injury results from committing, witnessing, imagining, or failing to prevent acts or events that can be judged as evil or harmful, and that violate foundational social and ethical taboos: in short, the experience of combat itself. Central to this definition is the belief moral injury is not pathology, but experience.





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

- 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

- **Poor integration of memory 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: What clinicians will see

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



MORAL INJURY: What clinicians will see

- 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

• **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 persons sense of honor and social duty



Moral Injury

Betrayal-based Injuries

Usually involve a others 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

• 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 *sympathetic* branch of the *autonomic nervous system*

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

AVOIDANCE and SOCIAL WITHDRAWAL

-- Mediated by *endorphins*



Social Injury

If shame is generalized, internalized as a flaw and is enduring, he/she will experience anxiety about being judged

- *Clinicians Will see...*

Re-experiencing,

Numbing

Social Withdrawal (avoidance symptoms)

Withdrawal undermines corrective actions and cognitions



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

Leads individuals to become angry, aggressive and self-defensive



MORAL INJURY Therapist Concerns

• *Develop a knowledge of the exact nature, conditions, issues, environment, locations in the persons life.*

• *It has been found that autobiographies about their experiences the most useful of all readings when it comes to treating moral trauma.*



MORAL INJURY and 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 and Therapist Concerns

- Person 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 and Therapist Concerns

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



MORAL INJURY and Therapist Concerns

- *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 and Therapist Concerns

- 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 and Therapist Concerns

- 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



Questions?

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References

Nuchols, C. ND