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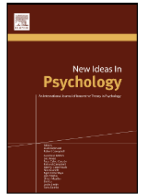
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Toward an interdisciplinary conceptualization of moral injury: From unequivocal guilt and anger to moral conflict and disorientation

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ABSTRACT

While the concept of moral injury has been embraced in academic, clinical and public discourses, it is still nascent and needs development regarding the 'moral' in 'moral injury'. When questions about the complex nature of morality go unaddressed, clinical practice is based on unsubstantiated and possibly reductive assumptions about the moral dimensions of traumas. Current conceptualizations of moral injury approach morality implicitly as a harmonious belief system. However, people always have multiple moral commitments that may co-exist in tension. What are the implications of moral tension in the experience of distress, and what are the implications of the complex nature of morality for the theoretical understanding of moral injury? This article addresses these questions, drawing on relevant literature from the fields of philosophy and social sciences, and on 80 in-depth qualitative interviews with Dutch veterans, thus contributing to a refined, interdisciplinary concept of moral injury.

1. Moral injury: the moral and the injury

"I couldn't sleep, not because of nightmares, but because I was always watching documentaries, trying to understand things." Philip (a pseudonym) was one of the Dutchbat peacekeepers deployed to Srebrenica. He began watching documentaries after coming home because he wanted to know "which story is the right story," yet he could not find one that matched his experience. Public accusations made Philip furious, but at the same time, he did not want to give in to his anger because it felt egotistical "that I'm whining about this while 8000 people died over there." He felt guilty, but at the same time, he could not let himself be guilty, because "if I asked myself questions, I felt, like, I was like the rest of the Netherlands attacking Dutchbat with unfounded accusations." Due to his inability to make sense of his experience, Philip said, "I can't find for myself ... - yeah I hate the word - but I can't find closure. And it still keeps on festering."

Philip's words recall the concept of moral injury, which gained traction a decade ago and was quickly embraced in academic, clinical and public discourses (Currier, Holland, & Malott, 2015b; Frame, 2015; Kinghorn, 2012; Litz, Lebowitz, Gray, & Nash, 2015; Litz et al., 2009; Nash & Litz, 2013; Nash et al., 2013; Shay, 2014). The concept is intended to capture what the current concept of post-traumatic stress disorder fails to sufficiently address, namely the moral dimensions of deployment-related suffering. The general idea is that moral injury is the result of deployment experiences that violate a soldier's moral beliefs and expectations and thus cause suffering.

While the concept of moral injury has been widely embraced, it is still in its infancy and needs empirical and theoretical development (Frame, 2015; Maguen & Litz, 2012). More critical attitudes suggest that the notion of moral injury may need modification. Several scholars have criticized the concept for focusing mainly on 'the injury' while attending too little to 'the moral' (Beard, 2015; Kinghorn, 2012; Molendijk, Kramer, & Verweij, 2018, forthcoming; Wilson, 2014). When questions about 'the moral' go unaddressed, tacit, unsubstantiated assumptions are easily incorporated, leading to a relatively insubstantial basis for the development of both the concept itself and the clinical practices based on moral injury.

Moral injury is currently described as a transgression of one's moral belief system (Kinghorn, 2012; Litz et al., 2009; Nash & Litz, 2013). However, it seems that this conceptualization can be refined. Morality is not a unitary, harmonious system of values, but a totality of multiple, potentially competing values (Hitlin & Vaisey, 2013; Tessman, 2014; e.g.; Zigon, 2008). A soldier internalizes both civilian and military values, and, as a soldier, is not merely an instrument of the state who must adhere to political norms but always remains a moral agent with personal values. In other words, soldiers have multiple moral commitments that may co-exist in tension. What are the implications of moral tension for the experience of distress? And, what does accounting for the complex nature of morality imply for the theoretical understanding of moral injury? To answer these questions, this article draws on 80 in-depth qualitative interviews with Dutch veterans and on literature from the fields of psychology, philosophy, and social sciences. It aims to refine the conceptualization of the po-

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tential conflicts at play in cases of moral injury and of the ways in which such conflicts affect soldiers.

The article begins by discussing the promises and shortcomings of the current concept of moral injury, before presenting the study methods. It then turns to the findings, which are discussed with relevant existing theory. First, it explores three themes that emerged in the analysis: value conflict, moral detachment, and feelings of senselessness. Second, it examines the impact of such experiences on veterans, which will reveal that moral injury is generally more complex than an unequivocal experience of guilt or anger. Third, it argues that while the conscience of morally injured veterans typically remains intact, as the current concept of moral injury emphasizes, the experience of moral disorientation does prompt veterans to re-evaluate their moral beliefs. The article closes by reflecting on how to understand the phenomenon of moral injury.

2. The concept of moral injury and its need for refinement

Post-traumatic stress disorder, or PTSD, is currently the dominant explanatory concept of deployment-related suffering. The most recent version of the official classification and diagnostic guide of mental disorders, DSM-V, defines the cause of PTSD as “[e]xposure to threatened death, serious injury, or sexual violence” (DSM-V, 2013, p. 271). The symptoms include re-experiencing the traumatic event (e.g. in nightmares), avoiding trauma-related stimuli (e.g. evading certain situations), negative thoughts or feelings, and arousal (e.g. jumpiness) (DSM-5, 2013, pp. 271–272). However, both scholars and practitioners increasingly emphasize that current PTSD models focus mainly on fear and pay only marginal attention to the moral dimensions of trauma (Bica, 1999; Drescher et al., 2011; Litz et al., 2009; Shay, 1994). The concept of moral injury emerged because of discontent over this.

The psychiatrist Shay (1994) and veteran/philosopher Bica (1999) are both cited as the ones who coined the term moral injury (Dokoupil, 2012; Kirsch, 2014). Litz and his colleague psychologists (Litz et al., 2015, 2009; Maguen & Litz, 2012) played a crucial role in systematically conceptualizing the idea of moral injury. They developed a much-cited preliminary model of moral injury, the foundation of an increasing number of clinical studies (Bryan et al., 2016; Currier, Holland, Drescher, & Foy, 2015a; Drescher et al., 2011; Laifer, Amidon, Lang, & Litz, 2015; Litz et al., 2015; Maguen & Litz, 2012; Nash et al., 2013; Steenkamp, Nash, Lebowitz, & Litz, 2013; Vargas, Hanson, Kraus, Drescher, & Foy, 2013). Notably, with the moral injury construct, Litz and colleagues do not aim to replace the concept of PTSD; neither do they propose moral injury as a new diagnosis. Rather, they aim to bring forward a concept that captures particular experiences in ways that deviate from dominant understandings of PTSD.

Litz and colleagues (Litz et al., 2015, 2009; Nash & Litz, 2013) argue that whereas some characteristics of PTSD may overlap with what they call moral injury (e.g. anger, anxiety, nightmares), in other ways moral injury is unique. They place moral emotions such as shame and guilt at the core of their model, as opposed to fear-related responses that stand central in PTSD models. Their definition of “potentially morally injurious experiences” also deviates from the PTSD concept. While these experiences may or may not involve (threatened) death, violence or injury – requirements for a PTSD diagnosis – Litz and colleagues’ definition centers on moral transgression, namely “[p]erpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 700). So, while current PTSD models formulate threat as the key characteristic of traumatic experience, the moral injury concept focuses on moral transgression, and while current PTSD models tend to focus on fear-related responses, the moral injury concept stresses moral emotions such as shame and guilt (see also Drescher et al., 2011; Litz et al., 2015; Maguen & Litz, 2012).

The notion of moral injury entails that when an event is radically discrepant with a person's beliefs about right and wrong and personal goodness, the person will experience severe dissonance (Litz et al., 2009, 2015). Put differently, moral injury is conceptualized as dissonance between, for instance, the belief “I am a good person” and the belief “I did something unforgivable”. Such dis-

sonance often results in self-condemnation (“I am unforgivable”), a loss of trust in one's ability to be good and, subsequently, in self-punishing behavior and/or efforts to fight (perceived) injustice (Litz et al., 2009; Nash & Litz, 2013).

To be clear, the idea that war can be morally compromising is certainly not new. It is, for instance, reflected in Tick's works on military trauma, in which he contends that PTSD is “not a *psychological* but a *soul disorder*” (Tick, 2005, p. 108, emphasis in original). In fact, descriptions of moral suffering are found in ancient texts on war, as Shay (1994) stresses, comparing soldiers' experiences in modern wars to those depicted in the Iliad and the Odyssey. Perhaps most striking, deployment-related guilt is a central theme in the work of Lifton (2005), a psychiatrist who played a key role in introducing ‘PTSD’ into the psychiatric lexicon (see e.g. Scott, 1990; Shephard, 2001). Given that Lifton was a key figure in the adoption of PTSD, it is remarkable that current PTSD models pay so little attention to moral dimensions of deployment-related suffering. Still, this does not mean that moral struggles related to trauma have gone completely unnoticed in PTSD research. For instance, it has long been acknowledged that survivor guilt, which refers to the guilt a person feels on surviving combat when others have not, can result from traumatic experiences. Moreover, in the most recent DSM classification of PTSD (self-)blame is explicitly mentioned as a potential symptom: the criterion “negative alterations in cognitions and mood” includes the possibility of “persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others” (DSM-5, 2013, p. 272).

Although the notion that war can be morally disturbing is thus an old one, systematic efforts to conceptualize moral dimensions of war-related suffering are relatively new. Furthermore, though current PTSD-models do acknowledge potential feelings of guilt and shame, they approach these emotions in a particular way. First, they treat condemnation of the self or others as one of the many symptoms of post-traumatic stress, not as potential *sources*. Second, they tend to approach the blaming of self and others as *misguided and misplaced* emotions, an approach explicitly indicated in the DSM classification of PTSD, which defines guilt and blame as the result of “distorted cognitions.”

Instead, the concept of moral injury stresses that negative judgments about events may also be “quite appropriate and accurate” (Litz et al., 2009, p. 702). Like Lifton – one of the founding fathers of ‘PTSD’ – Litz and colleagues state that although blame may be “unfair and destructive,” they believe “it is equally unhelpful to suggest to morally injured persons that no one is at fault.” They continue, “each person's culpability is usually somewhere between none and all, and many people share responsibility for any outcome” (Nash & Litz, 2013, p. 372). Furthermore, for a person to be able to hold onto the idea of a moral self, it is important to judge a bad act as such (Litz et al., 2009, p. 703). Central to the process of healing, then, is forgiveness – either of the self or of others – and accordingly, acceptance of imperfection. In other words, integrating a moral transgression into one's moral belief system (“I am a good person, but I do make mistakes”; “the world is benevolent, but not absolutely”) would reduce the experience of conflict such that one would be able to maintain “an intact, although more flexible, functional belief system” (Litz et al., 2009, p. 701).

Current research aims to develop the preliminary concept into a workable clinical model. These studies intend to validate the clinical concept with empirical evidence (e.g. Maguen & Litz, 2012; Vargas et al., 2013), to facilitate the measurement of morally injurious experiences (Bryan et al., 2016; Currier et al., 2015a; Nash et al., 2013), and to develop therapies for moral injury (Gray et al., 2012; Laifer et al., 2015; Litz et al., 2015; Steenkamp et al., 2013).

However, the understanding of morality employed in this concept and in the studies building on it needs critical evaluation and refinement. As noted, the moral injury concept appears to implicitly incorporate particular assumptions about morality. In the current concept, the general idea is that moral injury is the result of an act that violates a soldier's beliefs about right and wrong (Currier et al., 2015a; Drescher et al., 2011; e.g.; Litz et al., 2009; Nash et al., 2013; Vargas et al., 2013). This is a somewhat narrow view of morality, as it

is given to the possibility of values being in conflict with one another. The implicit assumption in the current concept seems to be that a person's moral beliefs constitute a harmonious unity (Molendijk et al., 2018, forthcoming).

However, philosophical and social scientific studies teach us that a person's moral beliefs constitute a complex, 'messy' total of multiple and potentially competing values (Hitlin & Vaisey, 2013; Tessman, 2014; Zigon, 2008). Although some events may certainly be experienced as unequivocal transgressions of all of one's moral beliefs, it seems that there may also be cases of more ambivalent experience. Tension may exist between moralities (e.g. between military and civilian moralities) and adhering to one set of moral commitments may necessarily imply the violation of another set of moral commitments. Do such tensions inform and shape experience of moral injury, and if so, how? An analysis of the experiences of Dutch veterans, interwoven with a discussion of theoretical insights from various disciplines, will address this question in the sections below.

3. Research methods

This article draws on a research project aimed at advancing the understanding of moral dimensions of deployment-related distress, focusing on veterans' personal experience. The research comprised a combination of literature study and empirical case study, employing a 'grounded theory' approach (see e.g. Charmaz, 2006), which means that part of the literature study preceded the collection of data while the results of the data analysis also guided a second search of the literature, so that the eventual theoretical conclusions would be well grounded in data.

The literature study involved the review of psychological, philosophical, sociological, and anthropological literature on the topics of distress and morality. The case study consisted of interviews with 80 Dutch veterans. "Veterans" should be understood here as individuals who have been deployed on a mission and may or may not still be serving on active duty.

In line with the study's objective to advance the understanding of experiences of moral injury (and in accordance with its grounded theory approach), theoretical sampling was employed for the case study. While, for instance, random sampling is driven by the goal to collect data representative of a given population, theoretical sampling is specifically driven by the aim to collect theoretically valuable data (Bryman, 2012, p. 305). This resulted in a non-probability sample of veterans of which the majority (had) experienced deployment-related distress. If one wanted to place the interviewees on a continuum based

on the criterion of distress – ranging from veterans who reported no psychological problems at all to veterans who spoke of years of debilitating suffering – it could be said that about half are on the left side of the continuum, and the other half are on the right.

To be able to gain in-depth insight into veterans' experiences, 80 qualitative, semi-structured interviews were collected. Half of the interviews were conducted by the author for the purpose of this study. The other half were conducted by the Netherlands Veterans Institute as part of a life story initiative accessible to researchers, which made it possible to expand this study's data to 80 in-depth interviews. The archived interviews, which had no particular objective to examine moral injury, have the limitation that the interviewers from the Netherlands Veterans Institute often did not ask (supplementary) questions when the author would have done so. However, these interviews also strengthened the study because they served the purpose of triangulation, providing accounts of moral injury without the researcher seeking such material.

Almost all of the 80 interviewees were volunteers (as opposed to conscripts). Approximately half of the interviewees have engaged in combat; the rest have served only in peacekeeping operations. This is in contrast to most empirical studies on PTSD and moral injury, which focus on those who have fought and killed (see e.g. Litz et al., 2009; Vargas et al., 2013). As will become clear, not only direct engagement in combat but also exposure to human suffering more generally may give rise to moral injury. To help ensure the anonymity of the research participants, all names in this article are pseudonyms, with the exception of Niels, who has written a book about his experiences (Veldhuizen, 2014) and expressed a preference for his real name to be used.

Data coding and analysis occurred with the help of the qualitative data analysis program ATLAS.ti. The process followed guidelines generally employed for interpretive grounded theory research (Charmaz, 2006; Lal, Suto, & Ungar, 2012). This means that, while the analysis was informed by the aforementioned theoretical insights in mind, it occurred in an inductive manner, led by the data. In turn, the themes that emerged from the analysis guided an additional, more specific search of relevant theoretical literature, which again informed the data analysis. This iterative process continued until saturation was reached and satisfactory 'core categories' could be established. Fig. 1 shows a schematized report of the data coding results on which this article is based. The inductive aspect of the grounded theory approach made it possible to draw novel insights from the empirical material of this study, while, at the same time, the continuous use of theory in the analytical process assured that empiri-

Initial codes	Focused codes		Core categories
Unequivocal transgression	Unequivocal transgression		Unequivocal transgression
Value conflict	Equivocal experiences		Moral failure
Overwhelmed/detached			
Senselessness			

Initial codes	Focused codes		Core categories
Self-blame	Unequivocal (self-)blame	Equivocal (self-)blame	Moral disorientation
Blame of others			
Questions/uncertainty regarding responsibility and blame	Questions/uncertainty		Ethical struggle

Fig. 1. Data Coding Results. In the initial coding phase, recurring phrases and other regularities were coded at a low level of abstraction. In the focused coding phase, concepts were linked and grouped into categories that are more abstract. Eventually, core categories were established.

cally grounded insights were linked and integrated with existing theoretical insights. The research thus occurred reiteratively, which is reflected in the structure of this article.

4. Morally injurious experiences

The stories the interviewed veterans told were never about abstract questions, but always concerned very specific and personal experiences. They were about having lost a friend; having been unable to help a child in need; having been cruel to local civilians; having cooperated in the evacuation of locals who, they knew now, would be killed later; and so on.

Yet, while their stories are obviously individual narratives, at the same time they reveal insights into more than just the variety of veterans' experiences: they also reveal patterns. When veterans expressed feelings of guilt and/or anger, they often did not mention clear-cut transgressions. Typically, they expressed moral judgments and emotions in the context of one of the following three kinds of experience.

4.1. Value conflict

A first theme that occurred in the accounts of many veterans was experiencing a dilemma, or, to use a less narrowly defined term, a value conflict. Consider the following. Srebrenica veteran Daan was on the compound in Potočari (a town in the enclave of Srebrenica) when the stream of refugees poured in. The compound was far too small to allow all of the refugees in, and Daan and his colleagues did what they could to help. "Everybody just did random things. It was one big mess," he recounted years later. The ad-hoc plan was to let only the wounded, the elderly, and women and children into the compound. Daan started to carry elderly people in a wheelbarrow to the compound. He recounted the following about this experience.

It was boiling hot, boiling hot. People pressed against one another, against walls, all together. *Terrified*. Terror in their eyes. I'm going to die, these people thought. Help me, help me. Old men, women, passed out. So, I threw them into the wheelbarrow and drove [them to the compound]. You did what you could. (...) At that point, you're doing it all wrong. Everything. (...) You can't choose between one human life and another human life. So yes, you always do the wrong thing. Everybody in the compound, that didn't fit.

Similar to Daan, Afghanistan veteran Niels still struggles with value conflicts he experienced during his deployment. On one patrol, an old man approached Niels's unit. He was wearing sandals in the snow, carrying a child covered with large infected burns. The child turned out to be the man's grandson. The man was desperate; he had walked all night with his grandson to find medical care. Niels put an oxygen mask on the child, inserted an IV line for an intravenous injection. The oxygen mask was adult-sized, as Niels did not have one for children. According to the official mission objective, the task of medical personnel was confined to treating their own troops, and thus not the locals. While this may seem sensible in theory, "in practice, it makes no sense at all," Niels remarked. He told his commander that the child needed to be flown to a hospital. Although this request interfered with the commander's original plans, the commander tried to arrange a helicopter for the child. However, they were told that because of the snowfall, only a few helicopters were available. Niels recalled:

They said: there are not enough helicopters for ISAF personnel [ISAF = NATO-led coalition forces]. So there was a delay. And meanwhile we got a military order; we had to go find a Taliban fighter. So then you have to take off the oxygen mask and take out the IV. For a nurse, that doesn't make sense. I had taken an oath as a soldier, but as a nurse I also had an oath. But those two promises are not compatible over there, you have to choose over there. In the end I chose the soldier.

In his book *Oorlog in mijn kop: Erfenis uit Uruzgan [War in my head: Legacy from Uruzgan]*, Niels recounts that after coming home, he began dreaming about this incident. "Various strange ideas and thoughts haunted my mind. Despite everything, I'd done my utmost in Afghanistan, and I'd acted out of pure ideals, but in bed I couldn't be at peace with myself" (Veldhuizen, 2014, p. 55, translation TM).

Daan, Niels and many other interviewed veterans had to face situations in which they had to choose between seemingly incompatible moral commitments, and the fact that one moral commitment conflicted with another did not make either less of a moral requirement. These situations could not be "solved," neither by acting in a certain way nor by interpreting them in a certain way. The resulting feelings were not simply a matter of feeling guilty about having done wrong; they were more complicated. Veterans' accounts echo a well-known contention in moral philosophy: even when an individual has made the "correct" decision in the face of a moral quandary, because it was the best possible decision to take, this does not make the decision right, because a value has still been transgressed (Hursthouse, 1999; Tessman, 2014; e.g.; Williams, 1973).¹ In other words, even when an individual has got his hands dirty for the right reasons, this does not change the fact that he or she now has "dirty hands" (cf. Walzer, 1973; Wijze, 2005). Indeed, though the veterans knew they could not have avoided violating a moral requirement, this did not take away the painful realization that others had been wronged because of what they did or did not do. Although they felt they had done their best, they also felt they had done wrong.

4.2. Morally overwhelmed/detached

A second experience that the veterans interviewed related was the paradoxical mechanism of moral detachment resulting from actually being painfully affected by the moral significance of a situation. This mechanism is a form of denial, which occurs when one is vaguely aware that something is so overwhelming that one chooses to switch off to protect oneself. While all veterans reported such a mechanism to a more or lesser degree, the ones who did so with pain had experienced how it resulted in what they now perceived as cruelty.

Srebrenica veteran Elisa vividly remembered in her interview how she became "merciless" in the course of her deployment. Her sympathy for the children in the enclave slowly changed into indifference, and she began making jokes she now defined as "cruel." For instance, sometimes she would throw a single sweet at a group of children so that they would jump on each other and fight for it. "We were harsh, extremely harsh," she commented year later. When the compound in Potočari was flooded with refugees, Elisa and several colleagues distributed food to a crowd of women. She recalled, "they cursed, screamed and spat in your face because they wanted more. Sometimes we had to push them back with the rope, and then the women in the back would fall to the ground. We just laughed." Elisa also recounted calling the women "cattle." It seemed that acting like this was not so much a matter of feeling that the women deserved it. In Elisa's recollection, she did it because she had become "insensitive." Although she later came to understand her insensitivity was a way "to keep myself up," she could not imagine how she could have behaved like that.

Notably, and as Elisa's story reveals, the experiences of most of the interviewed veterans were not simply a case of total moral detachment. Throughout their deployment, they kept on trying to help others. Their temporary moral disengagement, as Bandura (1999, 2002) has famously called it, was not a matter of a complete failure to recognize the moral aspects of certain situations. Even at the time, they did not become entirely apathetic. This absence of com-

¹ For this reason the term "moral dilemma" is avoided and the less specific term "quandary" and "conflict" are used. In the ethics literature, moral dilemma typically refers to situations in which neither option is better or worse than the other. Whenever one can make a best-possible decision, the situation is not called a "dilemma".

plete apathy is relevant because it helps a better understanding of why many veterans feel that they could and should have behaved differently. Turning a blind eye is neither entirely deliberate nor involuntary. Turning a blind eye means that “we are vaguely aware that we chose not to look at the facts without being conscious of what it is we are evading” (Steiner, 1985, p. 161). That is, the rejection of the moral aspects of a situation is in this case a partial denial (Grassiani, 2009, p. 144); it is a paradox of “knowing and not knowing at the same time” (Cohen, 2001, p. 25).

The accounts of many veterans convey this mechanism. These veterans found the suffering of the local population overwhelming, and they often felt unable to do anything about it. In addition, many experienced a threat to their own lives. It seems, then, to protect themselves – both mentally and physically – they disengaged morally with the people whose suffering deeply affected them. That is, their behavior appeared to be a partially chosen failure to grasp the moral significance of the suffering of others that existed in tandem with a painful awareness of it. The state of moral detachment because of being overwhelmed is thus paradoxical in two ways. First, it is a state of feeling-and-not-feeling, and accordingly, of knowing-and-not-knowing. Second, it is a state of choosing to switch off without fully realizing that one does it. For experiences like these, rationalizations such as “war is chaos,” “you become numb” and “you just want to survive” did not help, it seems, because they could not make unknown the all too human capacity for selfishness and aggression, including their own.

4.3. Senselessness

A third recurring theme is the related experience of senselessness. Many veterans recalled asking themselves “what am I doing here?” and thinking “it makes no sense for us to be here.” Gerard, for instance, told the author how his experiences made him doubt everything about the mission. “First, of course [you start to doubt] yourself. And then, the leaders, the aim of why we were there, the mandate.” Uttering statements like these, Gerard and many other veterans expressed an inability, first, to see the purpose of many of the things they saw and did, and second, to make any sense of those things.

This senselessness recalls Lifton’s work on US Vietnam veterans (Lifton, 2005). The veterans that Lifton spoke to were confronted in Vietnam by a reality that was in drastic contrast to the assumptions and pretenses on which the war was based. In order to cope with the absurdity and meaninglessness of the situation they were in, the veterans began pretending that the situation was something they actually knew it was not. As they later recounted, they were “like boys playing soldiers” (Lifton, 2005, p. 168). They felt they had pretended to do a good job of all the killing they did. And so, on returning home, they came to see the war and their own participation in war as “counterfeit” (Lifton, 2005).

The accounts of many veterans indicate that they always considered questions regarding the purpose of their mission as none of their business, and focused instead on the directly significant act of being able “to put my training into practice.” Indeed, it seems that soldiers do not necessarily need to feel that their mission has an overarching purpose. By defining other, personal goals, they can still find purpose in their deployment experiences while protecting themselves from frustration about the larger questions. However, as Lifton (2005) also suggests, it seems that when there is no direct meaning to find in one’s experience, an overarching purpose does become necessary, so that one’s experience can be reinterpreted as “dirty but necessary” (Lifton, 2005, p. 39). That is, it becomes necessary to reinterpret one’s experience as wrong in order to do right. However, sometimes, there is no overarching purpose of righteousness either. When this is the case, Lifton suggests, the only option left to find some peace is to acknowledge and condemn the entire senselessness and wrongness of a situation. Yet, others may refuse to do so. This was the case for the Vietnam veterans whose experiences Lifton (2005) describes. These veterans found that their political and military leaders as well as the military chaplains, psychologists and psychiatrists kept holding on to rationalizations and justifying rhetoric. As a result, the veterans came to understand that the “coun-

terfeit universe” was not just “over there” in the jungles of Vietnam, but omnipresent in the world to which they had returned (see also Bica, 1999 and Shay, 1994 for similar arguments).

Indeed, many of the veterans interviewed in this study felt that their mission was “one big charade,” “pretend play,” “one big farce” and/or “a puppet show.” They drew some hope from the little things they could do, but they remained unable to give meaning to the suffering they witnessed and caused by tying it to a larger purpose. Simply, it all made no sense to them. At the same time, political leaders and people at home did seem to hold on to the view that it all made sense, by letting them carry on with the mission as it was, by praising them for what they did, or by voicing criticism that things would have turned out well if only they had done something differently. As a result, not only the veterans’ experience of value conflict and moral detachment did not seem to make sense, but also, on top of that, the experience that people pretended as if all of it did make sense.

5. Moral failure and moral disorientation

How can the experience of value conflict, moral detachment and senselessness have such a profound impact on an individual’s life? And what is this impact?

In many ways, the stories of the interviewed veterans fall in line with current conceptualizations of moral injury. Their stories all indicate dissonance – caused by their deployment experiences as such and/or the condemnation of others afterwards. Their stories indicate that this dissonance disrupted their lives, because it unsettled the moral beliefs and expectations they had held prior to their deployment. Many veterans struggled with profound feelings of guilt. Many developed a desire to be able to help people, as a way to make reparations or simply because they could not stand injustice anymore. At the same time, many veterans became so fixated on injustice that they started to respond to small perceived injustices with exaggerated anger, and sometimes with aggression. Many veterans became distrustful of people; they readily thought that people were insincere and that they had bad intentions. Many veterans slid into a pattern of doing things that made them feel guilty and ashamed afterwards, causing them to do things that made them feel guilty and ashamed afterwards, and so on. Such behavior can be called both ‘post-traumatic’ and a source of distress itself.

Besides these similarities with the current moral injury model, the veterans’ stories reveal something else, and something more complicated. When veterans spoke about morally disturbing experiences and about their resultant feelings of guilt or blame, they rarely did so as unequivocally as suggested in the current model of moral injury. Some veterans explicitly expressed uncertainty or confusion about the significance of their experiences. These veterans said that they “cannot work it out” and that they “cannot resolve it.” Others expressed uncertainty or confusion more implicitly (perhaps unconsciously), by uttering ambivalent or even conflicting interpretations of their experiences. Some veterans constantly switched between saying “I did wrong” and “I didn’t do anything wrong.” More generally, some expressed both profound guilt and great pride with respect to the things they had done. Some switched between speaking with resentment about the “fucking backward” locals in their deployment area and sympathetically calling them “the poor bastards.” Some emphasized that there is “no right or wrong but only survival in war” but also saying that they blamed themselves or others for what they had done on their deployment. Some veterans expressed great suspicion regarding the military institution and politicians but also said they would give everything to serve in another mission. Some condemned the accusing Dutch civilians for “not understanding shit” but also said they condemned themselves in the very same way. Some said they had learned “to put things in perspective” but also said they could get angry about trivial things. And, some switched between saying they that they “can’t stand injustice anymore” and that they had become “completely indifferent to everything.”

Of course, veterans’ statements of non-guilt could be what they tell themselves, while their statements of guilt are what they really believe, or vice

versa. Yet, it seems that, in many cases, veterans' expressions of guilt and non-guilt might *both* be considered as genuine, appropriate statements, even though they conflict. This is a different kind of conflict than the one described in the current concept of moral injury. In the current concept, moral conflict is understood as a conflict between one's moral beliefs of goodness and an act that transgresses these beliefs, and the acceptance of oneself and others as good but flawed is therefore perceived as a way to reduce the experience of conflict. If the moral conflict with which a veteran struggles is an experience of unequivocal wrongdoing, this indeed seems a helpful answer. However, it seems that when experiences of moral conflict mess up the very notions of goodness and wrongdoing, they cannot be reduced like this, let alone be resolved.

As the veterans' stories showed, people may be confronted with two incompatible moral requirements, or forced to choose between the requirement to act morally responsible toward others and a desire for self-preservation. At least at the level of subjective experience, this implies that some moral conflicts are irresolvable (Gowans, 1994; Wijze, 2005; c.f.; Williams, 1973). Tessman (2014) calls irresolvable moral conflicts situations of "unavoidable moral failure." Moral failure seems indeed a more adequate term for irresolvable moral conflicts than words such as transgression or wrongdoing. When individuals are forced to choose between two evils, they may not consider themselves blameworthy, but may still feel that they have failed morally. Even if they know they have made the best choice possible, this does not take away the feeling that they have violated a moral requirement, and even if they know they had no choice whatsoever, this does not take away the feeling that they failed to act upon their values. Similarly, when the enormity of other people's suffering, the own feelings of helplessness and instinct for self-preservation turn individuals toward indifference, they may consider this understandable in the light of the circumstances, perhaps even unavoidable, yet, they may still feel that they failed to act in a morally responsible way. Moreover, having experienced (virtually) inescapable moral failure, individuals may feel that their belief in right and wrong failed *them*; that *morality itself failed*.

To be sure, it can be (and is) debated whether irresolvable moral conflicts truly exist in an objective sense, and if so, whether it is logical to experience negative feelings after an inescapable moral violation. It must be emphasized that when speaking of moral conflict and moral failure, it is not the intention to make objective or logical statements about morality but rather about moral *experience*. So, whether or not irresolvable moral dilemmas exist objectively, in human experience they do. And, whether or not negative feelings following a moral dilemma are illogical, this does not mean that they are unfounded; they are founded when understood from the perspective of human experience.

When veterans spoke with confusion about the meaning of their experiences, they seemed to express something like moral failure. The fact that they used words such as "guilty," "wrong" and "blame" might be understood as a lack of more adequate terminology, since there are no words available in common language for what they experienced. One veteran explained that he had tried to resolve his questions by distinguishing between "culpable guilt" and "not-culpable guilt." Two other veterans, in a similar vein, said they felt "responsible" for their actions, but not "blameworthy," as they had done their best. Several moral philosophers, also, have developed terms for the psychological result of "moral failure." Williams (1973) names the emotional result of tragic dilemmas a "remainder." In an extension of Williams' work, De Wijze (2005) suggests the more specific notion of "tragic-remorse." Tragic-remorse, De Wijze says, differs from typical remorse in that it is remorse about one's actions – or one's inaction, we should add – without feeling culpable for one's actions. Tragic-remorse is remorse about the fact that the morally best option was merely the lesser evil, at best.

The notion of tragic-remorse applies well to the conflicts expressed by many Dutch veterans. However, it still seems a too limited notion. It evokes the image of an individual who recognizes and acquiesces in the impossible situation he or she is confronted with, and it does not appreciate that moral impossibilities are something that people generally do not expect and are not readily

willing to accept. To be sure, we all experience numerous minor impossibilities in our lives. However, for these we tend to employ simplifications, justifications and rationalizations to reduce the experience of conflict (see e.g. Cohen, 2001). The stories of many veterans indicate that major moral impossibilities, instead, may render people incapable to employ such solutions, and accordingly engender profound, distressing confusion. Yet, the notion of tragic-remorse, similar to notions of guilt and shame, does not account for moral confusion. Many veterans spoke about their actions not only as things they had done wrong, but also as things that had overwhelmed them – as things they unexpectedly found themselves doing or not doing, and as things they could not make sense of. Several veterans related that their experiences caused "a short circuit in my head." Their stories indicate not only remorse about wrong acts, but also a struggle with the meaning of right and wrong. How to do right when forced to choose between two evils? What do right and wrong mean in the battle for survival? What is goodness when it only confirms the evilness of a situation? Did I act like a good soldier, and is being a good soldier really good? Were my moral beliefs right or were they counterfeit, and if so, does that mean I betrayed myself, that I was betrayed by the people around me, or both? Do my feelings of guilt and other worries make me a good or bad soldier, and a good or a bad human being? What does good and bad even mean?

Moral impossibilities do indeed seem 'illogical'; they push a person into moral failure and in turn prevent him or her from mentally ordering and resolving the situation. They create a mental "short circuit." As a result, besides condemning remainders such as tragic-remorse – and probably amplified by such remainders – it seems that veterans faced by moral failure may also be left with moral disorientation. Tragic-remorse is the result of having been forced to do wrong, or being unable to do right. Moral disorientation is the associated loss of one's previous certainties about wrong and right; it is the loss of one's moral frame of reference and one's moral self-perception. Now a veteran knows not only that people do not always practice what they preach, but also that at times it is virtually or literally impossible to practice what one preaches. Such knowledge is not as easily comprehended and accepted as suggested in the notion of individuals who resign themselves to their fate of tragic-remorse. A confrontation with inevitable moral failure messes up one's moral beliefs, leaving one with profoundly unsettling questions about right and wrong.

6. Moral injury: psychiatric disorder and/or ethical struggle?

The distressing experience of moral disorientation may lead veterans to engage in efforts to restore an orderly world of good versus evil, or it may lead them to engage in trying to (re)view the world in other ways. Veterans may try to resolve feelings of doubt and conflict, or they may try to find ways of living with a world of doubt and conflict. The accounts of many veterans indicate that they initially try to restore an orderly world, either succeed or fail, and, if they fail, eventually force themselves to take the latter path. How should we comprehend responses like these? It may be insightful to understand the veterans' struggles with the experience of disorientation as an *ethical struggle*.

As Zigon (2007, 2008) argues, people usually enact their moral beliefs without deliberation and reflection. Reflection only occurs when an individual's largely unquestioned moral beliefs and behaviors are forcefully put into question by an intruding event. In this situation, a person will start to consciously reflect on and re-assess his or her moral expectations and dispositions. He or she will try to resolve the moral questions that have arisen. This reflective process, which entails conscious thinking about one's moral beliefs, is an engagement in ethics (Zigon, 2007, 2008).

While the current concept of moral injury describes an injured moral belief system as violated but still intact, it becomes clear that moral injury may entail profound disorientation, leading veterans to re-assess their moral beliefs. That is, while the conscience of morally injured veterans indeed seem to remain intact at a very basic level (if not, feelings of guilt and blame could not arise), their moral beliefs may change in the sense that they may no longer be able to

take for granted the aptness of their previous moral beliefs.² They may start to doubt their prior beliefs about the goodness of people, and, moreover, whether good and bad actually exist. Such disorientation forces veterans to find new ways in which to understand their own and others' actions in moral terms. In other words, it coerces veterans to engage in an ethical struggle.

The notion of ethical struggle is also insightful because it does not readily frame moral injury in terms of distorted cognitions. Veterans' moral emotions are not simply the result of distorted thoughts and faulty logic; they are the result of an acknowledgment that people are capable of wrongdoing. To impose blame on oneself or others is to make a moral judgment, and the capacity to be moral is what makes one human. To be sure, veterans' moral struggles might entail judgments and emotions that could be called misguided and misplaced. However, this study's findings suggest that the veterans' confusion should not readily (or only) be conceived of as a disorder, but rather (or also) as an ethical struggle, and in contrast to frameworks of mental illness, the notion of ethical struggle does not begin with disorder but with the experience of crushed moral certainties.

7. Conclusion and reflection

Litz and his colleagues have made important strides in developing a conceptual model of what they call moral injury. Particularly with respect to the psychological dimension of moral injury – with respect to the 'injury' in moral injury – their model contributes and integrates various relevant insights. This article introduced additional insights and concepts in order to contribute to the development and refinement of the understanding of 'the moral' in moral injury (See Fig. 2 for a schematic overview.).

² This point shares similarities with Janoff-Bulman's Shattered Assumption Theory (1992), which posits that traumatic experiences shatter core assumptions, including the world as benevolent and meaningful, and the self as worthy, and with Stolorow's contention that the essence of trauma lies in the shattering of "the absolutisms of everyday life," which includes the belief that the world is predictable and safe (see Carr, 2011 for a concise overview of Stolorow's work and its application to therapy with soldiers).

It argued that profound moral disorientation might result from the painful realization that one's moral compass may "fail," and that this in turn may engender a painful ethical re-assessment of one's moral beliefs. Also, since people do not make up their moral beliefs by themselves but in the context of the world in which they live, a morally injurious event may cause additional confusion.

These insights have several implications for therapy as well as for other types of intervention and even society. Indeed, to contend that the phenomenon of moral injury overspills the frameworks of psychopathology is to contend that more than psychotherapy may be needed to address it. First, obviously, it is important to properly recognize the potential moral dimensions of veterans' suffering. Second, the feelings and thoughts of veterans struggling with moral injury require an approach that takes their emotions and judgments seriously rather than one that readily explains them away as misguided. Third, veterans, therapists, and society require a language that adequately addresses the potential moral conflicts in veterans. In English, for instance, we lack a proper word for feeling guilty and not guilty at the very same time. Generally, we lack collective narratives of war and responsibility that do justice to moral complexity and as such foster moral reorientation and social reintegration. Fourth, we require an approach that appreciates the social dimensions of moral injury.

This last item gives rise to a final point. All the situations discussed here were never solely in the hands of veterans; other actors were always involved. Indeed, military intervention is a collective enterprise. The political level decides where soldiers are sent and what they are supposed to do when they get there, and the societal level debates whether a mission is legitimate and whether the conduct of soldiers is justified. So, to gain a substantial understanding of the problem of moral injury, it seems that we should look not only into tragedies in war zones, not only into disruptions of the psyche, but also into the political practices and public narratives at home, or, put differently, into disorders at the societal level.

Compliance with ethical standards

The author declares that she has no conflict of interest.

	Current concept	Refined concept
Morality	Harmonious belief system	"Messy" total of beliefs
Morally injurious experience	Moral transgression	Moral failure
Significance	Dissonance between beliefs and behavior	and/or conflict between one's beliefs
Possible result	Blame of self and/or others	and/or tragic remorse, moral disorientation
How to understand	Mental disorder	and/or ethical struggle

Fig. 2. Refined concept of moral injury.

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