Moral Injury/Soul Injury
Soul Repair
Veteran’s Initiative
Community Service Council
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Moral Injury

Moral injury is **not** PTSD.
The latter is a dysfunction of brain areas that suppress fear and the integration of feelings with coherent memory; symptoms include:

- flashbacks
- nightmares
- dissociative episodes
- hyper-vigilance

PTSD is an immediate injury of **trauma**
• Moral injury has a slow burn quality that often takes time to sink in

• To be morally injured requires a healthy brain that can experience empathy, create a coherent memory narrative, understand moral reasoning, and evaluate behavior

Video

Marine Sergeant Jimmy Massey discusses killing innocents in Iraq – 3:00 minutes

http://youtu.be/aUOWZAXYhPs
Reactions

What did the Staff Sergeant Massey do?
How did he interpret what he did?
How did he interpret the statements from his Captain?
What’s the Staff Sergeant struggling with?
"Comprehensive Soldier Fitness" (CSF) program

• Begun in 2009
• Focus is to bypasses the difficult ethical questions that many healthy human beings ask about war
• Its spiritual fitness component has no moral content: see things as neutral
• Focus on the positive
• Soldier's commitment to a higher purpose is mission first -- makes for resiliency
• Still, most people capable of such a commitment also have empathy for others and deep moral values

PTSD

“Non-recovery from traumatic experiences and the fight-flight-freeze responses”

Symptoms:
1. Re-experiencing
2. Avoidance
3. Hyper-arousal
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Repeated, disturbing memories, thoughts, or images, of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Repeated, disturbing dreams of the stressful experience?</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3.</td>
<td>Suddenly acting or feeling as if the stressful experience was happening again (as if you were reliving it)?</td>
<td>1</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>4.</td>
<td>Feeling very upset when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>6.</td>
<td>Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>7.</td>
<td>Avoiding activities or situations because they reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>Trouble remembering important parts of the stressful experience?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>9.</td>
<td>Loss of interest in activities that you used to enjoy?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>10.</td>
<td>Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>11.</td>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>Feeling as if your future will somehow be cut short?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13.</td>
<td>Trouble falling or staying asleep?</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>14.</td>
<td>Feeling irritable or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>15.</td>
<td>Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>16.</td>
<td>Being “super-alert” or watchful or on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>17.</td>
<td>Feeling jumpy or easily startled?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
</tbody>
</table>

*PCL-S for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD – Behavioral Science Division*
PTSD Treatment

Cognitive Processing Therapy
• Address event(s) – thinking – feelings  connection
• Writing about detailed trauma event
• Utilize worksheet assignments
• Address “stuck points” – distorted beliefs

Prolonged Exposure
• Teach relaxation
• Expose person to discussing/experiencing traumatic event
Moral Injury

• Types of violations: co-mission - omission
• Betrayal of trust in leaders
• Violation of moral, cultural, religious and/or other deeply held beliefs
• Military training emphasizes mission with suppression of individual beliefs
• Moral Injury does not have to come from a specific traumatic event
Video

Marine Officer Timothy Kudo discusses his moral injury – featuring Dr. Wm. Nash – 2:04 minutes

http://youtu.be/VzRMKWyI9-Y
'I'm a monster': Veterans 'alone' in their guilt

By PAULINE JELINEK | Associated Press

• Brett Litz, a clinical psychologist with the Department of Veterans Affairs in Boston, sees moral injury, the loss of comrades and the terror associated with PTSD as a "three-legged stool" of troop suffering

• "roughly a third, a third and a third" - those with fear, those with loss issues and those with moral injury
Assessment

• **PTSD** or **Moral Injury** or **Grief** or all three
• Apply appropriate intervention after assessment
## Moral Injury Events Scale (MIES)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I saw things that were morally wrong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. I am troubled by having witnessed others' immoral acts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. I acted in ways that violated my own moral code or values.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. I am troubled by having acted in ways that violated my own morals or values.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I violated my own morals by failing to do something that I felt I should have done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I am troubled because I violated my morals by failing to do something I felt I should have done.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<td>7. I feel betrayed by leaders who I once trusted.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8. I feel betrayed by fellow service members who I once trusted.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. I feel betrayed by others outside the U.S. military who I once trusted.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

William Nash, MD. et al., Presented at Zarrow Symposium, Tulsa, OK, 20 September 2012
Cognitive Processing Therapy  
Applied to Moral Injury  
Particularly applicable to addressing:  
**Stuck Points (problem thinking)**
<table>
<thead>
<tr>
<th>ACTIVATING EVENT</th>
<th>BELIEF/STUCK POINTS</th>
<th>CONSEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>“Something happens”</td>
<td>“I tell myself something”</td>
<td>“I feel something”</td>
</tr>
</tbody>
</table>

“I shot a teen while in combat. He ran into the line of fire.”

“I am a bad person. I killed a child.”

“I feel guilty, angry with myself, ashamed for what I did.”

Are my thoughts above in “B” realistic? **“No! It was an accident. I would never shoot a kid on purpose. I’m not a bad person for this. It was an accident. The battle was intense.”**

What can you tell yourself on such occasions in the future? **“I regret what I did. He appeared out of nowhere. Had I seen him I wouldn’t have fired in his direction. This doesn’t make me a bad person.”**

Adaptive Disclosure (AD) 
Treatment for Moral Injury & Grief

Forgiveness: central to recovering from Moral Injury

• Forgiveness of self and/or others
Adaptive Disclosure

1. Establish trust and rapport
   - therapist conveys no expression of disgust or fear, and cannot show condemnation at what is said

2. Provide education about the process
   - Therapist talks about moral injury and its impact
   - Sharing of painful content can promote health
   - Shameful information can be shared without condemnation
3. Detailed disclosure of the “event” including feelings and beliefs

4. Imaginal dialogue with a “compassionate moral authority”
   – Apply the “empty-chair” exercise for a real-time conversation with imagined compassionate, generous, supportive, forgiving moral authority
     • Parent, coach, leader, teacher, spiritual authority
     • Client plays roles of both confessor and moral authority chosen
5. Apportioning blame

- Have the soldier assign blame to all factors that might possibly be involved: from 0% to 100%
- Example of fellow soldier dying by sniper’s bullet sitting in the vehicle next to you.
  
  How would you apportion blame in this case?

- Make or seek amends for one’s own share (percent) of the blame
7. Acceptance, apportioning blame, seeking amends may take time
   – Deliberate compassion toward oneself and others is likely to promote acceptance and forgiveness
   – Giving to community (amends)

Flow of Adaptive Disclosure Sessions

Psycho-education and Describing Event

Exposure

Life Threat

Loss Injury
Conversation with person lost

Moral Injury
Conversation with moral authority

Dialogue about meaning or implication of event

Wrap-up and planning for the long haul

Maria M. Steenkamp, et.al., A Brief Exposure-Based Intervention for Service Members with PTSD, Cognitive and Behavioral Practice 18 (2011) 98 107, online Science Direct
Bringing Them Back
Community Response

• Honor
• Cleansing
• Story-telling
• Forgiveness
• Atonement
Video

Why soldiers need soul repair – Dr. Rita Brock
(Soul Repair Center, Brite Theological Seminary, TCU – 3:25 minutes)

http://youtu.be/A4ZbCxCU0vW4
NECESSITIES OF RETURN
(Reverse Boot Camp)
Edward Tick, Ph.D. Presentation at Muskogee VA Hospital
18 February 2013

• ISOLATION & TENDING
  – Warriors are not expected to fit back in right away; they need to be tended by others

• AFFIRMATION OF A WARRIOR DESTINY
  – “Yes, I will accept the role/hardship of being a warrior – the consequences”

• PURIFICATION AND CLEANSING
  – Sacred rituals and traditions: “sweat lodges,” religious confessionals
• **STORYTELLING**
  – Stories passed on to other veterans and the community are told when ready

• **RESOLUTIONS IN THE COMMUNITY**
  – “They are our warriors and we lift the responsibilities of their actions from their shoulders (on to ours)....we too are responsible”
  – Atonement—assist personal healing by contributing or investing in others (community service)

• **INITIATION AS AN ELDER WARRIOR (LEADER)**
  – Recognize older warrior class and encourage participation in service (community service)
A youth's vision

Answering the call to serve
Leaving home
Booting up

Advanced training
Training for deployment
Deployment, war zone arrival, mission
Shock, fear, rage, guilt

Coming together, "Band of brothers"
Experiencing horrors of war (or maybe not)

Search for meaning, Seeking spirituality

Coming home: loss, grief, culture shock, anger, pain, confusion, displacement, readjustment

Back home
Being restored to community
Service & leadership

"Revised" vision/mission

A Soldier’s Transition
(Adapted from Edward Tick, A Soldier’s Heart Transformational Model, Soldier’s Heart, 500 Federal Street, Suite 302, Troy, NY 12180, info@soldiersheart.net (518) 274-0501)
To Get Presentation

PDF version with links to videos (requires internet connection)
http://drlannyendicott.com.tripod.com (Veterans Initiative)

PowerPoint (Keypoint) version with links to videos
http://drlannyendicott.com.tripod.com (Veterans Initiative)

YouTube version (WMV) with imbedded video (slides are timed)
http://drlannyendicott.com.tripod.com (Veterans Initiative; See Links)