Where do moral injuries come from? A relational conception of moral practice and experience

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ABSTRACT

The predominant account of the etiology of moral injuries among Veterans and military personnel in the clinical psychological and psychiatric literature construes morality as inherent in belief structures. This supports the conceptualization of moral injuries as intrapsychic phenomena resulting from exposure to high-stakes events in which fixed beliefs are contravened in ways that result in psychological harms, including maladaptive beliefs and distress. We identify several problems with this formulation and offer suggestions for modification, including greater focus on: 1) experiences rather than events in identifying circumstances in which moral injuries occur, and 2) degradation of relevant relationships rather than conflicts with and among moral contents. These shifts in framing could have epidemiological salience, facilitating more robust case characterization and enabling a variety of approaches to reestablishing the moral conditions that support life affirmation.

 Lay Summary:

This article raises questions about the causes of moral injury as construed in the clinical literature by emphasizing the role of relationships and experiences in conceptions of morality as understood by philosophers. Previous research treats moral injuries as caused by violations of beliefs that are linked with particular high-stakes events. We show how moral injuries also occur through the degradation of relationships. We emphasize that this demonstrates how morality is also experiential and abides in human relationships, not just in the contents of moral belief systems. We conclude by suggesting that modifying how we understand the causes of moral injuries can contribute to advances in developing treatment models and impact how moral injury is diagnosed and described, including among family members.

Introduction

A recent issue of this journal presents research on moral injury among military service members and Veterans, including its definition and pathways for healing. Contributions observe the "embryonic" state of research on moral injury[1(p4)] and raise concerns for "caseness definition,"[1(p2)] which refers to a clinician's characterization of the cause of a patient's moral injury symptoms. Some argue that the experience of moral injuries for some Veterans do not conform to the current event-exposure diagnostic framework[2] and emphasize the need to consider the role of relationships in etiological modeling.[3] Subsequently, Litz[4] advanced a reformulated definition emphasizing a functionalist conception and approach to treatment. In this

perspective piece, we draw connections among these ideas and recommend further refining the conceptual model of moral injury so that it is more consistent with the nature of *moral experience*, which we understand as broader than individual events or violations of belief. Moral experience derives from active engagement in the everyday world, may arise episodically, can be diffuse, and is laden with meanings arising from shared practices of responsibility and expectation[5] and not only through individual applications of moral beliefs in interpretations of our experiences. We agree with Bonson and colleagues[3] that consideration of prior relationships is crucial for understanding how a patient came to be morally injured and that awareness of how moral injury negatively effects a patient's relationships is important for treatment. However, we posit that degradation of relationships is a root cause at the primary site of moral injury rather than chiefly among its effects. In short, if Litz[1] is correct that effective treatment of moral injury entails "help[ing] people open up to doing reparative things"[1(p3)] then the conceptual model should reflect those 'openings' and 'doings' by accounting for the practice of morality rather than its inherence in belief structures.

We approach this topic as philosophers. From our perspective, there are resources available, particularly in the fields of moral psychology and phenomenology, referenced below, that make it possible to characterize moral injuries as arising from significant disruptions of moral practice—not primarily violations of belief—that result in the dysfunction and dysregulation that have been widely observed as symptoms in the clinical literature. Potential impacts of our proposed modifications to the conceptualization of moral injury could result in focusing on service members' and Veterans' broader experiences rather than specific events in identifying circumstances in which moral injuries occur, and relevant relationships rather than conflicts with and among moral contents in characterizing the etiology of such injuries.[6] Refining

the characterization of moral injury in this way has potential epidemiological salience, since it could affect how moral injury cases are identified; which populations are most at risk; how the presence of persons with moral injuries might impact others, especially their families; and more sharply identify targets for reestablishing the moral conditions and "sustaining attachments"[7] that support life affirmation.

What is 'moral' and what is 'injurious' in moral injury

Predominant characterizations of morality in clinical literature on moral injury among Veterans are limiting. They construe the 'moral' in moral injury as a set of beliefs, variously characterized as a "personal code,"[8] "deeply held moral beliefs,"[9] "personally chosen values"[10], and most recently "repertories" that are biologically hardwired[11] (further review appears in Acampora, Munch-Jurisic, Culbreth, Denne, Smith[6]). This conflation of moral phenomena needs clarification and bears on identifying more specific sites of injury in moral injury.

The standard conceptual model characterizes the 'injury' in moral injury among Veterans as an intrapsychic harm caused by exposures to high-stakes events in which moral beliefs are contravened, resulting in maladaptive beliefs and distress (critiqued by others[12,13,14]). The standard model of moral injury locates what is 'moral' in the heads of persons who experience it and suggests that when some persons have exposure to certain events in the context of military service that challenge their beliefs, they experience debilitating damage. While there have been attempts to think about moral injury from a systems perspective, recognizing the role of community in forming moral beliefs,[15] this account still emphasizes violations of beliefs through high-impact events with exposure to 'potentially morally injurious experiences' (PMIEs) as the cause of moral injury. Further, as King, et. al. observe in their qualitative study,[2] and as other

first-person Veterans' accounts portray,[16,17] Veterans report high-impact experiences that fall outside the scope of PMIEs, including waste and fraud, racism and sexism (see also[18]), and experiences outside of military service. In sum, Veterans cannot always point to specific events that caused their moral injury and sometimes indicate the sources of stress and distress as connected with larger systemic social or political stressors.

The idea of morality as a set of beliefs or biologically hardwired repertoires is also incomplete when considered alongside current research on moral experience, which characterizes it both in terms of evolved biopsychosocial inclinations and responses informed by immediate and particular social environments and interactions within moral communities. In short, there is a wealth of evidence that evolutionary biology, culture, and immediate social interactions shape through enactment and lived experience our moral expectations, actions, and reactions.[19,20,5,21,22] Therefore, the 'moral' in moral injury should not be construed flatly as a set of beliefs or belief structure in the way it is characterized by the standard ways of formulating where moral injuries come from.

The worldly nature of moral experience

Advancing research on moral injury among Veterans requires getting morality out of our heads and into the world. Moral selves are in the world and engaged in various relationships.[6,19,23] Experiences of morality are not inherently captured by fixed sets of ideas (values, norms, rules, or codes),[24] as described in the clinical literature.[25] Shifting understanding of what morality is and how it is experienced facilitates differing characterizations of moral injury and their etiology.

Our modification to the standard model utilizes a hypothesis that moral injuries arise from ruptures in our relationships and experiences of moral relatedness in the world.[6] Clinicians could make good use of this framework when identifying Veterans' moral injuries, how they occur, and pathways for repair, not only for those individuals who have been the most frequent subjects of research and treatment but also for families and communities. This perspective would focus on experiences (which can be serial, prolonged, diffuse, and cumulative) rather than only episodic events,[2,14] and relationships (including relations to oneself; family; community; work and other organizational environments; and cultural, political, and legal institutions, etc.) rather than intrapsychic conflicts with and among moral contents.

Morality as practice, not only belief structure

Morality abides not only in beliefs but also in practices. Moral encounters in the world lead us to develop, advance, and refine our moral notions, expectations, and expressive and responsive norms.[5] These are not simply mental activities of moral calculus, drawing on principles and codes.[24] Morality as inherent in lived experience entails activities of collective engagement in defining and determining limits of acceptable behavior and expectations for responsivity.[19,5] Moreover, moral experience is not discrete and limited to only those times when persons apply the relevance of their moral beliefs to particular situations. Very many, if not most, of our interactions entail instances of holding each other accountable, building and testing trust, and praising and blaming. In so doing, we co-create terms and conditions for moral assessment and action.[19,18,23] Resultant negotiations of this sort give rise to social, legal, political, and even physical environments. Thus, morality is interactive, transactive, ongoing, pervasive and perpetual. It is rooted in experiences of ourselves and each other and continuous with everyday

life. Shaping and reproducing moral expectations, over time and across generations, we routinely recruit others into this participation.[23]

If morality is also practical and enactive rather than primarily what we believe, then processing emotional responses, cognitively adjusting interpretations of events, or trying to establish a balance of good and bad[1(p4)] are insufficient treatments for moral injuries. Understanding the arc of moral experiences and their interdependencies—particularly in military contexts, which include distinctive normative practices—is essential for identifying what went wrong, how experiences and relations can give rise to ruptures in the person's moral world, such that one can devise a specific plan to regain moral practice. This is essential for supporting families, reentry into moral communities, transitioning between normative practices in military and civilian contexts, and the resumption of moral competence in relevant specific contexts.

Further potential benefits for Veteran family members and future empirical research

Emphasis on the practical and experiential features of morality rather than exposure to specific events could help explain how Veterans' family members not directly exposed to events can also experience moral injury.[15] If moral injuries arise from significant breaks in the webs of relationships in which Veterans engage in moral practice, then identifying conflicts in moral beliefs caused by discrete high-stakes events is not sufficient for identifying all cases of moral injury. In other words, characterizing moral experience as we do could help make sense of King and colleagues' findings noted above.[2] Further, a relational characterization of moral experience suggests that preparing morally injured Veterans for relevant moral practice and restoring relationships that have been damaged in the moment of injury could be promising for moral repair. Veteran support groups to manage emotional distress and disorientation associated with

moral injury,[10] ceremonial acts to achieve symbolic reunion with moral community and relieve

guilt,[26] strategies for imaginatively seeking forgiveness from moral or religious authorities, and

engaging in mindfulness all appear promising for reducing symptoms, potentially rekindling

hope and trust.[27,28] Protocols involving imaginative dialogues with moral authorities, letter

writing exercises, and pursuing mental flexibility are potentially advantageous priming activities

but are insufficient for preparing persons for reentry to moral community. This is because moral

reconstitution is not only a feature of beliefs and emotions but also of experienced relatedness

and reciprocal engagement within families, service units, and communities. In short, repair and

healing from moral injury must also happen in the world, repeatedly, and in relation to others, to

restore genuine and sustainable moral community.

Considering morality as evident in relationships and social practices rather than primarily

inherent in belief structures has numerous advantages for treating moral injuries among Veterans

and their families. The first is that it is not dependent on a robust account of the origins of

morality, about which there is considerable debate. It requires only acknowledging that whenever

morality is meaningful in a person's life, it is so to the extent that it is informed by lived and

shared experiences with others in military and civilian contexts. Moreover, such relationships are

specifiable and observable. The character and qualities of these relationships and their impacts

on function are potentially more readily accessible and assessable than are inventories of beliefs

reported in the abstract and only after disruption transpires. Moral belief structures are

impossible to observe directly and are often vague, ambiguous, and not entirely transparent even

to morally injured persons.[25,29] Finally, this different understanding of moral injury is promising

for advancing treatment, care, and prevention among Veterans and their families because the

clinical psychological profession has a variety of tools for ameliorating dysfunction arising from damaged relationships in other contexts.

If the problem is a breakdown in relationships, then the cure likely entails reestablishing moral relationships. This may not be with the specific individuals connected with the broken relationship,[19] which might not be possible in some circumstances for Veterans due to physical distance, unknown persons impacted, or death of persons involved for example. Nevertheless, it could be important to reestablish relationships in one's new immediate environments, such as through volunteering, responding to needs for listening or caring, and creating new meaningful relations within families and communities. Recent recommendations addressing Veterans' moral injuries in clinical practice[28] align with our emphasis on morality as a practice. In Litz's words: "healing and repairing moral injury requires change agents that help people do things and embrace, engage, and avail themselves of sustainable humanizing corrective relational and emotional experiences to address what was lost."[4(p4)] Our odds of realizing this end could be strengthened by an etiological account that is more apt for moral experience. If moral injuries stem from breakdowns in our relationships and the broader environments around us, then treatment goals should include identifying and repairing the most relevant relationships that support a person in engaging in "healing and repairing activities."[4(p7)]

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