

Depoliticizing Moral Injury

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A little background on the origins of the category of moral injury may be helpful. Currently the term is used only about experiences faced by soldiers. I argue that it may be even more useful in understanding the suffering of civilians. But first we must rethink its relationship to post-traumatic stress disorder (PTSD). Moral injury is not just a version of PTSD. It is something different.

Moral injury is a relatively new and puzzling category to the United States Department of Veterans Affairs (VA), National Center for PTSD. Lots of researchers seem to recognize that it exists, but nobody can quite categorize it (Maguen and Litz, 2015). Or figure out an effective therapy for it, one that is evidence based, as the VA puts it, such as cognitive behavioral therapy (CBT), or prolonged exposure therapy (PE). An approach called adaptive disclosure, a version of PE, seems to reduce the symptoms of PTSD among the morally injured, but does little to address moral injury itself (Steenkamp et al., 2011) If moral injury is fundamentally different from PTSD, this is understandable.

Events are considered morally injurious if they ‘transgress deeply held moral beliefs and expectations,’ as one of the first academic papers sponsored by the VA put it. (Litz, et al., 2009, pp. 696, 700). A moral injury occurs when an act shatters the moral and ethical expectations of soldiers and others, including expectations about fairness, the value of life, and the expectation that others will tell the truth.

Though the publications of the VA recognize the existence of moral injury, it is not a currently accepted diagnostic category. One can receive recompense and treatment for PTSD, but not for

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moral injury, except on an experimental basis. Shame, guilt, and anger at the self or others' betrayal of basic human values are central to moral injury. These emotions may occur with PTSD, but they are not key to its definition. PTSD is generally regarded as a fear-based disorder. Moral injury is guilt and shame based (Maguen and Litz, 2015, p. 2).

As explained below, I think the VA has depoliticized what was originally a political concept. For now, the issue is the close association of PTSD and moral injury in the minds of people who study these things. When considering moral injury among the civilian population, it is worth considering the possibility that moral injury and PTSD have little to do with each other, even if some of the symptoms overlap, such as depression. Depression overlaps with a good many disorders, and a good many lives.

Jonathan Shay and the introduction of moral injury

The connection between PTSD and moral injury was established by the man who introduced the term, Jonathan Shay, in a book that compared the Vietnam War with the Trojan War, as portrayed in *The Iliad*. In *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1994), Shay attributes moral injury to the violation of *themis*, a term he borrows from the ancient Greeks.

Themis means what's right, proper, and customary. It is the mark of civilized existence. (Classical Greeks used the term *nomos* in much the same way.) As Shay, a VA psychiatrist for many years puts it, 'veterans can usually recover from horror, fear, and grief once they return to civilian life, so long as 'what's right' has not also been violated.' (p. 20)

In Vietnam, the most serious violations of what's right took place at the command level. Shay quotes a service member whose platoon was ordered to attack a group of fishing boats at night, under the belief that they were Vietcong unloading weapons.

Daylight came [long pause], and we found out we killed a lot of fishermen and kids.

What got us thoroughly fucking confused is . . . the fucking colonel says, ‘Don’t worry about it. We’ll take care of it.’ Y’know, uh, ‘We got body count!’ ‘We have body count!’ So it starts working on your head. So you know in your heart it’s wrong, but at the time, here’s your superiors telling you that it was okay . . . They wanted to give us a fucking Unit Citation— them fucking maggots. A lot of medals came down from it. The lieutenants got medals, and I know the colonel got his fucking medal. And they would have award ceremonies, y’know, I’d be standing like a fucking jerk and they’d be handing out fucking medals for killing civilians. (Shay, pp. 3-4)

The result is not only moral confusion, but disorientation, as soldiers were told, in effect, ‘you didn’t experience it, it never happened, you don’t know what you know.’ (Shay, p. 171)

Though failure of command to adhere to moral values is still an item in the experimental ‘moral events scale,’ used to diagnose moral injury, the emphasis seems to be changing (Nash et al. 2013). Today moral injury is most often used to refer to the feelings of guilt, shame, and remorse felt by service members who killed in combat, often a non-combatant, or failed to save the life of a comrade. *Soul Repair: Recovery from Moral Injury after War* (Brock and Lettini, 2012), a popular book on the subject, is deeply sympathetic to soldiers who were often placed in morally untenable positions. At the same time, its topic is helping soldiers who have been morally harmed by killing, whether the victims were enemy soldiers or civilians. Many also feel deep guilt at not being able to save the life of a buddy. Many feel guilt at simply surviving. This pattern is also apparent in the VA funded research on the topic (Nash et al. 2013). Failure of command to uphold moral standards is still an element of moral injury, but the emphasis is increasingly on the shame and guilt of the individual soldier. The approach is sympathetic, but the concept of moral injury has lost its critical edge, much as PTSD lost its critical edge in the years after the Vietnam War.

At first, PTSD was seen as the result of putting soldiers in the impossible situation of fighting an

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unwinnable and pointless war, one in which it was sometimes impossible to distinguish combatants from civilians. Originally called post-Vietnam syndrome, PTSD began as political criticism of the Vietnam War. Or as the psychiatrist Robert Jay Lifton put it testifying before Congress, what came to be called PTSD was the consequence of this ‘dreadful, filthy, unnecessary war.’ (Young, 1995, p. 109) Judith Herman, whose *Trauma and Recovery* remains the single most influential book on the topic among clinicians, writes that ‘every instance of severe traumatic psychological injury is a standing challenge to the rightness of the social order.’ (1997, p. 51) Psychic trauma is a social disease.

One may say the same thing about moral injury. It comes not simply from killing in war, or seeing buddies killed and being unable to save them. Moral injury comes from being ordered to kill for unclear purposes, in a pointless war, that goes on and on, in circumstances that make it almost impossible to distinguish combatants from civilians. Moral injury is compounded when command fails to take the killing of noncombatants seriously. Moral injury occurs when command is casual about killing. For soldiers are not; it preys upon many of them for years. Shay's definition of moral injury focuses on the betrayal of ‘what's right’ in a morally significant situation *by someone who holds power* (op cit., pp. 3-22). Turning moral injury from a political into a strictly psychological category reminds us that the medicalization of morality almost always locates the problem within the troubled individual. There is more than enough blame to go around, the reader might reply, and soldiers who kill non-combatants, mistakenly or not, should feel shame and grief. Indeed. But those who put them in that situation should feel more, and the psychologization of moral injury should not let leaders off the hook, including Presidents and politicians. That, though, seems to be the future, at least judging by the current research.

Moral injury among civilians

To live in the world today is to be constantly exposed to moral injury. Moral injury is not, however, equally distributed. Some are vastly more injured than others, and some are not injured at all. Some people inflict moral injury on others. Lots of people are morally injured, and it is not

always obvious.

One might argue that such a grand category, applying to so many, must result in psychologizing a normal experience. Moral injury may be normal, but it's not good. The lives of the morally injured manifest in chronic sadness and despair, overlaying a rage that occasionally becomes dramatic.

I can find nothing written about moral injury that applies the category to civilians. Yet, there is no reason it should not, particularly if it is interpreted properly: as the misuse of political power to deny the experiences of others. There is no more pernicious political power than this.

How could moral injury apply to civilian life? Here is just a short list:

Politicians lie.

Corporations promise to keep present employees after a merger and then don't.

Bosses exploit and mistreat their employees.

Husbands beat their wives and children, a pattern that can go on for generations.

People are paid less than a living wage, generally for hard work. They see others earning millions of dollars.

In lands of plenty, millions go to bed hungry. Millions can't afford their medicine, or to see a doctor.

Old people are isolated and devalued.

Not many people question that these things occur, though there is surely disagreement about how often, and whose fault it is. The question is whether we want to consider them as falling under a new category, moral injury.

Criteria creep, criteria leap.

Among those who are professionally concerned with PTSD, some fear 'criterion creep.' (McNally 2005). Unless redefined, PTSD will include too many people with too few real

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symptoms. PTSD should be restricted to those suffering real trauma, such as the survivors of the Bataan death march, McNally's example. In this way the internal validity of the DSM will be preserved.¹

If one is worried about criterion creep, then one ought to be really worried about moral injury, for it is a category that applies to much of the population, both in the United States and around the world. Rather than arguing that criterion creep is not a problem (though I do not believe it is; trauma is not a scarce resource), it may be more useful to decouple PTSD from moral injury. The coupling is historical, not medical. It arose from Shay's recognition that PTSD among Vietnam veterans had a strong component of guilt and shame not typically associated with PTSD, an established category by the time Shay published *Achilles in Vietnam* (1994).

One reason PTSD continues to be closely associated with moral injury is because the VA is by far the largest funder of research on psychic trauma. Another reason is because the wars that the United States has subsequently been involved in, Iraq and Afghanistan, have put soldiers in a situation comparable to Vietnam: the line between civilian and combatant is not always clear, and the wars became endless and pointless, even, or especially, to those fighting them. It may be time to see moral injury as a disorder in its own right.

Most of the symptoms of PTSD are fear related, such as flashbacks, hyperarousal, disturbed sleep, and eventually constriction. Hyperarousal is a state of constant vigilance, the feeling that danger may strike at any moment. For many with PTSD, hyperarousal eventually morphs into constriction, in which every emotion is toned down, including pleasure. Any event or experience that might evoke feelings of threat is avoided.

¹ The current *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM 5) groups PTSD with the dissociative disorders, but that has more to do with intellectual rather than medical issues. The *International Classification of Diseases* continues to regard PTSD as fear-based, and plans to continue doing so in the upcoming ICD 11 (Cloitre et al, 2013).

Moral injury is different, involving feelings of shame, guilt, and demoralization, the feeling that neither self, nor family, nor world possesses value, what is sometimes called anomie.

Demoralization is associated with alienation from others. Demoralization devalues the values of life.

Moral injury calls attention not only to feelings of shame and guilt, but the power to inflict it. This power is not limited to the military; nor are shame and guilt limited to soldiers. Often it is the most victimized who feel the most shamed and demoralized. For behind and beyond the shame and the guilt lies demoralization.

Lest one remain concerned about criterion creep, note that all my examples are political. A spouse who commits adultery may inflict moral injury, but I have not included the strictly personal here. To be sure, the personal is the political, and there is no reason not to include private abuses of trust. No reason but a practical one. With a category likely to be suspect from the beginning, it may be best to restrict moral injury to the injuries inflicted by political and economic power. The power that Michel Foucault calls disciplinary power is another source of moral injury worth considering, the power of professionals to diagnose, categorize, and attach labels to people.

The shame of the victims

Primo Levi wrote about shame in *Survival in Auschwitz* (1996). He puzzles over why men who had been subjected to such cruelty and powerlessness, as well as their Russian liberators, should feel shame.

It was the same shame which we knew so well, which submerged us after the selections, and every time we had to witness or undergo an outrage: the shame that the Germans never knew, the shame which the just man experiences when confronted by a crime

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committed by another, and he feels remorse because of its existence, because of its having been irrevocably introduced into the world of existing things, and because his will has proven nonexistent or feeble and was incapable of putting up a good defense. (p. 74)

While there are multiple sources of shame, Levi's insight into shame's origin in powerlessness is important, and sometimes the extreme illuminates the normal. Every example of moral injury among civilians listed above evokes feelings of powerlessness, whether it is the powerlessness of the average worker before his or her employer, the powerlessness of children and some spouses, or the powerlessness felt by the average citizen.

Moral injury often evokes rage, which is particularly obvious among those soldiers who become brutal and callous, as Shay argues comparing Achilles with soldiers in Vietnam. But behind the rage is grief: grief at the loss of comrades in arms, and as importantly grief at not being able to live up to one's own values. Living up to one's values isn't just a matter of not lying, cheating, and stealing. Living up to one's values includes being the type of person one is proud, or at least satisfied, to be. Moral injury demoralizes, for it devalues the self. This is why shame is so central to moral injury.

Moral injury and moral narrative

Moral injury destroys the meaning of life because life is fundamentally moral, as are most of the stories we tell each other. The narratives of human life are moral narratives not in the sense of admonitions to be morally good, but because we all live in a moral universe, that is a universe of meaning. In a moral universe there is a connection between what people say and what people do. It is not hopelessly naive to believe that 'there are people in charge who know and care, even if they sometimes make mistakes,' or 'the people who love me would not deliberately hurt me.' Life is not built on a lie when these beliefs can be counted on to be generally true. Not always true, there are lots of exceptions, but generally true. Moral injury occurs not when one is lied to (though it may if the lie is important enough), but when the connection between words and deeds

is severed. Promises made and kept are perhaps the most important connection between word and deed. When promises are kept, word and deed become one. Honesty is a promise. When the promise is broken, some people never recover. An interesting group of the morally injured is whistleblowers. Whistleblowers are interesting because most were naive, at least when they first spoke up. They thought that people generally told the truth and kept their word. I wrote a book about whistleblowers and discovered that naiveté is one of the few things they all shared: they believed the common moral narrative. The demoralization they suffered when they discovered that people lie all the time was frequently severe (Alford, 2001).

Mike Quint, an engineer who exposed defects in the construction of tunnels to be used by Los Angeles Metro Rail, was eventually fired from his construction management company. He persisted in his letter-writing campaign. As a result, several employees of Metro Rail went to jail, and the tunnels were partially rebuilt. He got his job back, and one could say that he won.

Quint takes little satisfaction in his victory. Not only does he say he wouldn't do it again, but he has turned into something of a zombie on his new job. Trying to do the right thing, he says,

has reduced my trust and faith in people and in our justice system I [now] expect fewer benefits from work, and perform my duties as directed, with few questions of decisions or procedures. (Miethe, 1999, pp. 161-162)

Why does Quint despair? He was right, the *Los Angeles Times* made sure everyone knew it, and he has a job in his field again. It must be his perverse choice to see the glass as half empty. What if Quint has lost the glass? What if he has lost the container that held everything he cared about and valued, what he calls his trust and faith in people? These are simple words, but what if they really mean something?

For some, the earth moves when they discover that people in authority routinely lie. Once one knows this one lives in a new world. Some people remain aliens in this world forever. The result

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is demoralization, not just for whistleblowers, but for many people who find they live in a world in which the lie is an accepted currency of life.

Severe, prolonged [violations of *themis*] can bring wholesale destruction of desire, of the will to exist and to have a future. Betrayal of ‘what’s right’ is particularly destructive to a sense of continuity of value in ideals, ambitions, things, and activities. When some major ideals have been betrayed, the trustworthiness of every ideal or activity may be called into question. (Shay 1994, p. 178)

It takes a group to overcome moral injury

Consider African-Americans in the American South during the era of segregation. Recognizing the injustice of segregation, and organizing to do something about it, first required the recognition of moral injury: that the narrative of those in power was a lie, and it resulted in generations of African-Americans feeling less deserving, less worthwhile, less human. Read Toni Morrison's *The Bluest Eye* (1970).

Because moral injury is alienating and isolating, it is best addressed in group action. It is particularly helpful when existing institutions can take on this function, in this case the African-American church. In such circumstances, inspirational leaders can arise, and many are stirred to action. Cooperative action heals moral injury. So does talking and working with others. Moral injury thrives on alienation and anomie. Much as ‘rap groups’ among Vietnam Veterans became and remain the best treatment for PTSD, so groups of the morally injured are the best defense against demoralization.

Conclusion: PTSD and moral injury

It is an accident of history that moral injury has become so closely aligned with PTSD. They arose together because Shay first recognized moral injury among Vietnam Veterans, and because the Veterans Administration funds virtually all of the research on moral injury. This does not

reflect a close connection between the two disorders. It creates the connection in the first place, as PTSD researchers turn their attention, and the VA its dollars, to moral injury.

Nevertheless, the connection between PTSD and moral injury is not merely political and economic. It has an intellectual basis. As Fassin and Rechtman (2009) put it in *The Empire of Trauma*, trauma today is not a clinical but a moral judgment. Its advantage is that it has given us ‘this unprecedented ability to talk about—and hence experience—the violence of the world.’ (p. 276) In other words, the intellectual link between PTSD and moral injury is not medical but moral. Both legitimize invisible injuries, and invisible violence.

It is much easier to identify invisible injuries among soldiers than among wide swaths of the population. Soldiers are legitimate victims of injury, even if it took generations to recognize invisible wounds. To talk about moral injury among civilians is to criticize our current way of life, a combination of mass democracy and corporate capitalism in the industrial West. But if moral injury is a form of violence, inflicting shame and demoralization upon its victims, then it would be careless, in the literal sense of being uncaring, not to recognize its presence among us all. Some more than others, but everywhere.

This does not mean that everyone needs to be ‘treated.’ As the example of the desegregation movement suggests, the best treatment is the organized action of afflicted groups.

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