

MORAL INJURY

Jonathan Shay, MD, PhD
Colrain, Massachusetts

The term *moral injury* has recently begun to circulate in the literature on psychological trauma. It has been used in two related, but distinct, senses; differing mainly in the “who” of moral agency. Moral injury is present when there has been (a) a betrayal of “what’s right”; (b) either by a person in legitimate authority (my definition), or by one’s self—“I did it” (Litz, Maguen, Nash, et al.); (c) in a high stakes situation. Both forms of moral injury impair the capacity for trust and elevate despair, suicidality, and interpersonal violence. They deteriorate character. Clinical challenges in working with moral injury include coping with [1] being made witness to atrocities and depravity through repeated exposure to trauma narratives, [2] characteristic assignment of survivor’s transference roles to clinicians, and [3] the clinicians’ countertransference emotions and judgments of self and others. A trustworthy clinical community and, particularly, a well-functioning clinical team provide protection for clinicians and are a major factor in successful outcomes with morally injured combat veterans.

Keywords: veterans, moral injury, trust, character, Homeric epics

For 20 years, I was the sole psychiatrist for a small U.S. Department of Veterans Affairs (VA) Boston Outpatient Clinic component known as the Veterans Improvement Program (VIP). It had been founded 10 years before my arrival to cope with the most troubled and troubling Vietnam veterans. Over time, it morphed from a partial hospitalization program to an intensive long-term outpatient program, narrowly specializing in psychologically and morally injured combat veterans. Its concepts, practices, and location in the institutional ecology are fully described in a chapter that one of the founders of VIP and I contributed to the Saigh and Bremner text *Posttraumatic Stress Disorder: A Comprehensive Text* (Shay & Munroe, 1999). The present piece is in the personal voice I developed while there; my patients did not trust me when I spoke in the unlocated, God-speaking-from-the-edge-of-of-the-universe voice of the expert. I can no longer inhabit that voice.

Starting sometime after 1995 (I can’t date it more precisely without mining old hard drives), but continuing after retirement from the VA and clinical work, I have also worked

Jonathan Shay, MD, PhD, independent scholar, Colrain, Massachusetts.

Correspondence concerning this article should be addressed to Jonathan Shay, MD, PhD, 180 Smead Hill Road, Colrain, MA 01340. E-mail: jshayinma@comcast.net

with active military services, not as a clinician, but as an advocate for changes in policy, practice, and culture aimed at preventing psychological and moral injury. Dialogues with active military people have partly been in a paid capacity—such as performing the Commandant of the Marine Corps Trust Study for General Jim Jones, or in serving as Chair of Ethics, Leadership, and Personnel Policy in the Office of the Army Deputy Chief of Staff for Personnel or as the 2009 Omar Bradley Chair at the Army War College—and partly as an unpaid missionary from the veterans I served as a psychiatrist. I have also spoken with Canadian, British, and German forces. I spoke in my own voice to these audiences, and I shall do so here, with all its wake-you-up bumps from one level of diction to another. I speak to all these audiences for the veterans I have served; they do not want other young kids wrecked the way they were wrecked in Vietnam.

That's where I'm coming from and what I've been up to. The topic at hand is moral injury—a term that apparently I coined in mental health—and its treatment. I will offer some thoughts about the clinical resources and the conditions I believe are needed to address it successfully.

My version of moral injury is something we can do something about. It is, to a degree, within our control. When I do my full military prevention riff on Cohesion/Leadership/Training, I spell out the need for leadership to be *expert, ethical, and properly supported*. These three aspects are very sensitive to policy and practice, and thus offer opportunities to lift the average level of ethical performance of military leaders, but this is not the place to go into that further.

Here's my version of moral injury, derived from my patients' narratives and from Homer's narrative of Achilles in the *Iliad*. Moral injury is:

- A betrayal of what's right.
- by someone who holds legitimate authority (e.g., in the military—a leader).
- in a high stakes situation.

All three.

The nature and importance of moral injury first crystallized for me from Homer's *Iliad*, resulting in a little didactic article on taking a decent combat history that appeared in the *Journal of Traumatic Stress* (Shay, 1991). This then evolved into the book *Achilles in Vietnam* (Shay, 1994). The narrative of Achilles in this poem is a story of moral injury. Homer scholar Johannes Haubold shows that the relationship of leader to his people is a crucial theme linking the *Iliad* and *Odyssey*—two poems that are otherwise famously dissimilar; *people* here refers to the key term *λαός* (*laos*). Haubold (2000) says in the book's conclusion:

Early Greek epic sings about the incurably vulnerable nature of the *laoi*. Their defining structure [the leader]. . . fails. [It is] encapsulated in the metaphor of “the shepherd of the people” (ποιμήν λαων). . . . The leaders are said to have “destroyed the people.” (p. 195)

The Iliadic troops are almost always the *laos*, for which the leaders Agamemnon, Achilles, Odysseus, and Hector have a shepherd's fiduciary responsibility, and all four fail catastrophically in their separate ways and for their separate reasons. The *Odyssey* uses the word *laos* only rarely outside Books 2–4, referring instead to Odysseus' Ithacan troops/crews as “companions” and to the Ithacans remaining behind as “suitors.” Tellingly, the suitor Eurymachus pleads for the lives of the remaining suitors, using the word *laos* in the moment after Odysseus puts an arrow through the neck of Antinous, the most villainous suitor. Eurymachus says, “Then spare your people (λαων), your own ones” (*Od.* 22.54 as

cited in [Haubold, 2000](#), p. 119). And just before the brief final battle of the *Odyssey*, in Book 24, Eupheithes, the father of the same Antinous, whips up his lynch posse with the words, “First he [the leader] took many excellent men away in the vessels with him [to Troy], and lost the hollow ships and destroyed the people (λαούς)” (*Od.* 24.427 ff. as cited in [Haubold, 2000](#), p. 108).

A number of clinician-researchers, among them Brett Litz, Shira Maguen, and William Nash, have done an excellent job of describing an equally devastating second form of moral injury that arises when a service member does something in war that violates their own ideals, ethics, or attachments (See [Figure 1.](#)). The DSM diagnosis, Posttraumatic Stress Disorder (PTSD), does not capture either form of moral injury. PTSD nicely describes the persistence into life after mortal danger of the valid adaptations to the real situation of other people trying to kill you. However, pure PTSD, as officially defined, with no complications, such as substance abuse or danger seeking, is rarely what wrecks veterans’ lives, crushes them to suicide, or promotes domestic and/or criminal violence. Moral injury—both flavors—does.

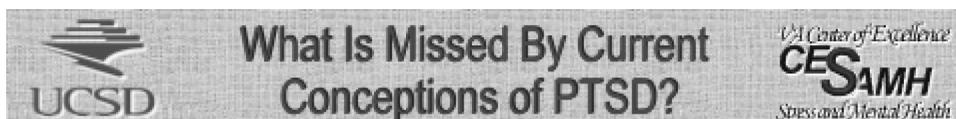
We have been carefully taught to believe that good character cannot change in adulthood. This belief has a brilliant pedigree. It starts with Plato and runs through the Stoics, Kant, and Freud. It says, if you make it out of childhood with “good breeding” (Plato’s term; today we would say “good genes”) and good upbringing, then your good character is set by the end of childhood. No bad experience can break it. The trouble with this lovely idea is that it is bunk. The classic [pun intended] discussion of this by a philosopher is [Martha Nussbaum’s \(1986\) *The Fragility of Goodness*](#).¹

Over the years, the American Psychiatric Association (APA) has rejected every diagnostic concept that even hints at the possibility that bad experience in adulthood can damage good character. It has rejected what numerous clinicians following Judith Herman, MD and Mary Harvey, PhD call “Complex PTSD,” but which the APA atrociously named in its field trials, “Disorders of Extreme Stress Not Otherwise Specified (DESNOS).” It has rejected “Enduring Personality Change after Catastrophic Experience,” which is a current diagnosis in the WHO International Classification of Diseases, and “Post Traumatic Embitterment Disorder.” The latter diagnostic construct is the work of Professor Michael Linden’s group at the Free University of Berlin and Charité in Berlin. He and his colleagues have a vast body of clinical and research data on the often devastating psychological consequences of having one’s honorable and respect-worthy life trajectory shot out of the sky, such as was nonviolently inflicted on hundreds of thousands in the former German East zone upon reunification. I do not refer to the Stasi here, but to sanitary engineers, fine optics makers, and so forth. I believe the stubborn APA opposition comes from American attachment to this old philosophic position with its brilliant pedigree, not from empirical facts, which abundantly show the opposite.

Like physical injuries, moral injuries of the kind described by Litz, Nash, Maguen, and others in their now numerous publications on moral injury strike in every war. I discussed this in *Achilles in Vietnam: Combat Trauma and the Undoing of Character* ([Shay, 2002](#)) under the heading “moral luck,” a term used by ethical philosophers such as Bernard Williams and Martha Nussbaum.

What I have to say complements what [Litz, et al. \(2009\)](#) have described, differing primarily in the “who” of the violator. In their definition the violator is the self, whereas in mine the violator is a powerholder. To date, the only symptomatic difference between

¹ See particularly the last chapter, “Hecuba.”



	PTSD	Moral Injury
Triggering Event (A1 Criterion)	Actual or threatened death or serious injury	Acts that violate deeply held moral values
Individual's role at time of event	Victim or witness	Perpetrator, victim, or witness
Predominant painful emotion (A2)	Fear, horror, helplessness	Guilt, shame, anger
Reexperiencing (B Criteria)?	YES	YES
Avoidance or numbing (C Criteria)?	YES	YES
Physiological arousal level (D Criteria)?	YES	NO
What necessity is lost?	Safety	Trust

See: Litz B.T, Stein N., Delaney E., Lebowitz L., Nash W.P., Silva C., & Maguen S. (2009). Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clinical Psychology Review*, doi:10.1016/j.cpr.2009.07.003.

Figure 1. What is missed by current conceptions of PTSD?

the syndromes arising from moral injury as I define it and that of Litz, et al. is that they report that physiological arousal is not part of moral injury. From my observation, where leadership malpractice inflicts moral injury, the body codes it as physical attack, mobilizes for danger and counterattack, and lastingly imprints the physiology every bit as much as if it had been a physical attack. Nevertheless, both are important; both can coexist; and one can lead to the other in any order. Think of a situation where an infantry Marine is ordered to leave behind a wounded buddy and the Marine obeys the order; or think of sexual coercion by your rating senior in the chain of command targeting one of your subordinates, and you fail to protect her or him.

By contrast, here is a combat incident alone that might cause moral injury as Litz, et al. define it. This was told to me at a Marine Corps Combat and Operational Stress Control conference in San Diego as an incident that happened at Fallujah. A Marine scout-sniper team was supporting a Marine infantry unit that had taken several casualties from a well-hidden and effective enemy sniper. My understanding is that the typical Marine team is two: the shooter and the spotter; they have different roles at given moments of engagement, but both Marines are trained to perform both functions, and often swap. The Marine sniper eventually found and identified the enemy sniper in his scope and could see that he had a baby strapped to his front in a sling we would call a Snuggly. The Marine believed that the enemy was using this baby as a “human shield,” although other interpretations were possible [for example, “I want my son to join me in Paradise,” that is, martyr thinking, or “If I am dead, there will be nobody to protect and look after him—if I die, he will die” (cf. Hector/Astyanax in the *Iliad* or Odysseus/Telemachus in the *Odyssey*)]. However, the point here is not the enemy sniper’s thinking, but the Marine’s. The Marine sniper’s understanding of the then-current Rules of Engagement and of the

Law of Land Warfare was that shooting the enemy sniper was permissible, even if the baby could be foreseen to die unintentionally in the process. His understanding of his job description and his duty to the Marines he was supporting was to make the shot, which he did. He saw the round land, and will probably live with that memory the rest of his life.

How does moral injury change someone? It deteriorates their character; their ideals, ambitions, and attachments begin to change and shrink. Both flavors of moral injury impair and sometimes destroy the capacity for trust. When social trust is destroyed, it is replaced by the settled expectancy of harm, exploitation, and humiliation from others. With this expectancy, there are few options: strike first; withdraw and isolate oneself from others (e.g., Achilles); or create deceptions, distractions, false identities, and narratives to spoil the aim of what is expected (e.g., Odysseus).²

² I do not imply that all of Odysseus's off-color character formation comes from moral injury in war. In *Odysseus in America* (Shay, 2002, pp. 140-144), I discuss the textual evidence that Odysseus also carried a pathogenic load of childhood trauma, particularly the episode in puberty when his career-criminal grandfather, Autolycus, almost gets him killed in a boar hunt, scarring him for life, physically and perhaps psychologically.

References

- Harvey, M. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9*, 3–23.
- Haubold, J. (2000). *Homer's people: Epic poetry and social formation*. Cambridge, UK: Cambridge University Press. (Book/Line numberings from T. Allen [Ed., 1917], *Homeri Opera*. Oxford, England: Oxford University Press.)
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695–706. doi:10.1016/j.cpr.2009.07.003
- Nagy, G. (1979). *The best of the Achaeans: Concepts of the hero in archaic Greek poetry*. Baltimore, MD: Johns Hopkins University Press.
- Nussbaum, M. C. (1986). *The fragility of goodness: Luck and ethics in Greek tragedy and philosophy*. Cambridge, UK: Cambridge University Press.
- Shay, J. (1991). Learning about combat stress from Homer's *Iliad*. *Journal of Traumatic Stress, 4*, 561–579. doi:10.1002/jts.2490040409
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York, NY: Scribner.
- Shay, J. (1995). The Birth of tragedy—Out of the needs of democracy. *Didaskalia: Ancient Theater Today, 2*(2). Retrieved from <http://www.didaskalia.net/issues/vol2no2/shay.html>
- Shay, J. (2002). *Odysseus in America: Combat trauma and the trials of homecoming*. New York, NY: Scribner.
- Shay, J., & Munroe, J. (1999). Group and milieu therapy for veterans with complex posttraumatic stress disorder. In P. A. Saigh & J. D. Bremner (Eds.), *Posttraumatic stress disorder: A comprehensive text* (pp. 391–413). Boston, MA: Allyn & Bacon.
- Stanford, W. B. (1968). *The Ulysses theme*. Oxford England: Basil Blackwell.
- Tatum, J. (2003). *The mourner's song: War and remembrance from the Iliad to Vietnam*. Chicago, IL: University of Chicago Press.