



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

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'Moral injury', in het Nederlands ook wel 'moreel trauma' genoemd, is een begrip dat verwijst naar de psychosociale klachten die mensen kunnen ontwikkelen wanneer zij ervaringen hebben meegemaakt waarin belangrijke morele verwachtingen en overtuigingen worden geschonden.

Elke maand zet de ARQ-bibliotheek nieuwe publicaties over *Moral Injury* op deze lijst.

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Angel, C. T., Sullivan, J. E., & Starnino, V. R. (2023). Search for Meaning: A spiritually integrated approach for treating veterans with posttraumatic stress disorder. In Handbook of spiritually integrated psychotherapies (pp. 381–401). American Psychological Association. <https://doi.org/10.1037/0000338-020>

The Search for Meaning program provides a group setting where trauma patients, many of whom carry a posttraumatic stress disorder (PTSD) diagnosis, learn strategies and techniques that facilitate recovery and reintegration into their families and society. Although the intervention was created for military veterans initially, it has since expanded to other populations, including patients receiving palliative and hospice care, adolescents, and individuals with HIV/AIDS. This chapter shares insights from authors' work with veterans. Search for Meaning emphasizes the importance of treating the soul and spirit of trauma victims. The chapter describes the Search for Meaning protocol as it was originally designed to address spiritual wounding related to veterans with a PTSD diagnosis. The Search for Meaning protocol is predicated on an understanding and acceptance of a biopsychosocial-spiritual framework. A secondary goal of the protocol is to bring together the fields of psychology and spiritual care to treat the whole person. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Blom, B. C. E. M., June ter Heide, F. J., Nauta, B., Mooren, T. M., & Olf, M. (2023). 'Where am I in all of this?' Impact of a morally injurious mission on the home front of Dutchbat III military Veterans. Journal of Military, Veteran and Family Health, e20220065. <https://doi.org/10.3138/jmvfh-2022-0065>

LAY SUMMARY Research has shown time and time again that war has an impact on the mental well-being of Veterans and their families. But what does that impact look like when a mission is characterized by severe violations of norms and values (in other words, moral injury)? In this study, family members of Dutch Veterans talked about the impact on their lives of a mission gone bad in the former Yugoslavia, 25 years after it happened. Although most of the families were doing well, all of the families felt left alone in taking care of their Veterans after they returned and in dealing with negative press coverage. For the well-being of all, they expressed the need for more appreciation for and acknowledgement of Veterans and their families. Introduction: In 1995, the United Nations (UN) peacekeeping mission involving the Dutch battalion, Dutchbat III, in the former country of Yugoslavia ended in the killing of 8,000 Bosniak Muslim boys and men by the Bosnian-Serbian army. The mission and its aftermath may be considered potentially morally injurious events that had a long-term impact on the Bosnian people and Dutch Veterans. A study was conducted 25 years after the mission to examine its impact on home front members (i.e., Veterans' partners and close family members). Methods: Qualitative data were obtained through interviews with five female partners and two parents of Dutchbat III Veterans, as well as from a focus group with four female partners. Topics included the mission, experience of appreciation and support, health, daily functioning, resilience, meaning-making, and possible solutions. Thematic analysis was conducted using open, axial, and selective coding. Results: Findings were interpreted using a model of morally injurious impacts of war on military family members. Family members reported a generally good quality of life and no need for care for themselves but a

unanimous perceived lack of support by the government and need for more recognition and appreciation of the Veterans. Discussion: Home front members of Dutchbat III Veterans seemed to suffer mainly from indirect mission impact that led to continued feelings of betrayal. Recognition and appreciation of military Veterans by the government and media may prevent or mitigate such feelings. Involving home front members in Veteran care and long-term follow-up is important.

Bonson, A., Murphy, D., Aldridge, V., Greenberg, N., & Williamson, V. (2023). Conceptualization of moral injury: A socio-cognitive perspective. *Journal of Military, Veteran and Family Health*, e20220034. <https://doi.org/10.3138/jmvfh-2022-0034>

LAY SUMMARY This article looks at how moral injury (MI) may develop by considering what event features may be especially salient and cause MI and what experiences an individual may have after an event that might lead to the occurrence of a MI. It proposes that the beliefs someone has about themselves, others, and the world can be shaped by experiences in childhood and early life. Once an individual has experienced a potentially morally injurious event (PMIE) — for example, witnessing something that violates deeply held moral or ethical codes but being unable to stop it, doing something that violates these ethical codes, or experiencing a significant betrayal — they may try to make sense of it by changing the way they see the world, themselves, and others. This can lead to problems in the individual's relationship with themselves and others, leading to feelings of shame and guilt and withdrawal from other people. More important, for an event to be a PMIE, it must significantly challenge strongly held moral beliefs and a sense of right and wrong. As research into moral injury (MI) develops, a clearer conceptualization is needed to support further research and development of treatments. This article draws on the existing MI literature and proposes a new model for its conceptualization. The authors propose that central to MI is deterioration in the relationship with self, others, and humanity, leading to global belief and behavioural changes. A definition of what is, and is not, a potentially morally injurious event (PMIE) is also presented, and the authors argue that events need to be high stakes and threaten previously held beliefs, regardless of the event's outcome. The model highlights key predisposing factors that may influence the later development and maintenance of MI, such as adverse childhood experiences and factors surrounding the event. By considering what distinguish PMIEs from Diagnostic and Statistical Manual of Mental Disorders (5th ed.) posttraumatic stress disorder criterion A events and what factors may lead to MI, a better understanding of MI development and treatment can be considered.

Borges, L. M., Bahraini, N. H., Holliman, B. D., Gissen, M. R., Lawson, W. C., & Barnes, S. M. (2020). Veterans' perspectives on discussing moral injury in the context of evidence-based psychotherapies for PTSD and other VA treatment. *Journal of Clinical Psychology*, 76(3), 377–391. <https://doi.org/10.1002/jclp.22887>

Objective We examined Veterans' perspectives on discussing moral injury in veterans affairs (VA) evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) and other VA treatment. **Methods** Fourteen male warzone veterans (ages 25–74) who completed an EBP for PTSD within the past year participated in semistructured interviews related to discussing moral injury in VA treatment (e.g., EBPs for PTSD, chaplaincy). Qualitative interviews were evaluated using a thematic analysis. **Results** Four themes were identified; moral injury is often not identified or discussed during therapy, therapeutic relationships can promote or inhibit discussion of moral injury, treatment has limited impact on moral injury, and it is difficult to cope with moral injury even after treatment. **Conclusion** The majority of Veterans interviewed identified moral injury persisting within a year of completing a PTSD EBP. These findings highlight the value of asking about, assessing, and treating moral injury in Veterans. Our results suggest the importance of developing specific moral injury interventions for warzone Veterans.

Bow, S. M. A., Schröder-Bäck, P., Norcliffe-Brown, D., Wilson, J., & Tahzib, F. (2023). Moral distress and injury in the public health professional workforce during the COVID-19 pandemic. *Journal of Public Health*, fdad010. <https://doi.org/10.1093/pubmed/fdad010>

There is growing concern about moral distress and injury associated with the COVID-19 pandemic in healthcare professions. This study aimed to quantify the nature, frequency, severity and duration of the problem in the public health professional workforce. Between 14 December 2021 and 23 February 2022, Faculty of Public Health (FPH) members were surveyed about their experiences of moral distress before and during the pandemic. In total, 629 FPH members responded, of which, 405 (64%; 95% confidence interval [95%CI] = 61–68%) reported one or more experience of moral distress associated with their own action (or inaction), and 163 (26%; 95%CI = 23–29%) reported experiencing moral distress associated with a colleague's or organization's action (or inaction) since the start of the pandemic. The majority reported moral distress being more frequent during the pandemic and that the effects endured for over a week. In total, 56 respondents (9% of total sample, 14% of those with moral distress), reported moral injury severe enough to require time off work and/or therapeutic help. Moral distress and injury are significant problems in the UK public health professional workforce, exacerbated by the COVID-19 pandemic. There is urgent need to understand the causes and potential options for its prevention, amelioration and care.

Cahill, J. M., Moyse, A. J., & Dugdale, L. S. (2023). "Ruptured selves: moral injury and wounded identity." *Medicine, Health Care and Philosophy*. <https://doi.org/10.1007/s11019-023-10138-y>

Moral injury is the trauma caused by violations of deeply held values and beliefs. This paper draws on relational philosophical anthropologies to develop the connection between moral injury and moral identity and to offer implications for moral repair, focusing particularly on healthcare professionals. We expound on the notion of moral identity as the relational and narrative constitution of the self. Moral identity is formed and forged in the context of communities and narrative and is necessary for providing a moral horizon against which to act. We then explore the relationship between moral injury and damaged moral identities. We describe how moral injury ruptures one's sense of self leading to moral disorientation. The article concludes with implications for moral repair. Since moral identity is relationally formed, moral repair is not primarily an individual task but requires the involvement of others to heal one's identity. The repair of moral injury requires the transformation of a moral identity in community.

Callaghan, W. (2023). Critical intercession for non-religious Canadian Veterans on the intersections of moral injury, religion, and spirituality. *Journal of Military, Veteran and Family Health*, e20220046. <https://doi.org/10.3138/jmvfh-2022-0046>

LAY SUMMARY With the concept of moral injury being adopted as a way of understanding psychological distress experienced by Veterans, there is a growing interest in what role religion or spirituality might play as a factor in the risk of, or resilience against, experiencing this form of trauma. There is also interest in how religion and spirituality might be used to help treat moral injuries. However, most of the research to date has been conducted with American Christian Veterans and military service members. What is in question is whether these ideas work in the context of Veterans and service members of the Canadian Armed Forces. This article presents a critical warning about how the use of religion and spirituality might possibly cause harm instead of helping as intended. With the growing acceptance of the concept of moral injury, there has been increasing interest in the role religion and spirituality play in the risk for, experience of symptoms of, and potential treatment for this form of posttraumatic-stress-related psychological distress. Although many studies indicate the potential for religion and spirituality to contribute to the understanding and treatment of moral injury, it is important to note that this predominantly U.S.-based research tends to naturalize American Christian conceptualizations of religion, frequently conflating religion and spirituality in the process. A key question is whether this culturally specific form of religiosity is applicable to Veterans and military service members who are non-American, non-Christian, polytheistic, or even secular or atheist. On the basis of observations made during long-term ethnographic research with Canadian Veterans, this article amplifies

concerns voiced by Veterans that should be considered when applying an American Christian conceptualization of religion and spirituality to non-American, non-Christian individuals or contexts. This intercession draws attention to the possibility that applying ideas of religion and spirituality may not only have limited benefit in the Canadian context, but that it could also create barriers to care and even further harm to non-religious individuals experiencing moral injury.

Carlson, E. B., Palmieri, P. A., Vogt, D., Macia, K., & Lindley, S. E. (2023). Development and cross-validation of a veterans mental health risk factor screen. *PLOS ONE*, 18(2), e0272599. <https://doi.org/10.1371/journal.pone.0272599>

Background VA primary care patients are routinely screened for current symptoms of PTSD, depression, and alcohol disorders, but many who screen positive do not engage in care. In addition to stigma about mental disorders and a high value on autonomy, some veterans may not seek care because of uncertainty about whether they need treatment to recover. A screen for mental health risk could provide an alternative motivation for patients to engage in care. Method Data from samples of veterans and traumatic injury survivors were analyzed to identify mental health risk factors that are characteristics of individuals or stressors or of post-trauma, post-deployment, or post-military service resources, experiences, or responses. Twelve risk factors were strongly related to PTSD ($r > .50$): current PTSD, depression, dissociation, negative thinking, and emotional lability symptoms, life stress, relationship stress, social constraints, and deployment experiences of a difficult environment, concerns about life and family, perceived threat, and moral injury. Items assessing each of these risk factors were selected and their validity to prospectively predict PTSD and/or depression 6 months later was assessed in a new sample of 232 VA primary care patients. Results Twelve items assessing dissociation, emotional lability, life stress, and moral injury correctly classified 86% of those who later had elevated PTSD and/or depression symptoms (sensitivity) and 75% of those whose later symptoms were not elevated (specificity). Performance was also very good for 110 veterans who identified as members of ethnic/racial minorities. Conclusions Mental health status was prospectively predicted in VA primary care patients with high accuracy using a screen that is brief, easy to administer, score, and interpret, and fits well into VA's integrated primary care. When care is readily accessible, appealing to veterans, and not perceived as stigmatizing, information about mental health risk may result in higher rates of engagement than information about current mental disorder status.

Cenkner, D. P., Usman, H., & Zalta, A. K. (2023). Differential associations of rumination and cognitive flexibility with guilt and shame following potentially morally injurious events. *Journal of Affective Disorders*, 325, 135–140. <https://doi.org/10.1016/j.jad.2022.12.165>

Background

Guilt and shame are common moral emotions following potentially morally injurious events (PMIEs), which involve events that violate one's deeply held moral values. However, not all individuals will experience guilt and shame following PMIEs and the mechanisms by which PMIEs lead to guilt and shame are not well understood. This study set out to examine the role of event-related intrusive rumination, event-related deliberate rumination, cognitive flexibility, and their interactions, in predicting PMIE-related guilt and shame.

Methods

A subsample of undergraduate participants exposed to an objective PMIE and endorsing a subjective PMIE (N = 323) completed self-report assessments.

Results

Higher levels of event-related intrusive rumination and event-related deliberate rumination and lower levels of cognitive flexibility were associated with higher levels of PMIE-related shame. Only higher levels of event-related deliberate rumination were associated with greater PMIE-related guilt. Moreover, the predictors explained much greater variance in PMIE-related shame ($R^2_{Adj} = 0.44$) than PMIE-related guilt ($R^2_{Adj} = 0.05$). There was no significant interaction between event-related rumination and cognitive flexibility in predicting PMIE-related guilt or shame.

Limitations

This study was cross-sectional, the sample was mostly female, and all data was collected via self-report. Longitudinal studies are needed to explore these potential mechanistic processes.

Conclusions

Our findings suggest that differential pathways may affect whether individuals experience guilt or shame following PMIEs. Rumination and cognitive flexibility may be valuable clinical targets for interventions aimed at addressing PMIE-related shame.

Cooper-Bribiesca, D., Rascón-Martínez, D. M., Miguel-Puga, J. A., Juárez-Carreón, M. K., Sánchez-Hurtado, L. A., Colin-Martínez, T., Anda-Garay, J. C., Espinosa-Poblano, E., & Jáuregui-Renaud, K. (2023). Physicians' Distress Related to Moral Issues and Mental Health In-Between Two Late Waves of COVID-19 Contagions. *International Journal of Environmental Research and Public Health*, 20(5), 3989. <https://doi.org/10.3390/ijerph20053989>

In addition to the sanitary constrains implemented due to the pandemic, frontline physicians have faced increased workloads with insufficient resources, and the responsibility to make extraordinary clinical decisions. In 108 physicians who were at the forefront of care of patients with COVID-19 during the first two years of the pandemic, mental health, moral distress, and moral injury were assessed twice, in between two late waves of COVID-19 contagions, according to their adverse psychological reactions, in-hospital experience, sick leave due to COVID-19, quality of sleep, moral sensitivity, clinical empathy, resilience, and sense of coherence. Three months after the wave of contagions, the adverse emotional reactions and moral distress decreased, while moral injury persisted. Moral distress was related to clinical empathy, with influence from burnout and sick leave due to COVID-19, and moral injury was related to the sense of coherence, while recovery from moral distress was related to resilience. The results suggest that measures to prevent physician infection, as well as strengthening resilience and a sense of coherence, may be helpful to prevent persistent mental damage after exposure to a sanitary crisis.

Ein, N., Houle, S. A., Liu, J. J. W., Easterbrook, B., Baker, C., Fuertes, M., Turner, R. B., MacDonald, C., Reeves, K., Deda, E., Hoffer, K., Abidi, C. B., Nazarov, A., & Richardson, J. D. (2023). The potentially morally injurious nature of encountering children during military deployments: A call for research. *Journal of Military, Veteran and Family Health*, e20220044. <https://doi.org/10.3138/jmvfh-2022-0044>

Armed forces personnel are a population at risk for exposure to potentially traumatic and morally injurious events because of the high-risk nature of military operations. The impacts of deployment-related potentially morally injurious events (PMIEs) are increasingly being documented, with outcomes such as mental health and interpersonal problems showing consistent associations with exposure to events that deeply transgress an individual's deeply held moral beliefs. To date, the literature on deployment-related PMIEs has focused on events such as killing and exposure to atrocities. The impacts of situations in which military personnel encounter children, including children recruited and used as soldiers by local armies and militia, have not yet been examined systematically. This article highlights the scarcity of existing research on this topic and provides recommendations for future study regarding the impact of military encounters with children through the lens of moral injury.

Embodied Disclosure Therapy: Writing from a Place of Inner Safety and Connection: A Novel Approach for Moral Injury - ProQuest. (n.d.). Retrieved March 14, 2023, from <https://www.proquest.com/openview/966387b8a0727031d7b5538efebd55eb/1?pq-origsite=gscholar&cbl=18750&diss=y>

Fischer, I. C., Norman, S. B., Feder, A., Feingold, J. H., Peccoralo, L., Ripp, J., & Pietrzak, R. H. (2022). Downstream consequences of moral distress in COVID-19 frontline healthcare workers: Longitudinal associations with moral injury-related guilt. *General Hospital Psychiatry*, 79, 158–161. <https://doi.org/10.1016/j.genhosppsych.2022.11.003>

Objective

To examine the longitudinal associations between dimensions of COVID-19 pandemic-related moral distress (MD) and moral injury (MI)-related guilt in a large sample of frontline COVID-19 healthcare workers (FHCWs). Methods: Data from a diverse occupational cohort of 786 COVID-19 FHCWs were collected during the initial peak of the COVID-19 pandemic in New York City and again 7 months later. Baseline MD and MI-related guilt at follow-up were assessed in three domains: family-, work-, and infection-related. Social support was evaluated as a potential moderator of associations between MD and MI-related guilt.

Results

A total of 66.8% of FHCWs reported moderate-or-greater levels of MI-related guilt, the most prevalent of which were family (59.9%) or work-related (29.4%). MD was robustly predictive of guilt in a domain-specific manner. Further, among FHCWs with high levels of work-related MD, those with greater perceptions of supervisor support were less likely to develop work-related guilt 7 months later.

Discussion

MD was found to be highly prevalent in FHCWs during the initial wave of the COVID-19 pandemic and was linked to the development of MI-related guilt over time. Prevention and early intervention efforts to mitigate MD and bolster supervisor support may help reduce risk for MI-related guilt in this population.

Fleming, W. H. (2023). The Moral Injury Experience Wheel: An Instrument for Identifying Moral Emotions and Conceptualizing the Mechanisms of Moral Injury. *Journal of Religion and Health*, 62(1), 194–227. <https://doi.org/10.1007/s10943-022-01676-5>

This paper introduces an infographic tool called The Moral Injury Experience Wheel, designed to help users accurately label moral emotions and conceptualize the mechanisms of moral injury (MI). Feeling wheels have been used by therapists and clinical chaplains to increase emotional literacy since the 1980s. The literature on the skill of emotion differentiation shows a causal relationship between identifying emotions with specificity and emotional and behavioral regulation. Emerging research in moral psychology indicates that differentiating moral emotions with precision is related to similar regulatory effects. Based on this evidence, it is proposed that increasing moral emotional awareness through use of an instrument that visually depicts moral emotions and their causal links to MI will enhance appraisal and flexible thinking skills recognized to reduce the persistent dissonance and maladaptive coping related to MI. Design of the wheel is empirically grounded in MI definitional and scale studies. Iterative evaluative feedback from Veterans with features of MI offers initial qualitative evidence of validity. Two case studies will show utility of the wheel in clinical settings and present preliminary evidence of efficacy.

Harms, Wrongs, and Medical Moral Injury - Andrew Sloane, 2023. (n.d.). Retrieved March 14, 2023, from <https://journals.sagepub.com/doi/abs/10.1177/09539468231160015>

Hendrikx, L. J., & Murphy, D. (2023). Associations between International Trauma Questionnaire complex posttraumatic stress disorder symptom clusters and moral injury in a sample of U.K. treatment-seeking veterans: A network approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1037/tra0001426>

Objective: Complex posttraumatic stress disorder (CPTSD) and moral injury are receiving increasing empirical attention. The network approach offers a novel method to understand the association between such mental health constructs. Method: The present study investigated: (a) the network structure of CPTSD symptom clusters according to the International Trauma Questionnaire to determine centrality (i.e., the most influential symptom cluster) and (b) the network structure of CPTSD symptom clusters and moral injury symptoms according to the Moral Injury Outcome Scale to determine bridge symptoms (i.e., the symptoms linking comorbid presentation of CPTSD and moral injury) within a clinical sample of veterans. Results: Emotional dysregulation, avoidance, and interpersonal difficulties were found to be most central in the CPTSD network, and interpersonal difficulties, negative self-concept, and emotional dysregulation were found to be the strongest bridge symptoms in the CPTSD and moral injury network. Conclusions: The two networks suggest a key role of disturbance in self-organization symptoms in the

presentation of CPTSD and its association with moral injury among treatment-seeking veterans. Despite the limitations of the present study, it offers an insightful starting point as the first network analysis study of CPTSD in treatment-seeking veterans as well as its association with moral injury. Implications in terms of points of intervention and further research are discussed. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Henritze, E., Goldman, S., Simon, S., & Brown, A. D. (2023). Moral injury as an inclusive mental health framework for addressing climate change distress and promoting justice-oriented care. *The Lancet Planetary Health*, 7(3), e238–e241. [https://doi.org/10.1016/S2542-5196\(22\)00335-7](https://doi.org/10.1016/S2542-5196(22)00335-7)

Hollis, J., Hanna, P., & Perman, G. (2023). The shaping of moral injury among UK military veterans of the wars in Afghanistan and Iraq. *Psychology and Psychotherapy: Theory, Research and Practice*, 96(1), 209–222. <https://doi.org/10.1111/papt.12434>

Objective Research on ‘moral injury’—the psychological wound experienced by military personnel and other ‘functionaries’ whose moral values are violated—has proliferated in recent years. Many psychological researchers, including those in the UK, have subscribed to an increasingly individualised operationalisation of moral injury, with medicalised criteria that closely mirrors PTSD. This trend carries assumptions that have not been comprehensively verified by empirical research. This study aims to explore UK military veterans’ experiences of, and challenges to, their moral values in relation to their deployment experiences, without prematurely foreclosing exploration of wider systemic influences. Method Twelve UK military veterans who served in Afghanistan and/or Iraq were interviewed, and the data were analysed thematically and reflexively. Results Three inter-related themes were generated: (1) ‘you’ve been undermined’, (2) ‘how am I involved in this?’ and (3) ‘civilianised’. Conclusions The analysis suggests that several assumptions privileged in moral injury research may be empirically contradicted, at least in relation to the experiences of UK military veterans. These assumptions include that moral injury is exclusively driven by individual, episodic acts of commission and omission, invariably leads to guilt and necessarily bifurcates into variants of either perpetration or betrayal. Instead, participants understood the moral violations they experienced as socially contingent. Rather than ‘treating’ moral injury as a disorder of thinking and feeling located within an individual, the socially contextualised understanding of moral injury indicated by this study’s findings may prompt the development of psychological and social interventions that understand moral injury as the fallout of what occurs between people and within systems.

Houle, S. A., Inhaber, J., Jetly, R., & Ashbaugh, A. R. (2023). Negative cognitions in the context of suicidality after exposure to military-related potentially morally injurious events. *Journal of Military, Veteran and Family Health*, e20220057. <https://doi.org/10.3138/jmvfh-2022-0057>

Moral injury (MI) refers to the psycho-spiritual consequences of events that deeply transgress a person’s core moral beliefs and values. Such events are reportedly common in the military context, and strong associations have been demonstrated between exposure to potentially morally injurious events (PMIEs) and suicidality. This study explored differences in negative cognitions between treatment-seeking Canadian Armed Forces members and Veterans with and without current suicidal thoughts and behaviours (STBs), all of whom reported current distress in response to a PMIE. Those exhibiting STBs reported stronger negative beliefs about the self. Scores for event-related guilt cognitions and self-blame were similar across individuals with and without STBs. Individuals reporting STBs also displayed higher depression and symptoms of posttraumatic stress disorder. The results suggest that severity of mental health symptoms and negative self-evaluations may be most pertinent in their association with suicidality in the MI context. Results remain preliminary, however, and additional research is needed to properly examine how event and self-related evaluations affect suicidality after PMIEs.

Kiernan, M. D. (2023). Investigating the Moral Challenges Experienced by UK Service Police Veterans. *9(1)*, 31–45. <https://doi.org/10.21061/jvs.v9i1.402>

Previous research has explored the negative effects of exposure to potentially morally injurious events among armed forces veterans and active-duty military personnel generally. However, this current pilot research provides a unique contribution to the extant research literature by examining the specific moral challenges experienced by a potentially at-risk and under-researched sub-group of military personnel. Semi-structured interviews were conducted with 10 United Kingdom (UK) Service Police veterans to identify any moral challenges encountered during their military service and to investigate the experience of moral dissonance underlying these events. Using Interpretative Phenomenological Analysis (IPA), four main themes (with sub-themes) emerged from the data: (a) violation of a moral code, (b) experience of disillusionment, (c) attempted resolution of moral dissonance, and (d) risk and protective factors for moral dissonance. Evidence of the types of moral challenges encountered by Service Police veterans during their military service and the negative consequences of moral dissonance was explored for the first time. Some of these findings overlap with existing evidence from non-Service Police research, although novel insights were also identified, such as the attempts of Service Police veterans to resolve moral dissonance through acting with moral courage, self-preservation, or seeking acceptance. The current research therefore provides a rationale for further investigation into the experience of moral dissonance and impact of exposure to morally injurious events in this sub-population of veterans. Potential implications for advancing conceptual understanding of moral injury and informing interventions to prevent the development of morally injurious outcomes are discussed.

Kok, N., Zegers, M., Fuchs, M., van der Hoeven, H., Hoedemaekers, C., & van Gorp, J. (2023). Development of Moral Injury in ICU Professionals During the COVID-19 Pandemic: A Prospective Serial Interview Study. *Critical Care Medicine*, 51(2), 231. <https://doi.org/10.1097/CCM.0000000000005766>

OBJECTIVES: During the COVID-19 pandemic, ICU professionals have faced moral problems that may cause moral injury. This study explored whether, how, and when moral injury among ICU professionals developed in the course of the COVID-19 pandemic. **DESIGN:** This is a prospective qualitative serial interview study. **SETTING:** Two hospitals among which one university medical center and one teaching hospital in the Netherlands. **SUBJECTS:** Twenty-six ICU professionals who worked during the COVID-19 pandemic. **INTERVENTIONS:** None. **MEASUREMENTS MAIN RESULTS:** In-depth interviews with follow-up after 6 and 12 months. In total, 62 interviews were conducted. ICU professionals narrated about anticipatory worry about life and death decisions, lack of knowledge and prognostic uncertainty about COVID-19, powerlessness and failure, abandonment or betrayal by society, politics, or the healthcare organization, numbness toward patients and families, and disorientation and self-alienation. Centrally, ICU professionals describe longitudinal processes by which they gradually numbed themselves emotionally from patients and families as well as potentially impactful events in their work. For some ICU professionals, organizational, societal, and political responses to the pandemic contributed to numbness, loss of motivation, and self-alienation. **CONCLUSIONS:** ICU professionals exhibit symptoms of moral injury such as feelings of betrayal, detachment, self-alienation, and disorientation. Healthcare organizations and ICU professionals themselves should be cognizant that these feelings may indicate that professionals might have developed moral injury or that it may yet develop in the future. Awareness should be raised about moral injury and should be followed up by asking morally injured professionals what they need, so as to not risk offering unwanted help.

Lentz, L. M., Smith-MacDonald, L., Malloy, D., Carleton, R. N., & Brémault-Phillips, S. (2021). Compromised Conscience: A Scoping Review of Moral Injury Among Firefighters, Paramedics, and Police Officers. *Frontiers in Psychology*, 12. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.639781>

Background Public Safety Personnel (e.g., firefighters, paramedics, and police officers) are routinely exposed to human suffering and need to make quick, morally challenging decisions. Such decisions can affect their psychological wellbeing. Participating in or observing an event or situation that conflicts with personal values can potentially lead to the development of moral injury. Common stressors associated with moral injury include betrayal, inability to prevent death or harm, and ethical dilemmas. Potentially

psychologically traumatic event exposures and post-traumatic stress disorder can be comorbid with moral injury; however, moral injury extends beyond fear to include spiritual, cognitive, emotional or existential struggles, which can produce feelings of severe shame, guilt, and anger. Objective This scoping review was designed to identify the extant empirical research regarding the construct of moral injury, its associated constructs, and how it relates to moral distress in firefighters, paramedics, and police officers. Methods A systematic literature search of peer-reviewed research was conducted using databases MEDLINE, EMBASE, APA PsychInfo, CINHALL PLUS, Web of Science, SCOPUS, and Google Scholar. Included studies were selected based on the inclusion criteria before being manually extracted and independently screened by two reviewers. Results The initial database search returned 777 articles, 506 of which remained after removal of duplicates. Following review of titles, abstracts, and full texts, 32 studies were included in the current review. Participants in the articles were primarily police officers, with fewer articles focusing on paramedics and firefighters. There were two studies that included mixed populations (i.e., one study with police officers, firefighters, and other emergency service workers; one study with paramedic and firefighter incident commanders). Most studies were qualitative and focused on four topics: values, ethical decision-making, organizational betrayal, and spirituality. Conclusion Public safety organizations appear to recognize the experience of moral distress or moral injury among public safety personnel that results from disconnects between personal core values, formal and informal organizational values, vocational duties, and expectations. Further research is needed to better understand moral distress or moral injury specific to public safety personnel and inform training and treatment in support of public safety personnel mental health.

McCormack, L., Hogan, M., & Devine, W. (2022). Transgenerational exposure to combat: Military family, moral dilemmas, reclaiming self. *Traumatology*, 28, 1–10. <https://doi.org/10.1037/trm0000298>

Children of veterans commonly join the armed forces, yet little research explores transgenerational exposure to combat trauma. This ideographic study sought positive and negative interpretations from veterans exposed vicariously as children to combat related trauma and primarily as personnel deployed to combat. Semistructured interviews provided the data for transcription and analysis using interpretative phenomenological analysis. One overarching superordinate theme, military family, moral dilemmas, reclaiming self, highlights a layered struggle for autonomy from a fractured relationship with a veteran father, the lack of preparedness for moral confrontation in combat from the larger military family, and a sense of betrayal from both father and organization in reconnecting with civilian life. Despite intermittent opportunities for shared connections between father and son, their fathers' resistance to sharing personal combat narratives brought distance and resentment. This was compounded by perceived organizational betrayal, where participants felt morally unprepared for the "cultural" threats of war. Feelings of shame and moral injury plagued "self" post service; however, purpose and meaning were expressed as a desire to parent differently from their own fathers. Importantly, though results are not generalizable, this study highlights the importance of postdeployment family education to reduce potential self-blame and self-doubt in male children of veterans exposed vicariously to the toxic masculinity of disengaged and brutal parenting styles following combat trauma. Second, this study reveals the importance of postdeployment reintegration training for restoration of moral integrity in life after the military. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Melendez, N. I. (2023). Nurses' Experience with Trauma: A Qualitative Study on Moral Injury [Ph.D., Capella University].

<https://www.proquest.com/docview/2777463200/abstract/C83CBBCA35F24E9CPQ/1>

This generic qualitative research study sought to gain in-depth knowledge from the perception of nurses managing high-level trauma cases, other than war related ones, within civilian settings. Previous research has indicated that when an individual is exposed to making, witnessing or failing to stop decisions that go against one's morally held beliefs and values and which are harmful to others, it can have negative and long-lasting biological, psychological, sociological, and spiritual effects on that person. The research question states: What is it like for nurses who manage high levels of non-war related

trauma care to carry out medical decisions that conflict with their moral beliefs/values? In order to answer the research question, 10 registered nurses with at least one year of experience with high-level trauma participated in semi-structured interviews virtually to share their experiences with making difficult decisions during high stakes situations. Using Dedoose software, the collected data were analyzed using thematic analysis and eight emerging issues were identified and organized into eight themes. Four themes fell under inward influencers: self-less advocacy, theatrical empathy, foreseeable outcome, and spiritual influence. The other four fell under outward influencers: betrayal/victimization, limiting frustration, holistic demand, and expectational burden. The results of this study revealed strong evidence that civilian nurses are subjected to handling potentially morally injurious events (PMIEs) and, therefore, are prone to being affected by moral injury (MI) even when those events are outside of war and/or military settings. Further examination of other civilian healthcare workers such as doctors, respiratory therapists, radiologists, chaplains, and other ancillary disciplines could solidify the spread of this phenomenon beyond its seminal military beginnings.

Alternate abstract:

Miller, S. (2022). Moral Injury, Moral Identity, and “Dirty Hands” in War Fighting and Police Work. *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 47(6), 723–734. <https://doi.org/10.1093/jmp/jhac028>

In this article, I undertake three main tasks. First, I argue that, contrary to the standard view, moral injury is not a species of PTSD (post-traumatic stress disorder) but rather, on the most coherent conception of moral injury, PTSD is (in effect) a species of moral injury. In doing so, I make use of the notion of caring deeply about something or someone worthy of being cared deeply about. Second, I consider so-called “dirty hands” actions in police work and in war, and distinguish these from the morally legitimate, but harmful, actions of police officers and of war fighters, such as the morally legitimate use of coercive force and lethal force (respectively). While the morally legitimate use of harmful methods is constitutive of these occupational roles, “dirty hands” methods are not. Roughly speaking, a “dirty hands” action is one that is morally wrong and (typically) unlawful but done for the sake of a good outcome. Both categories of action are conducive to moral injury, but “dirty hands” actions much more so, especially given the slippery moral slope from “dirty hands” actions to egregious moral wrongdoing. Third, I offer some recommendations for reducing moral injury among police officers and war fighters.

Moral Injury in Combat Veterans: The Role of Moral Foundations and Predisposing Factors - ProQuest. (n.d.). Retrieved March 14, 2023, from <https://www.proquest.com/openview/dca8cd6ba21907654a091ba029e0260f/1?pg-origsite=gscholar&cbl=18750&diss=y>

Pai, N. B., & Vella, S.-L. C. (2023). Moral Injury: A Contemporary Perspective. *Journal of Psychiatry Spectrum*, 2(1), 22. https://doi.org/10.4103/jopsys.jopsys_53_22

Moral injury (MI) is a relatively new concept in the nascent stages of development. MI is a trauma-based phenomenon, distinct from Post Traumatic Stress Disorder (PTSD) as it is not a physiologically fear-based disorder, but often co-exists with PTSD. MI is primarily concerned with the transgression of deeply held moral beliefs and negative mental health sequelae. Recent significant global events are highlighting the need for a greater understanding of the concept of MI and the associated mental health consequences. Thus, this article provides a narrative review of the concept of MI. This article reviews the concept of MI including definitions of MI and associated concepts. The similarities and differences between MI and PTSD are considered. This article also examines MI within a military context and a civilian context, which is necessitated in the context of current events; namely the fall of Afghanistan and the current COVID-19 pandemic. The article also discusses the importance of MI in a treatment setting. Theory and research in the field of MI highlight the impact of MI on those who are exposed to potentially morally injurious events (PMIEs). This impact is evident in symptoms beyond the realm of PTSD. Further it is apparent that certain sectors of society are more at risk of being exposed to PMIEs and that MI may

differ between military and civilian populations. As such research into MI in both populations is needed, especially within the context of current events.

Parry, K. J., Hicken, B. L., Chen, W., Leng, J., Allen, S., & Burningham, Z. (2023). Impact of moral injury and posttraumatic stress disorder on health care utilization and suicidality in rural and urban veterans. *Journal of Traumatic Stress, 36*(1), 117–128. <https://doi.org/10.1002/jts.22889>

This study explored the impact of moral injury (MI) and posttraumatic stress disorder (PTSD) on health care utilization, mental health complexity, and suicidality in rural and urban veterans. Analyses combined data from the Salt Lake City PTSD Clinic Intake Database and the Department of Veterans Affairs Corporate Data Warehouse. Participants (N = 1,545; Mage = 45.9 years) were predominately male (88.3%) and White (87.8%). Adjusted analyses indicated associations between a 1-unit increase in Moral Injury Events Scale (MIES) score and increased mental health complexity, RR = 1.01, 95% CI [1.01, 1.02], p < .001; psychotropic medication utilization, RR = 1.01, 95% CI [1.01, 1.03], p < .001; VA drug class count, RR = 1.01, 95% CI [1.00, 1.01], p = .030; outpatient utilization, RR = 1.01, 95% CI [1.01, 1.02], p < .001; and mental health outpatient utilization, RR = 1.01, 95% CI [1.00, 1.03], p < .001. For the MIES x PTSD interaction, all associations remained statistically significant with similar estimated effects. However, for rural veterans, this interaction did not significantly affect utilization. Among those with PTSD, a 1-unit MIES increase was associated with an increased risk of suicidality, OR = 1.02, 95% CI [1.01, 1.04], and psychiatric admission, OR = 1.02, 95% CI [1.00, 1.04]. Findings suggest that higher MIES scores predict increased health care utilization and mental health complexity. Further, PTSD combined with higher MIES scores may increase the risk of suicidality and psychiatric admission. Rural veterans with PTSD and higher MIES scores may require additional outreach and intervention.

Phelps, A. J., Adler, A. B., Belanger, S. a. H., Bennett, C., Cramm, H., Dell, L., Fikretoglu, D., Forbes, D., Heber, A., Hosseiny, F., Morganstein, J. C., Murphy, D., Nazarov, A., Pedlar, D., Richardson, J. D., Sadler, N., Williamson, V., Greenberg, N., & Jetly, R. (2022). Addressing moral injury in the military. *BMJ Mil Health. https://doi.org/10.1136/bmjilitary-2022-002128*

Moral injury is a relatively new, but increasingly studied, construct in the field of mental health, particularly in relation to current and ex-serving military personnel. Moral injury refers to the enduring psychosocial, spiritual or ethical harms that can result from exposure to high-stakes events that strongly clash with one's moral beliefs. There is a pressing need for further research to advance understanding of the nature of moral injury; its relationship to mental disorders such as posttraumatic stress disorder and depression; triggering events and underpinning mechanisms; and prevalence, prevention and treatment. In the meantime, military leaders have an immediate need for guidance on how moral injury should be addressed and, where possible, prevented. Such guidance should be theoretically sound, evidence-informed and ethically responsible. Further, the implementation of any practice change based on the guidance should contribute to the advancement of science through robust evaluation. This paper draws together current research on moral injury, best-practice approaches in the adjacent field of psychological resilience, and principles of effective implementation and evaluation. This research is combined with the military and veteran mental health expertise of the authors to provide guidance on the design, implementation and evaluation of moral injury interventions in the military. The paper discusses relevant training in military ethical practice, as well as the key roles leaders have in creating cohesive teams and having frank discussions about the moral and ethical challenges that military personnel face.

Plouffe, R. A., Easterbrook, B., Liu, A., McKinnon, M. C., Richardson, J. D., & Nazarov, A. (2023). Psychometric Evaluation of the Moral Injury Events Scale in Two Canadian Armed Forces Samples. *Assessment, 30*(1), 111–123. <https://doi.org/10.1177/10731911211044198>

Moral injury (MI) is defined as the profound psychological distress experienced in response to perpetrating, failing to prevent, or witnessing acts that transgress personal moral standards or values. Given the elevated risk of adverse mental health outcomes in response to exposure to morally injurious experiences in military members, it is critical to implement valid and reliable measures of MI in military

populations. We evaluated the reliability, convergent, and discriminant validity, as well as the factor structure of the commonly used Moral Injury Events Scale (MIES) across two separate active duty and released Canadian Armed Forces samples. In Study 1, convergent and discriminant validity were demonstrated through correlations between MIES scores and depression, anxiety, posttraumatic stress disorder, anger, adverse childhood experiences, and combat experiences. Across studies, internal consistency reliability was high. However, dimensionality of the MIES remained unclear, and model fit was poor across active and released Canadian Armed Forces samples. Practical and theoretical implications are discussed.

Potts, G., & Abadal, L. (2023). Moral Injury in Refugee Communities: The Connection Between Displacement and Disorientation. <https://tinyurl.com/28nuvwy>

This chapter demonstrates the role that displacement can play in generating moral injury (MI) within refugee communities. To better understand the consequences of displacement, it considers how individuals' identities and values are formed through their local communities. While there are many reasons that displacement ought to be understood as a potentially morally injurious experience (PMIE), particular attention is given to the negative effects of disorientation, which are associated with displacement. The chapter uncovers multiple facets of disorientation, such as despair, confusion, and apathy. Understanding the morally injurious consequences of displacement marks an important first step toward better serving refugee communities, particularly those citizens of Ukraine who have been forced to flee their homes in the wake of Russian aggression.

Prevalence of Moral Injury in Canadian Forces Members Deployed to Afghanistan - ProQuest. (n.d.). Retrieved March 14, 2023, from <https://www.proquest.com/openview/fe624bc08adfb9ea6b065ef18e7aee5d/1?pq-origsite=gscholar&cbl=18750&diss=y>

Ranney, R. M., Maguen, S., Bernhard, P. A., Holder, N., Vogt, D., Blosnich, J. R., & Schneiderman, A. I. (2022). Moral injury and chronic pain in veterans. *Journal of Psychiatric Research*, 155, 104–111. <https://doi.org/10.1016/j.jpsychires.2022.08.009>

Posttraumatic stress disorder (PTSD) and chronic pain are highly prevalent and co-morbid among veterans. Moral injury (MI), which results from traumatic experiences that conflict with deeply held moral beliefs, is also associated with pain. However, relationships between different types of exposures to potentially morally injurious events (PMIEs) and pain have not yet been investigated. In the current study, we investigated these relationships between exposure to PMIEs (betrayal, witnessing, and perpetration) and different types of pain (joint pain, muscle pain, and overall pain intensity), while controlling for other relevant variables (including PTSD symptoms, combat exposure, adverse childhood experiences, age, gender, and race/ethnicity). We also examined gender differences in these associations. Participants were 11,871 veterans drawn from a nationwide, population-based survey who self-reported exposure to PMIEs, PTSD symptoms, frequency of adverse childhood experiences, combat exposure, sociodemographic information, past six-month joint pain, past six-month muscle pain, and past week overall pain intensity. Population weighted regression models demonstrated that PMIEs were not significantly associated with joint or muscle pain, but that betrayal was associated with past week overall pain intensity, even when controlling for all other variables. Models investigating men and women separately found that for women, betrayal was associated with joint pain and pain intensity, but for men, betrayal was not associated with any pain outcome. These findings suggest that it may be especially important to assess betrayal when treating patients with a history of trauma and chronic pain.

Ryu, M. Y., Martin, M. J., Jin, A. H., Tabor, H. K., & Wren, S. M. (2023). Characterizing Moral Injury and Distress in US Military Surgeons Deployed to Far-Forward Combat Environments in Afghanistan and Iraq. *JAMA Network Open*, 6(2), e230484. <https://doi.org/10.1001/jamanetworkopen.2023.0484>

Moral injury and distress (MID), which occurs when individuals have significant dissonance with their belief system and overwhelming feelings of being powerless to do what is believed to be right, has not been explored in the unique population of military surgeons deployed far forward in active combat settings. Deployed military surgeons provide care to both injured soldiers and civilians under command-driven medical rules of engagement (MROE) in variably resourced settings. This practice setting has no civilian corollary for comparison or current specific tool for measurement. To characterize MID among military surgeons deployed during periods of high casualty volumes through a mixed-methods approach. This qualitative study using convergent mixed methods was performed from May 2020 to October 2020. Participants included US military surgeons who had combat deployments to a far-forward role 2 treatment facility during predefined peak casualty periods in Iraq (2003-2008) and Afghanistan (2009-2012), as identified by purposeful snowball sampling. Data analysis was performed from October 2020 to May 2021. Measure of Moral Distress for Healthcare Professionals (MMD-HP) survey and individual, semistructured interviews were conducted to thematic saturation. The total cohort included 20 surgeons (mean [SD] age, 38.1 [5.2] years); 16 (80%) were male, and 16 (80%) had 0 or 1 prior deployment. Deployment locations were Afghanistan (11 surgeons [55%]), Iraq (9 surgeons [45%]), or both locations (3 surgeons [15%]). The mean (SD) MMD-HP score for the surgeons was 104.1 (39.3). The primary thematic domains for MID were distressing outcomes (DO) and MROE. The major subdomains of DO were guilt related to witnessing horrific injuries; treating pregnant women, children, and US soldiers; and second-guessing decisions. The major subdomains for MROE were forced transfer of civilian patients, limited capabilities and resources, inexperience in specialty surgical procedures, and communication with command. Postdeployment manifestations of MID were common and affected sleep, medical practice, and interpersonal relationships. In this qualitative study, MID was ubiquitous in deployed military surgeons. Thematic observations about MID, specifically concerning the domains of DO and MROE, may represent targets for further study to develop an evaluation tool of MID in this population and inform possible programs for identification and mitigation of MID.

Sherman, N. (2023). Stoic Grit, Moral Injury, and Resilience. In G. Parsons & M. Wilson (Eds.), *How to End a War: Essays on Justice, Peace, and Repair* (pp. 59–76). Cambridge University Press.
<https://doi.org/10.1017/9781108992640.004>

There is a tension in military culture between the growing acceptance of moral injury and an idealized view of Stoicism that leaves little room for the guilt and shame, mercy and forgiveness characteristic of moral injury and repair. Does that emotion-lean view do justice to ancient Stoic doctrine? I argue that it does not. The emotions of the Stoic moral aspirant, such as shame and moral distress, bear striking similarities to the negative self-reactive attitudes that P.F. Strawson famously discusses. Notions of mercy and forgiveness speak to the positive reactive attitudes. I develop my argument by turning to Seneca's essay, *On Mercy* and his play, *the Trojan Woman*. Mercy, Seneca insists, makes good on the gentler side of Stoicism. Learning from the mercy others show us, and that we would show them, is one way that soldiers can begin to show mercy towards themselves.

Soffer-Elnekave, R., Haight, W., Nashandi, N. J. C., Cho, M., Suleiman, J., & Park, S. (2023). Re-orienting narratives of moral injury towards positive development: The experiences of emerging adults with child welfare histories. *Children and Youth Services Review*, 106922.
<https://doi.org/10.1016/j.childyouth.2023.106922>

This paper is the second in a series of papers from a mixed methods study examining moral injury in childhood and adolescence as described by emerging adults with histories of child welfare involvement. This paper focuses on the ways emerging adults may alleviate their moral injury, grow and develop. Twenty-eight emerging adults (18-26 years) who reported exposure to morally injurious events during childhood or adolescence on a modified version of the Moral Injury Events Scale (MIES; Nash et al., 2013) participated in life story interviews. Life story analyses of psychosocial contexts considered resiliency, especially any re-orientation of participants' narratives of moral injury away from the anomie, guilt, shame, and rage characteristic of moral injury, and towards themes such as hope, forgiveness, and

gratitude. In addition, psychosocial-spiritual contexts that may support these shifts in meaning were explored through thematic analyses. Findings indicate that supportive relationships, especially with caring adults, engagement with spirituality, and access to prosocial activities provide foster youth with opportunities to re-orient their moral injury narratives, and provide a foundation on which to build towards recovery. Implications for policy, practice and research are discussed.

Thompson, K. S. (2023). A sticking plaster on a gaping wound: "Moral injury", stress and burnout in humanitarian aid workers. In *Psychological Support for Workers on the Move*. Routledge.
<https://www.taylorfrancis.com/chapters/edit/10.4324/9781003261971-5/sticking-plaster-gaping-wound-kate-thompson>

The settings in which humanitarian aid workers work present them with a wide range of moral dilemmas, related to actions taken during their work, actions they are unable to take, and through witnessing situations of intense suffering and cruelty that can shake firmly held core beliefs. The concept of moral injury has been used to make sense of the reactions of military personnel with post-traumatic stress disorder where the person shows strong feelings of grief, shame and guilt. It has also been linked to burnout-type reactions in journalists and other groups of staff (including health workers where it is often described as moral distress). This chapter argues for greater attention to the impact of morally injurious events faced by humanitarians in their work, particularly given the high conscientiousness of this group of staff which may act as a vulnerability factor for injury to the moral self. It will offer recommendations for staff support including suggestions for humanitarian workers themselves, their employing organisations and the psychological professionals working with them, and argue for the importance of solidarity in the face of dilemmas between staff, organisations and those providing support.

Tietje, A., & Morris, J. (2023). Shifting the Pastoral Theology Conversation on Moral Injury: The Personal Is Political for Soldiers and Veterans, Too. *Pastoral Psychology*.
<https://doi.org/10.1007/s11089-023-01059-x>

Pastoral theological scholarship on moral injury has not yet fully metabolized the liberative trajectory of pastoral theological discourse. To date, the care of those who come home from war remains largely depoliticized. This article argues that the wounds of war are personal and political and that care requires attending to the political dimension. The first section of the article sets the current pastoral theology conversation around moral injury within the historical context of the field around the care of veterans and the depoliticized nature of the clinical literature. The second section of the article argues the liberative trajectory of the field provides not only a basis for a robustly political response but also sets of relevant conceptual categories and care resources for veterans. The third section takes up Ryan LaMothe's concept of "unconventional warriorism" as a basis for reimagining the political agency of soldiers and veterans. The article concludes by sketching out a broad proposal for the integration of politics and care for veterans.

Vermetten, E., Jones, C., Greenshaw, A. J., Smith-MacDonald, L. A., Brémault-Phillips, S., & Heide, J. J. ter. (2023). Emerging treatments and approaches for moral injury and moral distress. *Frontiers Media SA*.
https://www.scienceopen.com/document_file/27d6a78d-b408-4758-9057-a3a975091f32/PubMedCentral/27d6a78d-b408-4758-9057-a3a975091f32.pdf

Weber, M. C., Smith, A. J., Jones, R. T., Holmes, G. A., Johnson, A. L., Patrick, R. N. C., Alexander, M. D., Miyazaki, Y., Wright, H., Ehman, A. C., Langenecker, S. A., Benight, C. C., Pyne, J. M., Harris, J. I., Usset, T. J., Maguen, S., & Griffin, B. J. (2023). Moral injury and psychosocial functioning in health care workers during the COVID-19 pandemic. *Psychological Services*, 20, 19–29.
<https://doi.org/10.1037/ser0000718>

Studies of moral injury among nonmilitary samples are scarce despite repeated calls to examine the prevalence and outcomes of moral injury among civilian frontline workers. The purpose of this study was to describe the prevalence of moral injury and to examine its association with psychosocial functioning among health care workers during the COVID-19 pandemic. We surveyed health care workers (N = 480), assessing exposure to potentially morally injurious events (PMIEs) and psychosocial functioning. Data were analyzed using latent class analysis (LCA) to explore patterns of PMIE exposure (i.e., classes) and corresponding psychosocial functioning. The minimal exposure class, who denied PMIE exposure, accounted for 22% of health care workers. The moral injury-other class included those who had witnessed PMIEs for which others were responsible and felt betrayed (26%). The moral injury-self class comprised those who felt they transgressed their own values in addition to witnessing others' transgressions and feeling betrayed (11%). The betrayal-only class included those who felt betrayed by government and community members but otherwise denied PMIE exposure (41%). Those assigned to the moral injury-self class were the most impaired on a psychosocial functioning composite, followed by those assigned to the moral injury-other and betrayal-only classes, and finally the minimal exposure class. Moral injury is prevalent and impairing for health care workers, which establishes a need for interventions with health care workers in organized care settings. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Woller, S. J., Boffa, J. W., & Schmidt, N. B. (2023a). Exploring the Relationship Between Moral Injury and PTSD Symptoms in Suicide Attempt Survivors. *Cognitive Therapy and Research*.
<https://doi.org/10.1007/s10608-023-10356-x>

Research has suggested that some individuals report posttraumatic stress disorder (PTSD) symptoms following a suicide attempt (SA). However, there is debate as to whether one's own SA should be recognized as a criterion event for PTSD symptoms. Alternatively, trauma research has identified moral injury as a consequence of trauma that is related to PTSD and broader mental health issues. The present study had two primary aims: to broadly explore PTSD and perceptions of one's SA as a PMIE; and to expand our understanding of the relationship between PTSD and PMIEs among SA survivors.

Woller, S. J., Boffa, J. W., & Schmidt, N. B. (2023b). Exploring the Relationship Between Moral Injury and PTSD Symptoms in Suicide Attempt Survivors. *Cognitive Therapy and Research*.
<https://doi.org/10.1007/s10608-023-10356-x>

Research has suggested that some individuals report posttraumatic stress disorder (PTSD) symptoms following a suicide attempt (SA). However, there is debate as to whether one's own SA should be recognized as a criterion event for PTSD symptoms. Alternatively, trauma research has identified moral injury as a consequence of trauma that is related to PTSD and broader mental health issues. The present study had two primary aims: to broadly explore PTSD and perceptions of one's SA as a PMIE; and to expand our understanding of the relationship between PTSD and PMIEs among SA survivors.

Zerach, G., Ben-Yehuda, A., & Levi-Belz, Y. (2023). Pre-deployment aggressiveness, combat exposure and moral injury as contributors to posttraumatic stress symptoms among combatants: A two-year prospective study. *Journal of Psychiatric Research*. <https://doi.org/10.1016/j.jpsychires.2023.03.015>

Combatants who are exposed to events which transgress deeply held moral beliefs might face lasting psychopathological outcomes such as Moral Injury (MI) and posttraumatic stress symptoms (PTSS). However, insight about pre-deployment personality factors which might facilitate the MI process and its negative consequences is sparse. In this prospective study, we examined pre-deployment aggressiveness as a possible predictor of exposure to combat and potentially morally injurious events (PMIEs), trauma-related guilt and shame and PTSS among Israeli active-duty combatants. A sample of 335 active-duty Israeli combatants participated in a 2.5-year prospective study with three waves of measurements (T1: 12 months before enlistment, T2: 6 months following enlistment-pre deployment, and T3: 18 months following enlistment-post deployment). Participants' characteristics were assessed via semi-structured interviews (T1) and validated self-report measures of aggressiveness (T2), combat

exposure, PMIEs and PTSS (T3) between 2019 and 2021. Results show that higher levels of pre-deployment aggressiveness predicted both combat exposure and PMIEs-‘betrayal’. Combat exposure mediated the association between aggressiveness and PTSS post deployment. Importantly, pre-deployment aggressiveness was significantly associated with the PMIEs-‘betrayal’ that are associated with trauma-related guilt and shame, which in turn were associated with high levels of PTSS post deployment. Our results highlight the implications of pre-deployment aggressiveness for different forms of exposure to potentially traumatic events during military service. Identification of at-risk combatants for PTSS following exposure to PMIEs of betrayal might provide these combatants with a tailor-made type of preparation regarding moral and ethical situations, which should be investigated in future studies.