Contours, Care, and Community:
Moral Injury's Emergence and a Potential for Solidarity

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To articulate the past historically does not mean to recognize it 'the way it really was' (Ranke). It means to seize hold of a memory when it flashes up at a moment of danger.

– Walter Benjamin[1]

Often, as a military veteran and army reserve chaplain, I am asked to preach on one of the *high holy days* of the military veteran calendar: Memorial Day, Fourth of July, or Veterans Day. I had just finished, what I thought was an exquisite Memorial Day sermon at a large United Church of Christ congregation. I excavated Luke 7:36-50 and provocatively titled the sermon, "Do you see this veteran?" My intention for that message was to introduce and complicate the trauma paradigm of moral injury—those decisions that are made that betray an individual's understanding of right and wrong and lead to a loss of connection to oneself, community, and one's understanding of God. What I wanted to complicate though, was the church's refusal to sufficiently acknowledge the sophisticated challenges faced by military veterans of the wars in Iraq and Afghanistan. To take but one example, asymmetric warfare blurred the lines between enemy combatants and civilians; the strategic use of non-combatants (women and children), created a battlefield unlike any in history. Therefore, much of that sermon sought to build upon the lived reality of military service, the ways such experiences left veterans alienated from their "home" communities, and cultivating communities *worth* reintegrating into.

The exegetical intricacies or sermon illustrations are *not* the point of this essay, though. It was in the receiving line, after the service, that a poignant conversation stuck with me. This well-meaning congregant asked me why the progressive church should care about combat trauma; namely, "they [the veterans] knew

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what they were getting into when they enlisted." I appreciate the vulnerability in asking the question, but herein lies much of the (stereotypical) discourse around veterans' issues: the progressives care about justice and miss the lived experience of those within the military; the conservatives care about the military and miss the broader systemic and political implications of what we ask our military servicemembers to carry out.

This is, of course, stereotypical. There are plenty of communities, congregations, and individuals on both sides of this conversation that are not easily categorized. However, the conversation is vital: how do we bring veterans into our communities? How do we build support systems that hold in tension political and social commitments while also honoring the individual's lived experience? Further still, this is not *just* a conversation about the military. As this essay expands and sharpens, it will become clear how conversations around moral injury are never just about certain communities, it is about living with and reconciling traumatic experiences. As the late Larry Graham poignantly reminds us,

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1. Walter Benjamin, "Theses on the Philosophy of History," in *Illuminations: Essays and Reflections*, ed. Hannah Arendt, trans. Harry Zohn (New York: Schocken Books, 1969), 255.

"none of us escapes moral injury."[2] With that, let's start to unpack moral injury and why its own production is critical.

The conjunctural moment of moral injury

The psychological effects of war—and the moral ambiguities therein—are well documented. It is that phrase though, "well documented," that I want to caveat. For the purposes of this essay, I am primarily concerned with the production of post-traumatic stress disorder (PTSD) as a diagnosis and its own conjunctural moment in the late 1970s and early 1980s as the diagnosis and understanding builds toward moral injury.[3] It is not a taken-for-granted fact that society has understood trauma in universal ways. Combat trauma *became* legitimized through the work of anti-war Vietnam veterans (most notably, the Vietnam Veterans Against the War) and psychiatrists working alongside and treating veterans. The work of "rap groups," a quasi-group therapy session in which participants shared their war experiences, provided a leveling effect where psychiatrists and veterans were comrades rather than their professional titles. The task before them was to shift a longstanding psychiatric view that combat trauma was the result of individual neurosis—rather than a normal response to abnormal events. Through tireless work and advocacy, the cultural *and* clinical understanding of trauma shifted, and it was understood (produced) that "the event they had encountered was clearly outside the range of usual human experience, even if they had been the perpetrators of it rather than the victims."[4]

PTSD, in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), then, is "born initially of a radical, anti-imperial, and anti-war politics…"[5] Additionally, the legitimization and normalization of traumatic events on individuals opened additional avenues of exploration for primarily feminists working with women who were raped or sexually assaulted and those caring for sexually abused children.[6] Therefore, once again, what was once

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2. Larry Kent Graham, *Moral Injury: Restoring Wounded Souls* (Nashville: Abingdon Press, 2017), xi.

3. My usage of "production" is intentional. There is a noticeable treatment gap from the conclusion of the U.S. war in Vietnam and the introduction of PTSD into the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III). It is vital to ask why. To excavate that, I rely on cultural studies theorist Stuart Hall's work with the notion of the conjuncture (itself a theoretical tool from Antonio Gramsci). The conjuncture contains those, "circumstances in which we now find ourselves, how did they arise, what forces are sustaining them, and what forces are available to us to change them?" Stuart Hall, "Through the Prism of an Intellectual Life," in *Essential Essays, Volume 2: Identity and Diaspora*, ed. David Morley (Durham, North Carolina: Duke University Press, 2019), 312.

4. Didier Fassin, and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Conditions of Victimhood* (Princeton: Princeton University Press, 2009), 91.

5. Nadia Abu El-Haj, *Combat Trauma: Imaginaries of War and Citizenship in Post 9/11 America* (New York: Verso Books, 2022), 13.

6. As it falls outside the scope of this essay, please consult Wilbur J. Scott, "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease" in *Social Problems*, 37, no. 3 (August 1990): 294-310; Didier Fassin, and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Conditions of Victimhood* (Princeton: Princeton University Press,

> Shay's definition of moral injury then is a "betrayal of what is right, by a person who holds legitimate authority (e.g., in the military—a leader) in a high-stakes situation." … As initial waves of veterans returned from Afghanistan and Iraq in the early- to mid-2000s, the understanding of moral injury shifted in focus. The locus of the definition is now on the agential experience of the veteran.

neuroses that affected "weak" individuals (or in the case of rape and incest there still remained a suspicion of the victim) shifted to focus on the traumatic *event*. The traumatized subject was now telling an accurate story—a story to be pitied, nonetheless.

Where does moral injury enter the discourse? It enters precisely into this milieu. Jonathan Shay, a VA psychiatrist working around this time with Vietnam veterans in Boston, began to notice the frequency with which the veterans' usage of the phrase, "what's right" came up in therapy sessions. Generally speaking, the traumatic experiences that Shay heard from patients and subsequently describes center on the failures of leadership and the confusing "fog of war": fresh officers who were assigned to established and seasoned units and sent those soldiers on patrols either knowingly or unknowingly into ambush and conflict. These officers would then rotate out of the combat zone, not reckoning with what they asked their soldiers to do. When the veterans did engage the enemy, they struggled to know *who* was a combatant and who blended back into their communities. This traumatic blurring of boundaries compounded an already complex environment.

Further, for Shay, it was also through his reading of *thémis* in Homer's epics, that he began to sketch the contours of moral injury. As he notes in his groundbreaking *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, "when the leader destroys the legitimacy of the army's moral order by betraying 'what's right,' he inflicts manifold injuries on his men."[7] Shay's definition of moral injury centers on the experience of betrayal by those in charge (those who hold "legitimate authority"). The narratives of the traumatic experiences due to moral injury were distinct from those of PTSD. These experiences were more shame-

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2009); Nadia Abu El-Haj, *Combat Trauma: Imaginaries of War and Citizenship in Post 9/11 America* (New York: Verso Books, 2022).

7. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994), 5, 6.

based than fear-based—of course, fear is still prevalent. Shay's definition of moral injury then is a "betrayal of what is right, by a person who holds legitimate authority (e.g., in the military—a leader) in a high-stakes situation."[8] As I pivot away from Shay, I want to offer one last piece of context: a remnant of that "radical, anti-imperial, and anti-war politics" that situated PTSD in 1980 is still in Shay's work in the late 1980s and 1990s. In many ways, though, the discourse of moral injury loses a portion of its political critique once the United States enters the post-9/11 Global War on Terror (GWOT).

As initial waves of veterans returned from Afghanistan and Iraq in the early- to mid-2000s, the understanding of moral injury shifted in focus. The locus of the definition is now on the agential experience of the veteran. A new cohort of VA clinicians, namely Brett Litz and his colleagues, noted potentially morally injurious events (PMIEs) undertaken *by the veteran* and not simply happening *to* the veteran. Therefore, in their definition, they consider "morally injurious events such as the perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations."[9] The typical vignette that would highlight this strand of moral injury research is the soldier who, in a split second, had to decide whether to pull the trigger and kill a non-combatant that, perhaps, had a weapon.[10] The core symptomology for PMIEs could include guilt, shame, existential or spiritual conflict (including "subjective loss of meaning in life") and a "loss of trust in self, others, and a transcendent or divine entity."[11] At a secondary level, clinical psychologist Jeremy Jinkerson notes additional symptoms: depression, anxiety, anger, re-experiencing the moral conflict, self-harm, and social problems.[12]

Returning to my introductory anecdote, how does the church fit into this discourse? The early generations of researchers and literature were psychological in nature. However, theology has something meaningful to add. Just as Shay and Litz are canonical within the moral injury literature, Rita Nakashima Brock and Gabriella Lettini are as well. Brock and Lettini co-authored *Soul Repair: Recovering from Moral Injury after War*, a primer on moral injury and the theological implications, as well started the Soul Repair Center at Brite Divinity School as a think tank for moral injury research. They were able to normalize and raise theological questions on wars that for many were anathema to Christian faith.

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8. Jonathan Shay, "Moral Injury," *Psychanalytic Psychology* 31, no. 2 (2014): 183.

9. Brett T. Litz, et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29, no. 8 (2009): 697.

10. I open *Moral Injury Among Returning Veterans: From Thank You for Your Service to a Liberative Solidarity* with a story similar. U.S. Army Corporal Lisa Fisher detailed her shock when a fellow soldier divulged shooting a child who emerged with a suicide vest strapped to his chest. *Moral Injury Among Returning Veterans: From Thank You for Your Service to a Liberative Solidarity* (Lanham: Lexington Books, 2021), 1.

11. Jeremy D. Jinkerson, "Defining and Assessing Moral Injury: A Syndrome Perspective," *Traumatology* 22, no. 2 (2016): 126.

12. Jinkerson, "Defining and Assessing Moral Injury": 126.

As the world plummeted into (and slowly emerged from) a worldwide pandemic many asked similar questions of their governments. In many ways, COVID-19 sharpened and solidified the trajectory of moral stress as it expands into moral injury.

Before addressing these practical concerns, I want to expand the conversation around the causes and impacts of moral injury in order to sharpen our communal response.

The moral injury turn: Merely a military experience?

Experiencing betrayal of what is right is not merely a byproduct of military service. Moral injury burgeoned beyond the silos of psychological inquiry and resonated in other fields of study. I have detailed one such expansion into theology above. Suffice it to say, the study of moral injury experienced a turn in its disciplinary focus. The language of betrayal and shame and "the shattering of trust that compromises our ability to love" which is implicit in moral injury echoes in multiple contexts.[13] This expansion matters: in its absence moral injury would be isolated as a phenomenon solely related to combat experience. A hermeneutical expansion of conceptual use facilitated understanding of different contexts, such as by explaining some deleterious effects of modern healthcare. As the world plummeted into (and slowly emerged from) a worldwide pandemic many asked similar questions of their governments. In many ways, COVID-19 sharpened and solidified the trajectory of moral stress as it expands into moral injury.

In my own research, prior to 2020, I focused solely on military moral injury. As a pediatric hospital chaplain, during those initial months of global lockdown in 2020, I began to shift my research. Along with my healthcare colleagues, we began to ask deep moral questions centering on our preparedness for the waves of patients. We asked questions and wondered if we would be safe or if we would take the virus home to our loved ones. The feeling around that time was anger and betrayal. Some researchers in the military moral injury space were not as ready to expand the contours of moral injury. Did expanding our understanding of moral injury saturate its therapeutic potential? Anecdotally, I experienced this as well. Teaching an elective course on moral injury to Master of Divinity students, it seemed to me that *everything* became a moral

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13. Carol Gilligan, "Moral Injury and the Ethic of Care: Reframing the Conversation about Differences," *Journal of Social Philosophy* 45, no. 1 (2014): 90.

injury. Frustrations with a senior pastor, for example, were held as equally morally injurious as any anecdote above. However, within the theological discourse around moral injury, in particular, we are able to build toward moral injury. Even as the application broadens, the severity of moral injury remains.

Pastoral theologian Carrie Doehring notes that moral stress "arises from conflicts among core values and is experienced physiologically through emotions like shame, guilt, or fear about causing harm by putting ultimate commitments in jeopardy."[14] Those stressors are at one end of the spectrum, a continuum that can emerge as a moral injury when compounded and left untreated. What they share, though, is a "pattern of values, beliefs, and ways of coping energized by shame, guilt, fear of causing harm, or self-disgust."[15]

Think back to the spring of 2020. Healthcare teams—"heroes" as Essential Workers—struggled to treat the serious need of positive coronavirus cases. Crucially, it was not *just* the sheer number of patients that overwhelmed institutions; it was, rather, the lack of necessary medical equipment (i.e., ventilators) and personal protective equipment (PPE). As a record number of patients sought admission, healthcare professionals were not prepared to meet the need. Therefore, healthcare professionals suffered "from mental health exhaustion by witnessing patients in life-threatening situations and not being able to help them; or if able to help, needing to prioritize the scarce resources they have."[16] This is the threefold moral injury organizational definition from Shay: betrayal of what is right (i.e., running out of resources), by a person who holds legitimate authority (i.e., hospital leadership, city/state/federal leadership, and policies) in a high-stakes situation (a global pandemic). Healthcare workers were now fighting for their own lives *and* livelihood.

Currently, in 2023, this is not necessarily the lived experience of healthcare professionals. Yet, potentially morally injurious events still persist. Healthcare institutions are still stretched, ratioed, and rationed. Staff, who are already bordering on burnt out, are asked to cover more shifts and support additional patient care needs. Healthcare professionals are asked to do more with less. It remains a betrayal. The neoliberal implications of modern healthcare conflict with the reasons many healthcare professionals went into their profession. Poignantly, this reality predates the global COVID-19 pandemic. Before shifting our focus onto what can be done about these concerns, there is one more morally injurious context that I want to note.

During those same initial months of the COVID-19 pandemic, moral injury conversations shifted to highlight police brutality and the disproportionate killing of unarmed black and

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brown persons.[17] The betrayal experienced in these communities highlights that those tasked with protecting and serving the community are those that communities on the margins also fear. Protests erupted throughout the world demanding law enforcement reform, and accountability, and included calls for abolishing the current police system. Betrayal, once again foundational to moral injury, resonates most strongly today for many. The late practical theologian Dale P. Andrews noted after reading Brock and Lettini's *Soul Repair* that the anti-racism discourse is ripe for examination as benefitting from discourse around moral injury. For Andrews, the white dominant culture has abdicated, or resisted, taking moral responsibility for racism. The lack of responsibility is not a conservative or liberal issue: racism, and the lack of redress, betrays core moral beliefs. This betrayal, in particular, is inflicted on the already marginalized.

Moral injury provides a cross-disciplinary hermeneutical framework for the brokenness latent within multiple U.S. contexts. We return to conceptualizing the experience of combat *with* that fresh perspective. What began as a silo—whether locating research only in psychology, or privileging the conversation as only pertaining to the military experience—is now a multifaceted and multivalent systemic analysis of moral trauma. Religious communities are positioned as prime locations for reconciliation and healing.

How might we take this back into religious communities?

The goal of the previous section was to name the phenomenon of moral injury and sharpen its focus as it relates to multiple communities and traumatic experiences. Now, the goal of this concluding section is to consider what to do about it. How might

14. Carrie Doehring, "Resilience as the Relational Ability to Spiritually Integrate Moral Stress," *Pastoral Psychology* 64 (2015): 637.
15. Doehring, "Resilience," 638.
16. Anto Čartolovni et al., "Moral Injury in Healthcare Professionals: A Scoping Review and Discussion," *Nursing Ethics* 28, no. 5 (2021): 591.
17. See, for example, Oxiris Barbot, "George Floyd and Our Collective Moral Injury," *American Journal of Public Health* 110, no. 9 (2020): 1253; Suzanne Shale, "Moral Injury and the COVID-19 Pandemic: Reframing What It Is, Who It Affects and How Care Leaders Can Manage It," *BMJ Leader* 4 (2020): 224-227.

our religious communities sustain congregants who are experiencing potentially morally injurious events? I want to privilege and center religious communities. The work of restoration, reconciliation, and the extravagance of God's love are central to our call. Community is central to moral injury reintegration. To live in solidarity with those in our congregations is emblematic of how we might live in the broader world. As the church, we are called to be in solidarity with those who suffer because God is in solidarity with those who suffer.

This is where we all come into play. It does not matter if you do not have counseling education or an understanding of the military ecosystem. Rather:

> What's useful about the term "moral injury" is that it takes the problem out of the hands of the mental health profession and the military and attempts to place it where it belongs—in society, in the community, and in the family—precisely where moral questions should be posed and wrangled with.[18]

How might our congregations transform one another—veterans and civilians alike? Returning, once more, to my Memorial Day sermon, I want to conclude with the anticlimactic nature of veterans "reintegrating" into "civilian life."

Even when community members recognize the sacrifices of military service, they struggle to say something more meaningful than, "Thank you for your service." When our opinions about war are framed in either/or terms celebrating patriotism or protest, it misses the lived experience of the veteran. The need to be right, or a need to define ourselves within certain political and social camps, prevents us from seeing what is in front of us. This keeps communities and individuals from offering effective support to veterans who need it. The betrayal, then, inflicts all of us. Returning again to the late Larry Graham, his critique is poignant, "we all struggle with moral injury, when moral injury is broadly understood as the failure to live in accordance with our deepest moral aspirations."[19] Therefore, within that universal struggle is an opportunity for solidarity.

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Solidarity begins with the radical step of listening to stories. What is military service like? What is it like as an ICU nurse working your fifth twelve-hour shift in a row? The deep listening that takes place normalizes and brings individuals back into community. The Graham quote is poignant because it levels the divisions between us. It is deeper than a thank you for your service hand shake; it is deeper than clapping for healthcare professionals leaving another shift during the pandemic. Solidarity is, truly, the only way to empower and liberate our communities. Solidarity goes beyond empathy; solidarity goes beyond "thank you for your service" to identify collaborative efforts. The hope that burgeons then is a community committed to ending these wars and our war-making policies. Our communities vote differently when we can name *who* these policies impact. Our communities preach differently when we hermeneutically use the experience of betrayal as a lens to guide reflection. The shared experience of betrayal and grief is the starting point of a hopeful way forward.

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18. Tyler Boudreau, "The Morally Injured," *Massachusetts Review* 52, no. 3-4 (2011): 750.
19. Graham, *Moral Injury*, 11.