



Moral injury: What's the use?

by tyler boudreau



tyler boudreau is an adjunct professor at the Smith College School of Social Work, teaching combat stress, moral injury, military sexual trauma and collective trauma. He served 12 years of active duty in the US Marine Corps infantry (enlisted and officer), deployed to Iraq in 2004, and commanded a rifle company until he resigned his commission in 2005. He has documented these experiences in many publications including in his memoir, Packing Inferno: The Unmaking of a Marine (2008). For more information, see: tylerboudreau.com

Abstract

The words 'moral' and 'injury' each hold complex and multiple meanings. This paper considers the politics of framing soldiers' distress as 'moral injury', and the utility of this term as a way to prompt moral questioning and transformation. Unlike PTSD, moral injury raises the need for individuals and society to grapple with the moral implications of war. For military and veterans' organisations in particular, the idea of moral injury has been recognised as a profound challenge. Counter conceptualisations such as 'inner conflict' have been mobilised to reframe soldiers' distress as a subjective misperception that requires a reassessment of a soldier's own values, not the values and actions of the military. In this paper, boudreau argues that the value of moral injury as a concept lies in the actions we take to address it, the clinical practices we use to treat it and the spaces we make for those affected to question, grow and change. Rather than representing an individual inner conflict, moral injury demands that we treat the violence and harm done with social permission under the auspices of the military as a collective disruption that requires collective moral reckoning if there is to be repair.

Key words: *moral injury; PTSD; military; veterans; Iraq; war; narrative practice*

Moral injury was coined in the 1990s in the context of mental health treatment for American veterans of the Vietnam War. It was later popularised in the mid-2000s when the suicide rate among veterans was skyrocketing in the latter years of the US occupations of Iraq and Afghanistan. I served in Iraq in 2004 with the US Marine Corps and afterwards made myself a vocal critic of that experience. In 2010, I was asked to offer my comments on this 'new' term. I'd never heard it before, but it seemed to make perfect sense without any explanation. This is a clue, I think, to its easy appeal and its ability to penetrate so many different social spheres. When one hears the words 'moral' and 'injury' linked together, one feels an almost instant sensation of comprehension. It makes sense, in part, because each of these words already bears established meanings. That is the power of the term moral injury: it resonates for individuals. And yet, on closer inspection it is a complex concept.

The words 'moral' and 'injury' hold complex and multiple meanings. We can grasp the general intention of such expressions, but the speaker's specific understandings may not be clear. As an analogy, if I were to suggest a process of repair for a person's 'soul', this suggestion would be understood by some people as literal and by others as metaphorical. Either way, any practice characterised as 'soul repair' would be simultaneously understood and misunderstood every time it was named. This potential for multiple interpretations is no less true for the words 'moral' and 'injury'. When such complex and contested terms are deployed in a discourse on mental health, we must expect a wide variance in interpretation and a disjointed collective response.

Nevertheless, I do not believe that a particular definition of moral injury needs to be universally approved before it can be operationalised. What is crucial, here, is the need to acknowledge these variances in understanding and to incorporate them rigorously into our clinical practices. The problem isn't the impossibility of a uniform definition for moral injury; the problem is the suppression of that impossibility. Moral injury is useful, but it is not particularly meaningful in any generalisable sense. We want to avoid falling into a chasm of endless, and inevitably fruitless, attempts to theorise these words when they're positioned together. And yet, these same words, so powerful and widely recognisable as they are, can rally a great many citizens into social actions that do not necessarily rely on a single definition.

The material value of the term moral injury, therefore, is not in the words themselves or how they're defined,

but in the actions they prompt: moral questioning and transformation.

Paradoxically, attempts to define and generalise the 'moral' in moral injury deny the most vital component of the recovery process – enabling genuine moral grappling to take place in the minds of individuals and in the discourses of society. To see firsthand what happens when the term moral injury is assigned a definition that precludes moral critique of itself or society, and further, how this interferes with recovery, we need look no further than the US military and US Department of Veterans Affairs (VA). Unsurprisingly, both institutions showed initial reluctance to accept the validity or worth of the concept of moral injury. No government is eager to put its military actions up for moral scrutiny lest the public's conclusion be that those actions are, in fact, immoral or unethical and, therefore, unsupportable. From the vantage point of government institutions and their officials, safe-guarding public support for military operations is *paramount* and so *must* override all concerns for the mental and spiritual wellbeing of individual soldiers and veterans. No public official is likely to concede this point, for obvious reasons, but a government's own policies and doctrines will offer a contrasting account of its priorities in relation to moral injury.

By 2010, when I was first introduced to the term, the US Department of Veterans Affairs had already taken preliminary steps towards accepting moral injury as a recognisable psychological phenomenon. Within a couple of years, various individual representatives of the US military (several high ranking) were also showing interest in moral injury as a potentially valid diagnosis. It would surely have been difficult for them to ignore the issue entirely during the veteran suicide crisis and amid the public demand for action. But it would prove more difficult, still, to adopt a term that invited moral critique of ongoing operations. Clearly this problem was recognised by the military, too, because a few years after that, moral injury was re-designated 'inner conflict' in all Department of Defense doctrinal publications. The term moral injury was, at that point, thoroughly expurgated from its language.

Even a cursory examination of the term inner conflict will demonstrate its counterproductive effects on treatment. The US Marine Corps manual *Combat and operational stress control* (NTTP 1-15M; 2016) offers this definition of inner conflict: 'When stress arises due to moral damage from carrying out or bearing witness to acts or failures to act that violate deeply held belief systems' (US Marine Corps, 2016, p. 1-11). To this it

adds that inner conflict can be 'caused by *perceived* failures of those in civil or military authority to uphold organisational or cultural values and ethics' (2016, p. 3-25, emphasis added). The US Army's manual *Holistic health and fitness* (FM 7-22; 2020) includes this discussion of inner conflict:

People enhance their spiritual readiness through reflection and practice of a lifestyle based on the personal qualities they need during times of stress, hardship, and tragedy. When their actions deviate from their stated values, then they may experience inner conflict. Those struggling for integrity and congruity often only find inner peace after overcoming the struggle. They develop spiritual readiness by studying, connecting with, and understanding the value systems that mold their personal qualities. As their spiritual readiness grows, they become a leader of character and build the resilience necessary to navigate crises. (2020, p. 10-1)

These passages convey the ideological constraints in defining and treating moral injury or inner conflict. The most damaging aspects of the passages above are not found in what is explicitly stated in the text, but what is implied or left out.

Suppression or avoidance of moral critique is achieved in these texts, in part, by reframing soldiers' moral distress as subjective misperceptions. When soldiers have 'carried out or borne witness to acts or failures to act that violate deeply held belief systems', it must be assumed that the remedy being suggested here is a reassessment of the soldiers' *own* values, not the values of the military. When the military characterises 'the struggle for inner peace' as the surest path to 'spiritual readiness' (for military operations), we can be sure it is not inviting individuals to question the military's morality. This leaves soldiers and veterans all alone with their moral distress, and with a silent but ponderous mandate hanging over their heads: When a conflict ensues between your personal sense of morality and the morality of the military, the only acceptable conclusion is that *you* are wrong.

There can be no doubt that the US military is fully aware of its vulnerability to moral critique. If it were not, it would not have changed moral injury to inner conflict. It would not have attached the word '*perceived*' to the failures of civil and military authorities. If the military were truly open to a moral dialogue or a critique of its conduct, it would not have reduced moral injuries to inner struggles for coherence. If the military were

truly interested in moral repair, it would acknowledge unreservedly that morality is a social construct that must be negotiated publicly and reciprocally between the constituents of society and its institutions. The military has, instead, created the impression that this 'conflict' (being inner) is not a negotiation between individual and collective morality, but a negotiation between an individual and *themselves*.

If one harbours doubt on this point, just imagine commanders concluding that their orders are unethical and refusing to issue them, or soldiers concluding the same and refusing to obey them. How long might such service members maintain their moral stands and refusals before the institution lowered its punitive boom on them all? We've already seen what happens to such people. We already know the answer to this question. During my time on active duty, several marines in my own company who claimed symptoms of post-traumatic stress after Iraq were denied their claims and discharged with 'personality disorders' and 'pre-existing conditions'. PTSD doesn't prod the moral underbelly of the military nearly so sharply as moral injury, so there should be no doubt what reactions soldiers can expect to face if they choose to announce their moral disquiet and refuse orders.

The military cannot yield its moral stance concerning its actions in conflict without exposing itself to the threats to internal discipline and public support that such an admission might create. As obvious as this point may be, we nevertheless need to place it alongside the doctrine of inner conflict to understand why the military can never adopt an official diagnosis of moral injury. To do so would be too great an ideological risk. Consequently, what I consider the most vital component in the moral injury recovery process – moral questioning and transformation – has indeed been denied.

Former US soldiers Camilo Mejia (see Al Jazeera, 2008) and Ehren Watada (see AP, 2009) are good examples of this kind of broken dialogue between individuals and the military. Both of these soldiers refused to participate in the occupation of Iraq on moral and legal grounds, and both were brought to court martial and issued unfavourable discharges. Watada's case illustrates the point particularly well in that he made very clear that he was not a conscientious objector or morally opposed to war in general. His objection was specifically to the operations in Iraq, which he argued were unlawful. Underlying his legal claim was a moral critique of the military, to which the military responded, quite naturally, with punitive legal action – an action that would not fundamentally disrupt its own constitution.

Now imagine Ehren Watada in a different scenario. Suppose he'd never made his moral apprehensions known about Iraq and he deployed with his unit despite his privately held concerns. Suppose he'd carried out his orders, found them to be just as morally problematic as he'd anticipated, and then returned home bearing all the symptoms of moral injury. What would the military have to say to him, then, when he spoke critically and expressed what was once moral apprehension but after deploying became shame or regret? Would it be sympathetic? Would it listen in the caring manner that they so adamantly prescribe? Or would it simply issue him the finer points on inner conflict and a list of strategies to build up his spiritual readiness? Would it ever acknowledge the value of his viewpoints and say that he was right and adjust its policies accordingly? What if it were not just one soldier making these claims? What if Ehren Watada were not alone? What if there were thousands upon thousands of soldiers, all expressing the same moral and legal misgivings? Would the military listen then? Well, as it turns out, there were thousands upon thousands of others. There still are. This is not a hypothetical. And the military did not listen. Instead, they coined inner conflict.

I've included this commentary on inner conflict to point out the problem of moral definitions that function foremost to uphold particular policies or ideologies. In the spectrum of work being done in relation to moral injury, the US military's use of 'inner conflict' may be an extreme example, but it is a valuable one nevertheless because it lies closest to US active-duty service members and affects them within the military long before they are discharged, before becoming veterans, and before ever engaging with VA. And while VA may still embrace the term moral injury, it has similar constraints to the military, which is why VA's definition of moral injury bears such a remarkable resemblance to the definitions created for inner conflict. VA is just as unlikely as the military to adopt treatment strategies that genuinely encourage moral critique and transformation.

These definitions are not problematic because they are rigid; they are rigid because they are problematic politically. If politics doesn't enter into a conversation about a phenomenon called moral injury, then there is most definitely a problem. A political narrative cannot exist without its legal and ethical underpinnings. And the personal narratives of soldiers and veterans who have returned from war with moral injuries cannot be fairly constructed, conveyed or comprehended without including their political contexts. Moral injury is political. What I want most from the term moral injury is a *response* to these personal and political narratives. The

value of moral injury must lie in the actions we take to address it, in the clinical practices we use to treat it and in the spaces we make for individuals dealing with it to question, to grow and, if need be, to change.

The literature on moral injury tends to emphasise definitions and treatments; however, I believe the term can be made more productive and accessible through concepts and principles. A definition of moral injury seeks to objectively describe the phenomenon; a concept, in the sense that I'm suggesting, seeks to describe its tensions and dynamics. Treatment strategies focus on the mechanics of one approach or another, whereas treatment principles remind the practitioner of these dynamics and tensions so that they may customise such strategies for specific populations while maintaining consonance with the general purpose of treatment.

A person who claims a moral injury is claiming, first, personal responsibility for perpetrating acts of violence within a society-level project (war); and claiming, second, that these acts of violence were morally problematic and, being directed and approved by society, should therefore be taken under review by society. The former draws our attention to the survivors and victims of violence; the latter draws our attention to the moral cracks in our social foundations. Moral injury 'treatment' should, in my view, include an invitation to conduct open-ended moral critiques of society and of oneself, and offer a sense of permission to assign moral responsibility wherever it is understood to belong, not strictly where it is publicly appealing. This responsibility is necessarily shared between the individual and society. Individuals need to have their moral concerns acknowledged and validated. Society needs to continue to review such cases openly and earnestly to minimise future moral injuries and, more importantly, to reduce or eliminate morally problematic acts of violence. The survivors and victims of such violence are the principal reason for having this discussion of moral injury. If there are no harmed groups, there can be no moral injuries.

When the struggle to repair a moral injury is taken up, there will always be varying degrees of constraint to contend with, no matter what starting point one assumes. As noted above, any program of recovery built by a government or a military for moral injuries that were produced through government or military activities in the first place will be the most heavily laden with political and ideological constraints. Private organisations doing the same work will be free from some of those constraints but certainly not all. Private individuals working independently enjoy the greatest ideological latitude but will still face substantial

cultural constraints, among other obstacles. The most difficult part about deconstructing and reconstructing a lifetime's worth of attitudes and world views is that relationships with all the people who once made up one's 'community' will be affected, too, and potentially lost forever. Suddenly one does not fit in or know how to relate. One may successfully customise an identity that is in close accord with one's morals, and simultaneously, in utter discord with one's original community. Identity reconstruction can sometimes be a lonely affair.

In the years immediately following my return from Iraq, I created a requirement for myself to publicly disclose whatever my most recent inquiries and conclusions happened to be. This was a strategy designed to prevent myself backsliding in the process of critique because the consequences can be difficult. They can be exhausting. And they can tempt a person to give up and return to the comfort of old worldviews that don't disturb community sensibilities or disrupt long-standing relationships. This doesn't mean one must publish or speak publicly. One's views can be made 'public' within one's own community. Announcing one's moral migration is not intended to fetter oneself to any particular idea or concept, however shinningly ethical it may appear in the moment; the intent is to prevent the sedimentation of any and all ideas and maintain a processual mindset. Marking these ideological shifts publicly creates an obligation for the individual to account for reversals should they occur. If I wake up tomorrow and tell the world that I no longer believe that moral injuries are real or important, then I know that people will look at what I said or wrote yesterday and expect me to explain myself. That is exactly what I require as a perpetrator of harm: to be ever compelled to explain myself, first to myself and then to others.

Just as the moral structures of society are in perpetual flux, our personal narratives are also in perpetual flux, continually emphasising new and different meanings and values as new eras emerge and fade away. I've often referred to my life as my 'story', but I've noticed problems arising from using the singular form of this word. Perhaps it would be more accurate and more effective to think of our lives in the plural, as having 'stories' that unfold geometrically rather than linearly and that are not segmented within firm beginnings and ends, but are held together only by gossamer segues. This is familiar language to anyone working with narrative theory, but reimagining the structural design of a personal narrative, or its focal points, arcs or details, is a formidable task whether one is versed in these theories or not. Most of us could use a little

help. And this is where narrative therapy enters the picture of moral injury.

This issue features an article by David Denborough (Moral injury, narrative repair and possibilities of Australian–Afghan friendship) that tackles this very challenge. Denborough is an Australian narrative practitioner who works with those confronted with moral injuries. In this article, Denborough delivers a robust discussion of a host of narrative strategies that clinicians can adopt when engaging the veteran population. In my view, these strategies emphasise the essential priorities of moral injury treatment: critique, transformation and engagement with harmed groups. As a preface to this work, Denborough makes a vital point to distinguish the individual from the narrative. As is noted in narrative therapy: 'The person is not the problem, the problem is the problem'. And the problem is made more manageable when it is not understood as an unchangeable essence of one's identity. By externalising the problem and separating it from an individual's character, a great deal of the shame and guilt being experienced by individuals may be relieved and cleared away so that they may gain less obstructed views of their narratives under construction. With the narrative objectified in this way, the processes of reimagining and re-authoring become much less emotionally fraught.

Moral injury strikes me as a unique conceptual framework in that its focal point for treatment, the morally injured, does not represent its moral *priority*. Even the morally injured, by their own accounts, would identify harmed groups as the single most important element in the moral injury dynamic. If these harmed groups are not maintained as the priority of this discourse, then moral injury as a concept has a far greater problem than the instability of its meaning. The moment harmed groups are allowed to slip out of sight, all moral claims being made by the perpetrators of institutional violence are instantly voided. Denborough stresses this point in the treatment of moral injuries, noting multiple projects in which veterans themselves have sought ways to connect with and acknowledge members of these harmed groups (for example in Vietnam, Iraq and Afghanistan).

For Denborough, this is not merely a pleasing adornment to an otherwise clinical practice. This is a mainstay of the program itself. Creating community in relation to moral injuries, among veterans and citizens and harmed groups around the world, is not only *how* we treat moral injuries; it is precisely *why* we treat moral injuries. We 'treat' the global community through individual actors and through ourselves. We treat the

violence and the harm done as collective disruptions to that global community. Moral injuries are not, ultimately, about the morally injured. In the years after leaving the military I, too, had the impulse to bring myself face to face with Iraqi people and speak to them, maybe apologise to them, and listen to whatever they might say in return. In 2008, during the Iraqi refugee crisis, I travelled to Amman, Jordan. There were nearly a million Iraqis living in Jordan and another million in Syria. I met many families including one from Basra whose town had been destroyed by American bombs during the invasion.

Many Americans might glance at images of such a town in ruin and regard it conclusively as the 'aftermath' of a past war. But for this Iraqi man and his family, the ruined town did not mark an end or an aftermath, but an inauspicious beginning. When they lived in Basra, the son, a boy of seven years, took an interest in the Iraqi tank hulks left behind from the battle and began to climb on top, inside and underneath them. What the father did not know when he lived in Iraq, but learnt later on, was that the ordnance used to pummel those tanks into smoking hulks was made with, among other materials, depleted uranium. Radioactive residues were left behind, undetectable, unannounced and unaccounted for, and the children came clambering, unaware of the radioactivity, week after week for months on end, until their bodies were contaminated too.

When I met this Iraqi father, his son was 12 years old. The boy had long since lost interest in the old hulks, and the family had been compelled by circumstances to move to Amman. But their situation was not good. I had very little in common with this family and very little to rally around with them culturally. I had left Iraq and gone home. They left Iraq and were indefinitely homeless. We had all witnessed the same smoking hulks in Iraq, but our stories resisted connection. When I made contact with this family, in flesh and blood, new judgement and increased culpability were suddenly impossible to avoid.

The Iraqi man's son was blind when I met them. His hearing was deteriorating, his flesh was decomposing on the bone and his organs were failing one by one. There was no cure. There was no money for care. The man rested his hand on his son's sloping shoulder and the boy's mother offered tea. She offered tea! What could I do? I accepted the tea and in return offered a gangling apology. Then I caught a glimpse of them wondering why. Why was I apologising? What were the dimensions of my contrition? What were my responsibilities? And, therefore, what made me feel sorry? If only I could find the boundary between the

actions I must own and those I cannot. After all, I didn't discover the element now known as uranium, I didn't assign it an atomic value, didn't invent the process for depletion, didn't engineer the ordnance that employed it, didn't drop it on any tanks or towns, didn't even know there was such a thing until after I came home. Nevertheless, I was there, there in the town we offhandedly called Aftermath.

The Iraqi man's mother, an elderly woman, was also in the room when we were having tea. She watched me with piercing eyes and eventually asked, 'Why were you there, in Iraq?' It was clear that she wasn't asking me why my country had invaded hers. It wasn't that kind of conversation. She wanted to know specifically what reason I had, personally, for having participated in events that would produce such things as smoking hulks with radioactive residues and the deteriorating bodies of children. How could I answer? Would it have been sufficient to say that I'd been toiling with that very question since I'd left the military? Not likely. So again, I said, 'I'm sorry'. My body felt crushed by a weight, part of whose mass was a guilt for feeling crushed at all. In a year, the boy would most likely be dead and I'd still be alive telling stories. The Iraqi man knew there was no alternative for me. I could tell. His face expressed sympathy, as if to say, 'yes, it is true, you have no right to feel crushed, and yet, you must feel crushed. That is the only legacy available to you now. So please, have more tea'. What choice did I have but accept his hospitality?

That is the legacy of the morally injured: to accept life with grace and responsibility in the name of those who've been harmed. Still, this mustn't be viewed as a curse or an albatross dangling indefinitely from one's neck. The harms perpetrated were indeed ugly and do demand justice. And the morally injured tend to crave justice. Being held accountable for one's actions feels right. It feels honourable. But suffering, solitude and self-abasement are too often the only forms of accountability that enter the popular imagination and so accountability is often avoided. The most powerful forms of accountability, however, are not suffering, solitude and self-abasement, all of which leave the world utterly intact and unchanged. Accountability in its best form lies in a lifelong commitment to reflect on and face oneself, one's society and those harmed by one's society, and act in a manner that repairs social fabrics, unites human beings and improves the moral constitutions of our world. The destination for the morally injured is not in passive or static shame; it is in the active pursuit of individual and collective transformation.

References

- Al Jazeera. (2008, March 21). War voices: Camilo Mejia. *Al Jazeera*. Retrieved from: <https://www.aljazeera.com/news/2008/3/21/war-voices-camilo-mejia>
- Associated Press. (2009, September 26). Army officer who refused Iraq duty is allowed to resign. *New York Times*. Retrieved from: <https://www.nytimes.com/2009/09/27/us/27discharge.html>
- Boudreau, T. E. (2008). *Packing inferno: The unmaking of a marine*. Port Townsend, WA: Feral House.
- Department of the Army (2020). *Holistic health and fitness, FM 7-22*. Washington, DC: Army Publishing Directorate. Retrieved from https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN30714-FM_7-22-000-WEB-1.pdf
- US Marine Corps. (2016). *Combat and operational stress control, MCTP 3-30E (Formerly MCRP 6-11C) NTTP 1-15M*. Washington, DC: Department of the Army. Retrieved from <https://www.marines.mil/Portals/1/Publications/MCTP%203-30E%20Formerly%20MCRP%206-11C.pdf?ver=2017-09-28-081327-517>