

# Spirituality in Clinical Practice

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# Moral Injury and Psycho-Spiritual Development: Considering the Developmental Context

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Research on military mental health has recently begun to explore the construct of “moral injury,” the mental health sequelae of real or perceived violations of deeply held values or beliefs. Moral injury may be a distinctive dimension of combat-related posttraumatic stress disorder and related problems and is therefore critical to understand and attend to. This article considers moral injury from the perspective of psycho-spiritual development, with an emphasis on the interplay of cognitive, social, and faith group culture dimensions to contextualize the construct of moral injury within a theoretical framework. We present a case study to illustrate the utility of this psycho-spiritual framework to understand and treat moral injury. Implications for clinical interventions and suggested directions for future research conclude the article.

*Keywords:* development, moral injury, spirituality, veterans

Moral injury has been defined as a constellation of symptoms including shame, anger, demoralization, self-handicapping or poor self-care, and guilt (Gray et al., 2012; Maguen et al., 2011) resulting from actions, inactions, or witnessing of events that challenge deeply held moral beliefs or values (Litz et al., 2009). For example, those who serve in combat may be

forced to take actions that in other contexts would be considered immoral, such as killing others (Drescher et al., 2011; Litz et al., 2009; Maguen et al., 2011). Research also suggests that other potential stressors related to this syndrome might include witnessing the severe human suffering inherent in war, acting in morally ambiguous situations that sometimes require very fast decisions, witnessing or acting with disproportionate violence that does not offer a tactical advantage, involvement in incidents that harm civilians, helplessness about preventing harm to others, confronting ethical dilemmas, or betrayals of trust in leadership or peers (Currier et al., 2013; Drescher et al., 2011; Litz et al., 2009).

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## Clinical Presentations of Moral Injury

Although formal research has just begun in this area, a wide range of affective, cognitive, and behavioral symptoms are hypothesized to have etiology associated with moral injury (Maguen & Litz, 2014; Nash et al., 2013; Drescher et al., 2011). Various studies focusing on

combat veterans with chronic mental health problems have suggested that signs of moral injury emerge more frequently among those who struggle with trauma-related concerns (Drescher et al., 2011). These symptoms cross a wide number of domains, including difficulties with social functioning, difficulty with trust, spiritual or existential problems, cognitive and affective symptoms, and impairments in ethical and vocational functioning (Nash et al., 2013; Maguen & Litz, 2014). Specific symptoms of a moral injury might include depression, anxiety, anger, anhedonia, dysphoria; self-loathing, suicidal ideation, suicide attempts, and self-harm (Drescher et al., 2011; Maguen et al., 2011; Nash et al., 2013; Sher, 2009), social withdrawal, aggression, misconduct, substance abuse, sociopathy (Maguen & Litz, 2014; Nash et al., 2013), and difficulty trusting self, others, and social institutions (Drescher et al., 2011; Nash et al., 2013).

Spiritual and existential concerns associated with moral injury include guilt, shame, difficulty forgiving self and others, changes in or losses of spiritual or religious beliefs, difficulty trusting self or others to act morally, loss of a sense of meaning or purpose, fatalism, religious fears, difficulties in relationships with any relevant community of faith, and negative changes in attributions about or relationship with a Higher Power (Drescher et al., 2011; Nash et al., 2013; Ogden et al., 2011). Both cross-sectional and longitudinal studies of relationships between spiritual distress and posttraumatic stress disorder (PTSD) indicate that individuals experiencing spiritual distress report more symptoms of PTSD (Harris et al., 2008; Harris et al., 2012; Ogden et al., 2011). Furthermore, individuals who abandon their faith in the aftermath of trauma also report poorer mental health outcomes (Ben-Ezra et al., 2010; ter Kuile & Ehring, 2014). These findings are relevant to moral injury; for example, Service Members who have killed in combat have much more serious mental health sequelae if they are also experiencing spiritual distress (Harris, Erbes, & Polusny, 2014). Although not every Service Member has an explicit spiritual identity or will experience moral injury as spiritual distress, for those whose moral worldviews are based in spirituality, clinical attention to spiritual distress is essential.

### Spiritual Links With Moral Injury

Viewing moral injury from a spiritual perspective is useful for several reasons in these cases. First, although not every individual experiences moral injury as a spiritual problem, more than 90% of both veterans and the American public believe in a Higher Power, and 89% of veterans identify as Christian (Fontana & Rosenheck, 2004). For most people, religious or spiritual ideation figures prominently in their efforts to make meaning of their lives, and especially meanings related to the most stressful experiences in their lives (Park, 2005). Global meanings, in the form of purpose in life, ultimate values, and goals, are often drawn from spiritual or religious beliefs and values (Park, 2005). When confronted with stressful experiences, individuals may appraise these experiences in ways that are either consistent or inconsistent with their global meaning systems (Park, 2005). For example, adherents of most Western faiths often need to address issues of theodicy when they make meaning of suffering; one may wonder, *if a loving and powerful Deity exists, why would it allow suffering?* (Hale-Smith, Park, & Edmondson, 2012; Hall & Johnson, 2001). Such questions could be intensified with the potentially severe and widespread suffering encountered in combat. When the situational meaning derived from an encounter with suffering (e.g., *I prayed for my unit's safety, but my best friend was killed; My Higher Power has abandoned me and my unit*) is discrepant with global meanings (e.g., *My Higher Power is omnipotent and benevolent*), individuals might experience intense distress. To alleviate this distress, they must then engage in meaning making efforts to revise global or situational meanings, or both, to resolve the experienced discrepancy/distress in the spiritual meaning system (Park, 2005).

Second, research on help-seeking patterns among soldiers and combat veterans indicates sources of spiritual support, such as chaplains, are a far more socially accepted source of help than are traditional mental health providers in many cases (Tanielian & Jaycox, 2008; Visco, 2009). No single intervention is viable for every potential client, but given the nature of moral injury, and the role of spirituality in military culture, spiritually integrated models have potential to help relieve suffering among many,

especially since most veterans are unwilling to accept conventional mental health services (Hoge et al., 2004). Studies by Fontana and Rosenheck (2004, 2005) have also found that a weakening of religious faith and loss of meaning were linked with more use of mental health services, suggesting that many treatment-seeking veterans might be struggling with their spirituality and may desire to address these concerns in treatment.

The predominance of spirituality in the general U.S. population and the military, as well as the obvious linkages between morality and religion (Baumsteiger, Cheneville, & McGuire, 2013), provides a compelling rationale for viewing this phenomenon from a psycho-spiritual vantage. In addition, this view provides a practical entree to treatment for groups who may be resistant to more traditional mental health approaches.

Most Service Members who are exposed to potentially morally injurious events meet this challenge in early adulthood, which can be a critical time in psycho-spiritual development. They may have already begun to experience doubts and questions about their adolescent concepts of faith as part of their normal faith development. When confronted with a morally complex environment such as combat, young adult Service Members might then face a particularly significant psycho-spiritual developmental challenge. Therefore, for Service Members who have a spiritual or religious worldview, reviewing the construct of moral injury through the lens of psycho-spiritual developmental theory may be particularly useful.

### **Relevant Models of Psycho-Spiritual Development**

Many theoretical models of psycho-spiritual development are available; most have been derived, to some degree, from object relations theories (Hall & Edwards, 1996; Hall, Reise, & Haviland, 2007) or cognitive and moral developmental theories (Fowler, 1981; Fowler & Dell, 2006; Genia, 1990; Gibson, 2004). In addition, there is a more theologically based model viewing relationships with a Deity as a vertical dimension and relationships with others as a horizontal dimension (Benson, Donahue, & Erickson, 1993; Emmons, 1999). Of these models, those based on cognitive and moral devel-

opmental theory presently have the strongest empirical support (Fowler & Dell, 2006; Gibson, 2004; Harris & Leak, 2013), so it makes sense to more carefully consider the phenomenon of moral injury from the perspective of Fowler's stage theory of faith development (Fowler, 1981; Fowler & Dell, 2006), which draws on both Piaget (1965) and Kohlberg (1984).

To briefly review Fowler's theory (Fowler, 1981; Fowler & Dell, 2006), spiritual development is conceptualized in 6 stages (see Table 1). Stage I is the Intuitive-Projective stage, in which children generally under the age of 5 begin to develop their earliest concepts of a Higher Power, drawing primarily from direct education as well as observation of parents and society. At this level, children normatively participate in high levels of fantasy and magical thinking, which influence concepts of Higher Power (Fowler, 1981; Fowler & Dell, 2006). Stage II is the Mythic-Literal stage, generally seen from about age 5 to adolescence. At this stage, children learn stories and basic principles of their faith and work with these ideas very literally as they begin to explore practicing a faith. Although most individuals will move beyond this stage, some continue to practice Mythic-Literal faith through adulthood (Fowler, 1981; Fowler & Dell, 2006).

The third stage is Synthetic-Conventional faith, which usually develops in adolescence and becomes a permanent home for most adults (Fowler, 1981; Fowler & Dell, 2006). At this stage, the individual has typically been exposed to a number of belief systems through different social systems, such as family, school, and work, and chooses to identify with a specific system. The individual represents the belief system to self through the authorities/institutions of that faith, and finds doubts, questions, or other perspectives about religious authorities or beliefs disturbing. Here, cognitive processes around issues of faith are conventional and deferent to authorities (Fowler, 1981; Fowler & Dell, 2006).

Those who move to stage 4, "Individuative-Reflective" faith, often do so in early adulthood. At this point, they begin to critically evaluate previously held religious ideas, become more willing to explore multiple spiritual perspectives on the same issue, and are able to consider religious doubts critically and without distress.

They tend to express more interest in learning about other faiths, be more tolerant of change in religious ideation, and be more willing to have ideas that are different from those of their family or religious institutions. They may alter their thinking or practices of their current faith identification, may change faiths, or may become less involved or even leave faith altogether. Their religious and spiritual reasoning functions at a more postconventional level (Fowler, 1981; Fowler & Dell, 2006). Among those who achieve Individuative-Reflective faith, at about midlife, some develop an appreciation for paradox or mystery, the limitations of logic and knowledge, and the possibility that multiple faith perspectives can be true, meaningful, and useful together. Those entering this stage 5, “Conjunctive” faith are likely to increase their spiritual/religions practice, in a way that is characterized by flexibility and interest in multiple faith perspectives (Fowler, 1981; Fowler & Dell, 2006). Achievement of stage 6, “Universalizing” faith, is rare, and is characterized by viewing all faiths, peoples, and cultures in the context of a universal community, as well as a practice of compassion and giving to others (Fowler, 1981; Fowler & Dell, 2006).

Fowler’s (1981) theory of psycho-spiritual development was originally developed based on interviews with people from a wide range of ages and faith identifications. These interviews were conducted primarily in the U.S., and, as a result, this theory is likely most applicable to Western religions. That limitation noted, in work related to U.S. Service Members, Western religions are likely most relevant, so basing hypotheses on this theory appears appropriate.

### Psycho-Spiritual Development in the Context of Combat

Based on this theory of psycho-spiritual development, most Service Members entering the combat theater will be functioning at the Mythic-Literal or Synthetic-Conventional levels. The minority of Service Members functioning at the Mythic-Literal level will have expectations of a just world, in which good actions are rewarded and bad actions are punished. Although military training supports learning to cope with an unjust world, those who enter combat with an expectation of reward and punishment based on merit are more likely to experience serious challenges to their spiritual beliefs and values. When confronted

Table 1  
*Fowler’s Stages of Psycho-Spiritual Development*

Stage	Definition	Approximate developmental stage
Stage 1: Intuitive-Projective	Consistent with fantasy and magical thinking. Concepts are drawn from direct education and observation of parents/society.	Children younger than five years
Stage 2: Mythic-Literal	Children learn the basic aspects of their faith and put it into practice in a literal manner.	Five years until adolescence
Stage 3: Synthetic-Conventional	The individual will represent the belief system through the authorities/institutions of that faith. Cognitive processes around issues of faith are conventional and deferent to authorities.	Adolescence, potentially through adulthood
Stage 4: Individuative-Reflective	Those who move to stage 4 begin to critically evaluate previously held religious ideas, and become more willing to explore multiple spiritual perspectives, and are able to consider religious doubts without distress.	Often early adulthood
Stage 5: Conjunctive	Characterized by religious/spiritual practice that is flexible and encompasses numerous faith perspectives.	Middle to late adulthood
Stage 6: Universalizing	Rarely achieved and marked by viewing all faiths, peoples, and cultures in the context of a universal community.	Rare; typical age of onset unknown

with events such as apparently random casualties among self/peers who have not done anything to deserve misfortune, Service Members at this stage may attempt to maintain their psycho-spiritual equilibrium by either (a) blaming themselves, and thus paying a high price of psychological distress and disruption for their psycho-spiritual stability, or (b) blaming others, especially authorities, potentially disrupting trust in a wide variety of social institutions (the military, the government, their faith group), and thus losing substantial social/emotional resources that would otherwise be available to support further psychological adjustment, spiritual development, and postdeployment reintegration. For example, a Mythic-Literal Veteran whose trust in the “fairness” of government institutions has been destroyed may be unlikely to seek treatment at a VA medical center, or may enter treatment with such high levels of distrust that he or she has difficulty deriving benefit from mental health services.

Those at the Synthetic-Conventional level have learned religious and cultural principles, including those from their military culture, about what actions are “good” or “bad,” and what kinds of actions identify people as “heroes” in their global meaning systems. Service Members in this stage of development might place trust in social and religious authorities, and in military cultural expectations that value following orders without question or doubt. They are thoroughly instructed in rules of engagement (ROEs), and may feel prepared to make the kinds of moral and ethical decisions they need to make in combat situations. Notwithstanding the sophistication of ROEs and quality of military training, they might encounter combat situations in which, despite their knowledge and careful preparation, their concrete level of psycho-spiritual functioning may not be able to assimilate the ambiguous content of moral decisions for which no response could be completely characterized as “good” or “bad.” Consider some of the types of decisions Service Members may encounter in combat:

1. An unattended child approaches a soldier’s position. As the child approaches, it becomes evident that she is wearing a suicide vest. The soldier shouts and gestures for the child to stop in all of the common languages in this area, but she does not stop. The soldier fires a warning shot over the child’s head, but she continues to approach. If she is allowed to come closer, and the vest detonates, the explosion would kill a large number of both soldiers and civilians in the area. How should the soldier respond as the child approaches?
2. A group of insurgents is shooting rockets into a crowded marketplace, causing many military and civilian casualties. Officers are able to determine that the insurgent fire is coming from a building that houses the only medical services available to civilians in a 6-hr travel radius. How should they make the decision to withhold or exchange fire with those in the building?
3. A Navy ship receives a distress call from another vessel; on approach it is clear that the vessel is sinking, and that a large number of people on board will not survive without help. The vessel is not officially registered with any area fleet, and is in an area frequented both by refugees and pirates. Visual inspection of the distressed vessel and crew reveals that at least 3 adults on board are armed, and that children are present. Orders come in to the Captain of the Navy ship stating that he is not to put his ship or crew at risk in a rescue attempt. How should the Captain respond?

These types of morally ambiguous situations can occur even in the most effectively managed combat situations. Individuals functioning at the Synthetic-Conventional level will expect to be able to identify “right” and “wrong” answers to moral questions, and may be unable to adapt to moral decision-making models in which no response is incontrovertibly right or wrong and multiple contextual perspectives and value systems are relevant to the decision. The potential for experiencing moral, ethical, or spiritual decisions that are outside the capacity of Synthetic-Conventional faith increases in the event that the trusted authorities err. For those at this stage of faith development, using conventional spiritual or religious reasoning, authorities and institutions, such as religious institutions, clergy, governments, and commanding officers, are ultimately considered unassailable.

If situational meanings made of difficult command decisions differ from the global belief that the authorities are “good,” it is difficult for the Synthetic-Conventional individual to construct an appraisal for the authority that is neither fully “good” nor fully “bad.” In the event that a command decision appears to be an error, or another Service Member violates rules, inability to categorize the decision-maker as “good” or “bad” can potentially trigger doubts about Synthetic-Conventional vocational, spiritual and moral commitments to respected authorities such as their nation, branch of service, and unit. Feelings of betrayal by trusted authorities or comrades in arms are discussed in much of the literature as a potential cause for moral injury (Currier et al., 2013; Drescher et al., 2011; Litz et al., 2009; Nash et al., 2013).

Furthermore, if the harm that is witnessed or experienced challenges a concept of a Higher Power or a spiritual worldview that has been important to that Service Member, questions about these deeply held beliefs can spur further doubts about very basic assumptions about values, purpose, meaning, and the worthiness of the Higher Power itself, leading to serious existential questions about personal faith, vocation, meaning, and worth (Currier et al., 2013; Drescher et al., 2011; Fontana & Rosenheck, 2004; Litz et al., 2009; Nash et al., 2013). For the 90% of Service Members who identify as religious (Fontana & Rosenheck, 2004), witnessing the deaths of innocent people (e.g., collateral damage among civilians) or losses of respected comrades in arms can bring forth difficulties resolving their Higher Power concept with the existence of unfair evil and suffering (i.e., theodicy). These difficulties may also initiate distressing doubts about faith and disrupt what may have been supportive relationships with a Higher Power and community of faith (Ogden et al., 2011; Harris et al., 2008).

For a Service Member functioning at the Synthetic-Conventional level, these kinds of events present a special spiritual developmental challenge. For morally ambiguous situations, based on the ethic of responding to orders or abiding by ROEs, there may be “right” answers. However, on implementing these “right” answers, situational appraisals and experienced affect may interfere with continued Synthetic-Conventional functioning. Even if killing a child, or firing upon a hospital, is the “right” thing to do

in a particular situation, for someone at this stage of psycho-spiritual development, taking action that would be considered “wrong” in most other contexts may feel “wrong” on implementation. This action may constitute a moral event that is difficult to assimilate into one’s existing psycho-spiritual cognitive structures using conventional cognitive resources for meaning-making.

Taking morally ambiguous actions has the potential to cause distress as well as intensified or expanded efforts to seek reconciliation of global and situational meanings that, ideally, will result in further spiritual development. Practitioners of Synthetic-Conventional faith experience distress when they perceive ambiguity or have reason to doubt previously trusted spiritual and cultural authorities. If they are able to transition to Individuative-Reflective faith, considering the situation from multiple spiritual and cultural perspectives simultaneously, they could rise to the developmental challenge, thereby making peace with this kind of ambiguity (Fowler, 1981; Fowler & Dell, 2006). There is evidence that transient spiritual distress is not associated with poorer subsequent mental health (Pargament et al., 2001), so those who are able to transition to Individuative-Reflective faith are less likely to be at risk for long-term decrements in functioning.

If, however, the Service Member continues to consider spiritual and moral aspects of combat from only one perspective (an attribute of Synthetic-Conventional faith), she or he will continue to experience distress and confusion, as these types of spiritual and existential questions are insoluble using the conventional religious reasoning available to those in the Synthetic-Conventional stage. Note that for most adults, spiritual development stalls at the Synthetic-Conventional stage (Fowler, 1981; Fowler & Dell, 2006); for the Service Member who must function in a spiritually and ethically complex environment, continuing to function at this stage of psycho-spiritual development has the potential to become a mental health hazard and a risk factor for becoming morally injured. For those whose worldview is derived from religious assumptions, their expected developmental model for reasoning about spiritual and moral concerns would be based on their

global religious assumptions—for Synthetic-Conventional thinkers, alternative worldviews (e.g., unfamiliar faiths or philosophies) are unlikely to make effective stepping-stones to the next developmental level, as this stage is characterized by comfort with a single system for spiritual/moral reasoning.

Based on available research on moral injury and psycho-spiritual development, it seems likely that those who are able to address combat moral issues at the Individuative-Reflective level or beyond have the resources they need to address and resolve the moral questions and ambiguity addressed in combat, so further discussion of the higher stages of development is not offered here.

### **Current Treatments for Moral Injury**

Because the literature on moral injury is comparatively young, available research on intervention strategies is similarly just beginning. Initial publications of two separate interventions for moral injury appeared in 2011 (Steenkamp et al., 2011; Harris et al., 2011), and despite emerging from very different lines of research, share several similarities. Adaptive Disclosure (Steenkamp et al., 2011) is a six-session, manualized individual intervention designed specifically for active military Service Members who are seeking assistance with psychological distress immediately upon return from deployment. The intervention is designed as a very brief therapy to minimize stigma, reduce shame, increase disclosure, and therefore increase use of natural supports (or psychotherapies, if needed) on reintegration in civilian roles (Steenkamp et al., 2011).

The intervention involves imaginal exposure as well as supplemental therapeutic components targeting traumatic loss and shame/guilt (Steenkamp et al., 2011). The supplemental components involve use of the Gestalt empty-chair technique to facilitate dialogue with either the subject of grief or a moral authority to address concerns related to unresolved guilt/shame (Steenkamp et al., 2011). A single-group, pre-post demonstration project testing Adaptive Disclosure evidenced improvement in symptoms of PTSD and depression as well as increases in posttraumatic growth (Gray et al., 2012). Adaptive Disclosure deals with moral concerns in secular terms unless the client se-

lects a “moral authority” related to his or her religious or spiritual worldview; it represents a treatment option for Service Members and Veterans with a nonreligious worldview.

Building Spiritual Strength (Harris et al., 2011) is an 8-session, manualized group intervention designed to specifically address spiritual distress associated with trauma exposure in an environment that respects all religious/spiritual commitments. Like Adaptive Disclosure, it is also designed to minimize stigma, but does this by using faith communities as possible treatment settings. Group sessions are designed to (a) establish group rules and develop rapport, (b) use a modified empty-chair technique to facilitate dialogue with a Higher Power or similar spiritual construct, (c) explore prayer/meditative coping techniques, (d) explore theodicy (spiritual explanations for suffering), (e) explore and reframe forgiveness of self and others, and (f) plan for continued support for spiritual growth (Harris et al., 2011). As compared with a wait-list control group, participants in the treatment group evidenced statistically and clinically significant reductions in PTSD symptoms (Harris et al., 2011). A second RCT is ongoing that incorporates an active, rather than wait-list control group, and uses specially trained chaplains as therapists.

Although spiritually integrated therapies such as Building Spiritual Strength are not appropriate for every Service Member exposed to potentially morally injurious events, this spiritually integrated approach may be more socially acceptable for Service Members who have a spiritual or religious identity or those who would typically refuse conventional mental health services. This type of spiritually integrated approach may also be especially useful for individuals functioning at Mythic-Literal or Synthetic-Conventional levels of psycho-spiritual development, who would have difficulty viewing moral issues from any perspective other than their religious worldview.

The following case illustrates these developmental concerns in the spiritual domain with a Veteran who recently participated in an 8-week Building Spiritual Strength group.

### **Case Study**

Nhean was raised in a large, Cambodian, Roman Catholic family that fled to the U.S. as

refugees when he was very young. Nhean's father had been killed in the civil unrest in his country, and all of his extended family frequently expressed gratitude for the American military's role in helping them escape from Cambodia. Nhean largely grew up without a father in his life, but several men assumed important roles in his spiritual and social development, including a local parish priest who often helped the family access food and other necessary resources, and a teacher who was a retired veteran and took special interest in Nhean's adaptation to immigration. When Nhean graduated from high school, he could imagine no higher calling than that of a soldier, like the heroes who liberated his family and the teacher who cared so much for him. Nhean enlisted in the Army as soon as he was of age, and was subsequently deployed to a combat unit in Iraq. He took tremendous pride in his vocation and service in combat. He also stayed in close touch with his unit chaplain and arranged to attend Mass whenever possible during his deployment.

One day, while 18-year-old Nhean was guarding a checkpoint, a large, old truck laden with crates came barreling toward the checkpoint without regard for signals to stop. Recognizing high potential that this vehicle may contain explosives, Nhean attempted to disable the vehicle by shooting the tires; when that did not stop the vehicle, he took aim for the engine and fuel tank. The resulting fire killed a chicken farmer, his two young boys, and about 20 chickens being taken to market. Follow-up revealed no evidence that this family was involved in terrorist activities, and it was not clear why they ignored signals to stop at the checkpoint.

Nhean became preoccupied with concern about the man's remaining family and children, whose fate in this country was likely similar to his family's fate had they stayed in Cambodia. He was reassured by his commander, the investigating intelligence officer, and the chaplain that he had acted correctly per military protocol; however, Nhean could not resolve a cloud of severe guilt. He tried without success to locate the man's family so that he could find some way to help them. Because he no longer felt that he could accept the Eucharist, he stopped attending Mass. He withdrew from friends in his unit, and dealt with growing doubts about his ability to make appropriate combat decisions quickly and effectively. He became convinced that he was

putting others in his unit at risk, and asked for transfer to a different type of duty, but his commander simply reassured him that he had acted appropriately and that he was an effective soldier, and kept him in the unit through the end of the deployment.

Although Nhean had enlisted with a plan to pursue a long-term military career, he left the military shortly after deployment, and went to work in an Asian grocery owned by his uncle. He did not return to church despite substantial pressure from his extended family to do so. His family also expected him to marry and father children, but Nhean felt so worthless he did not feel that he could commit to a marriage. He was so ashamed of the incident in Iraq that he never spoke with his family about it, despite young nieces and nephews frequently asking him what it was like to be a soldier. Nhean became increasingly withdrawn and began missing work because of frequent headaches. His uncle threatened to fire him if he did not consult a physician to do something about his absenteeism.

The physician noted that Nhean had lost an unusual amount of weight since his discharge from the military, but after a comprehensive round of testing, could not find physical causes for his symptoms. The only abnormal findings were positive screens for depression and PTSD. Although referred for further mental health evaluation, Nhean found the idea of pursuing psychotherapy culturally quite foreign and stigmatizing and refused to make an appointment with a mental health provider. The physician then recommended a Building Spiritual Strength group, held at a local Catholic church. Nhean agreed to at least call and ask questions about the group.

In the course of the group, Nhean identified a number of influences on his current distress. The first was guilt related to fear that he had placed another family in the same desperate straits his own family had experienced in Cambodia. Whereas Nhean identified as Catholic, many members of his family were Buddhist, and with his high level of unresolved guilt, he was very sensitive to their beliefs about taking lives and the implications of these beliefs for his role as a soldier. He also felt intense guilt about his failure to continue Roman Catholic practices, and at the same time, viewed himself as so unforgivable that maintaining these practices seemed futile.

Feedback from the group and the leader helped Nhean contextualize his decisions to become a soldier and to act in accordance with standard procedures at the checkpoint. While validating that his current level of guilt was painful, they clarified that all of the decisions he made to that point were “right” based on his training, and objectively, there was no reason for his strong sense of guilt. At the same time, the leader helped Nhean to identify his growing awareness of moral ambiguity, and provided permission to look at his thoughts, feelings and actions without categorizing them as “right” or “wrong.” Although this did not resolve all of his guilt, this gave Nhean some initial relief from constant self-loathing and gave him more energy to explore ways to resolve his spiritual distress. In a group discussion of self-forgiveness, Nhean realized that he could provide more support to others in his family if he stopped using all of his emotional energy berating himself. He went to confessional with his family’s parish priest, and experienced feeling welcomed back into his faith community; at this point, he was able to acknowledge that neither he, nor others in his faith community, were perfect, and was better able to support others who had done things that he previously viewed as “wrong.” Functioning at a more postconventional level of faith development, Nhean found making moral decisions more complex and time-consuming, as he no longer saw single perspectives on “right” and “wrong” decisions, and at the same time, his somatic distress resolved and he was able to resume normal functioning in his family, work, and faith communities.

### **Implications for Treatment and Future Directions**

Based on this stage model of psycho-spiritual development, treatment for moral injury may be most effective if it (a) is based on the spiritual/cultural/moral worldview most native to the Service Member’s global meaning system, and (b) creates a cognitive scaffolding (Day, 2004) to facilitate adaptive meaning-making that propels the Service Member toward the Individuative-Reflective stage of psycho-spiritual development. For Service Members who identify with a religious worldview, spiritually integrated interventions may be the most effective means of supporting the cognitive development

necessary to resolve this type of distress. For example, in the case study above, Nhean was given permission to consider his concerns from both Buddhist and Roman Catholic perspectives, and movement to postconventional spiritual functioning was facilitated by asking him to suspend categorical judgments about his combat decisions. Building Spiritual Strength facilitates cognitive development toward Individuative-Reflective faith by (a) providing treatment in an interfaith environment, (b) using an empty-chair exercise to reconstruct global and situational meanings in relationship with a Higher Power, (c) having the client maintain an ongoing prayer/meditation log to facilitate new experiential learning in psycho-spiritual domains, and (d) providing opportunities to explore multiple approaches to theodicy and forgiveness (Harris et al., 2011).

### **Summary**

At this point, this psycho-spiritual developmental hypothesis about moral injury is based only on a nascent literature on moral injury. Further research exploring the relationships between psycho-spiritual development and moral injury, particularly research measuring postconventional religious reasoning, would be necessary to validate this hypothesis. A necessary precursor to that work would include an operational definition of moral injury; although at this point measures of exposure to morally injurious events are available (Currier et al., 2013; Nash et al., 2013), not everyone who is exposed to these kinds of morally challenging events subsequently develops the constellation of psychological, social, and possible spiritual concerns currently associated with the construct of moral injury. Further empirical exploration of the relationships between psycho-spiritual development and moral injury has the potential to yield information about the specific mechanisms of moral injury, so that it may become possible to (a) identify those at greatest risk for adverse outcomes, (b) improve on existing options for treatment, and (c) facilitate psycho-spiritual development proactively, essentially providing strategies for prevention.

Research in these areas could inform Department of Defense initiatives for Total Force Fitness in the domain of spiritual fitness (Hufford, Fritts, & Rhodes, 2010; Pargament & Sweeney,

2011). Furthermore, much of the mental health research addressing the needs of Service Members and Veterans is subsequently generalized to other populations, so further exploration of moral injury as it relates to psycho-spiritual development may open new avenues for treatment of posttraumatic stress and other sequelae of highly stressful experiences.

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