

MORAL INJURY
WRESTLING WITH
DEFINITIONS AND
CONCEPTUAL DRIFT

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As the study of moral injury has increased over the past three decades, the construct itself has been applied to an expanding number of contexts. This article briefly reviews how the measurement of exposure to potential morally injurious events and the associated aftereffects has developed and explores how the construct of moral injury may differ from adjacent, related constructs, including posttraumatic stress disorder. Establishing some degree of consensus on these factors will be critical as research on moral injury continues to investigate treatment options and address its root causes.

I was introduced to the concept of moral injury during a crucial point in my professional development. As a graduate student specializing in trauma psychology, I devoured Jonathan Shay's book *Achilles in Vietnam*, wherein Shay compares the battlefield experiences of Homer's *Iliad* to those faced by US soldiers in the Vietnam War.¹ Drawing on his experiences treating veterans in clinical care, Shay was the first to point out that the morally questionable behaviors to which these veterans were subjected by leaders often had a worse effect on their psychological functioning than exposure to combat. When I first read the book, the United States was in the midst of the surge in Iraq, and I was working with service members who had recently returned from combat in my practicum placement at the local Veterans Affairs hospital while simultaneously serving as a second lieutenant in the Army Reserve.

I took Shay's admonition to heart that "bad leadership is a cause of combat trauma."² When he spoke at the 2008 annual conference of the International Society for Traumatic Stress Studies in Chicago, I rushed to get a front-row seat in a packed auditorium to hear the talk. Shay's criteria for moral injury were clear, with requirements for a betrayal of the service member's moral values by someone holding "legitimate authority" in a "high-stakes situation."³ It was also clear that these moral injuries

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

2. Shay, 196.

3. Jonathan Shay, "Casualties," *Daedalus* 140, no. 3 (2011): 183.

inflicted by their leaders significantly exacerbated the symptoms and complicated the treatment of posttraumatic stress disorder (PTSD) among these veterans.⁴

I was so convinced of Shay's model—with stories of ribbon-chasing officers ordering soldiers to commit atrocities so they would be eligible for combat action badges and unit citations—that it was initially confusing to read the seminal article by Brett Litz et al. when it was first published.⁵ Their model of moral injury proposed a broader definition: "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."⁶ This definition expanded moral injury to account for actions perpetrated by the individual service member, even if not ordered. It also included witnessing human suffering and the other atrocities of war and indirectly hearing about these events even if the service member was not present.

In a subsequent paper, Shay distinguishes between the two views of moral injury, emphasizing that all three of his criteria must be met to represent a moral injury based on his definition.⁷ By extrapolation, this potentially would preclude moral injury in situations involving the serious betrayal of values by a high-ranking officer, but that are not high-stakes.

This may also exclude from the definition serious acts of betrayal by someone who did not have any direct authority, such as a subordinate. Although specifically stating that the two models are complementary, Shay further distinguishes his concept from the model of Litz et al. by emphasizing that his model emphasizes the behavior of others, whereas their model emphasizes the service member's own behavior.⁸

Otherwise, it is important to note that these models share a number of similarities. Both models were based on reported experiences from service members with direct combat experience, and the reported symptom overlap resulting from these experiences is nearly identical.⁹ Shay and Litz et al. both emphasize that the current concept of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* does not account for moral injury, with subsequent research supporting that the mechanisms behind the etiology—or causes—and treatment of each concept may significantly differ.¹⁰ Comparing these initial models of moral injury presents a potential

4. Kent D. Drescher and David W. Foy, "When They Come Home: Posttraumatic Stress, Moral Injury, and Spiritual Consequences for Veterans," *Reflective Practice: Formation and Supervision in Ministry* 28 (2008): 92.

5. 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).

6. Litz et al., 700.

7. Jonathan Shay, "Moral Injury," *Psychoanalytic Psychology* 31, no. 2 (2014).

8. Shay, 184.

9. Harold G. Koenig et al., "Examining the Overlap between Moral Injury and PTSD in US Veterans and Active Duty Military," *Journal of Nervous and Mental Disease* 208, no. 1 (2020).

10. American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, DC: APA Publishing, 2022); and Haleigh A. Barnes, Robin A. Hurley, and Katherine H. Taber, "Moral Injury and PTSD: Often Co-occurring Yet Mechanistically Different," *Journal of Neuropsychiatry and Clinical Neurosciences* 31, no. 2 (2019).

point of tension: Should the field focus narrowly on a specific set of criteria or expand the concept to account for a wide range of potentially distressing events?

Definitions of Moral Injury Today

Since that time, a number of fields have expanded academic inquiry into moral injury, including history, communications, and theology.¹¹ As a result, the concept has been applied to multiple domains without a consensus definition.¹² As examples, recent research on moral injury has included veterinarian participation in convenience euthanasia, teacher reactions to district education policy, and workplace bullying.¹³ One review of over a hundred studies identified 12 different conceptual definitions of moral injury.¹⁴ This is similar to the ongoing debate on “bracket creep”—the conceptual shifting of parameters—in the definition of traumatic events and the degree to which exposure qualifies for a diagnosis of PTSD.¹⁵

When considering moral injury, most people may agree that the horrific war zone acts described by Shay in *Achilles in Vietnam* unambiguously constituted moral violations. As the concept of moral injury moves into other contexts, however, there may be less objective agreement about whether or not a particular event should be defined as having potential to be morally injurious. Each individual defines moral standards based on their own values and background, and these individual differences may be more salient when considering norms violations than a given society’s moral values.¹⁶ Indeed, social science research on individual moral behavior must account for factors such as political ideology, particularly when considering the role of authority in moral decision-making.¹⁷

The overall concept of moral injury also may be applied to adjacent stressors within a given population. As an example, many veterans transitioning from military to civilian status report moral injury, but these reports often focus on the social outcomes such

11. Barton David Buechner, “Untold Stories of Moral Injury: What We Are Learning—and Not Learning—From Military Veterans in Transition,” *Frontiers in Communication* 5 (2020), <https://www.frontiersin.org/>.

12. Brandon J. Griffin et al., “Moral Injury: An Integrative Review,” *Journal of Traumatic Stress* 32, no. 3 (2019): 350.

13. Jarl B. Anderson, “Clash of Values: Workplace Bullying and Moral Injury,” *Counseling and Family Therapy Scholarship Review* 3, no. 2 (2021): 2; Erin P. Sugrue, “Moral Injury among Professionals in K–12 Education,” *American Educational Research Journal* 57, no. 1 (2020); and Victoria Williamson, Dominic Murphy, and Neil Greenberg, “Veterinary Professionals’ Experiences of Moral Injury: A Qualitative Study,” *Veterinary Record* 192, no. 2 (2023): e2181.

14. Natalie M. Richardson et al., “Defining Moral Injury among Military Populations: A Systematic Review,” *Journal of Traumatic Stress* 33, no. 4 (2020): 577.

15. Richard J. McNally, “Progress and Controversy in the Study of Posttraumatic Stress Disorder,” *Annual Review of Psychology* 54, no. 1 (2003): 231.

16. Benjamin Grant Purzycki et al., “The Cognitive and Cultural Foundations of Moral Behavior,” *Evolution and Human Behavior* 39, no. 5 (2018).

17. Jesse Graham, Jonathan Haidt, and Brian A. Nosek, “Liberals and Conservatives Rely on Different Sets of Moral Foundations,” *Journal of Personality and Social Psychology* 96, no. 5 (2009): 1040.

as isolation, lack of belonging, withdrawal, and anger rather than on military or combat events.¹⁸ When describing the experience of moral injury these veterans most often report that the civilians around them—as well as the companies where they seek post-military employment and the universities where they seek post-military education—lack the same values or moral foundation as service members.¹⁹ Indeed, after dropping out of school or being fired from a job, there might be no other adequate term than moral injury for the distress and accompanying thought that “I didn’t fit in and no one else shares my values.”

Given the wide-ranging impact of the concept of moral injury, and the potential benefit of reducing distress associated with moral injury, it may be difficult to justify a rationale for restricting the criteria that define moral injury and exposure to events that have the potential to be morally injurious. As the military continues to grapple with the challenges of mental health stigma, service members may be careful to distinguish moral injury from a diagnostic label of PTSD.²⁰ Nonetheless, this restricting of the concept to avoid bracket creep may be a critical step forward for the overall validation of moral injury as an empirically valid construct.

In a discussion of the conceptual challenges associated with the study of moral injury, scholars posit that “the boundary conditions and features of the construct need to be specified” as a precondition for evidence-based analysis and practice.²¹ From a construct validity perspective, this precondition must include clear criteria for identifying moral injury as well as for conceptually differentiating moral injury from adjacent constructs that may have a shared symptom presentation.²²

Clear Criteria

Despite the widespread use of the term moral injury in clinical settings, there are no formal diagnostic criteria for moral injury in the *DSM-5*, primarily due to the lack of consensus about its reliable identification.²³ Toward that end, there have been several recent attempts to validate measures of exposure to morally injurious events and the associated distress. These rating scales typically focus on either the exposure to morally injurious events or on associated symptoms that may or may not be directly related to morally injurious events.²⁴

18. Claire Houtsma et al., “Isolating Effects of Moral Injury and Low Post-Deployment Support within the US Military,” *Psychiatry Research* 247 (2017).

19. Buechner, “Untold Stories.”

20. Thomas Gibbons-Neff, “Haunted by Their Decisions in War,” *Washington Post*, March 6, 2015, <https://www.washingtonpost.com/>.

21. Brett T. Litz and Patricia K. Kerig, “Introduction to the Special Issue on Moral Injury: Conceptual Challenges, Methodological Issues, and Clinical Applications,” *Journal of Traumatic Stress* 32, no. 3 (2019).

22. See Kristin Naragon-Gainey, “Meta-Analysis of the Relations of Anxiety Sensitivity to the Depressive and Anxiety Disorders,” *Psychological Bulletin* 136, no. 1 (2010).

23. Edgar Jones, “Moral Injury in a Context of Trauma,” *British Journal of Psychiatry* 216 (2020): 127.

24. Kimberley A. Jones et al., “Moral Injury, Chaplaincy and Mental Health Provider Approaches to Treatment: A Scoping Review,” *Journal of Religion and Health* 61, no. 2 (2022): 1088.

For example, the Moral Injury Event Scale broadly references the time period “at any time since joining the military,” and includes items that assess witnessing and being troubled by acts that were morally wrong or acting in ways that were contrary to one’s own values, as well as feelings of betrayal without reference to specific events.²⁵ Items from the Moral Injury Event Scale were adapted for use with war zone refugee samples in the Moral Injury Appraisals Scale.²⁶ Items on this scale broadly assess feeling “troubled” by morally wrong things that the individual has done, seen, or heard about.

Similarly, the Moral Injury Questionnaire focuses primarily on events that the individual saw or experienced, such as violations of the rules of engagement, treating civilians harshly, and friendly fire incidents.²⁷ In addition to these events, several items on the Moral Injury Questionnaire also focus on experience of guilt, betrayal, or enjoying violence.²⁸

Although not specific to war zone events, the Moral Injury Scales for Youth may provide a more general criterion for identifying events potentially associated with moral injury. This scale includes items such as “I have done things to other people that I think are wrong,” “I have been forced to do things to others that I think are wrong,” and “Someone I trusted did something I think is really wrong.”²⁹

Another set of measures focuses on the specific reactions, indicators, or symptoms that might be associated with moral injury. The Expressions of Moral Injury Scale assesses a number of potential reactions to moral injury events, including guilt, shame, disgust, withdrawing from or lashing out at others, and loss of faith in humanity.³⁰ The Moral Injury Symptom Scale, which has separate versions for military and healthcare samples, includes items that assess loss of meaning, difficulty forgiving, self-condemnation, and religious struggles.³¹ Yet neither of these scales specify direct alignment of symptoms to particular events, nor do they specify a particular time period for when the noted symptoms occurred, as in, for example, the past month.

The Moral Injury Outcome Scale has undergone the most rigorous testing for reliability and validity.³² This measure includes an initial assessment of specific “worst” event exposure—“something that went against your moral code or values”—and a

25. William P. Nash et al., “Psychometric Evaluation of the Moral Injury Events Scale,” *Military Medicine* 178, no. 6 (2013): 650–51.

26. Joel Hoffman et al., “The Relationship between Moral Injury Appraisals, Trauma Exposure, and Mental Health in Refugees,” *Depression and Anxiety* 35, no. 11 (2018).

27. Joseph M. Currier et al., “Initial Psychometric Evaluation of the Moral Injury Questionnaire—Military Version,” *Clinical Psychology & Psychotherapy* 22, no. 1 (2015): 57.

28. Currier et al., 57.

29. Shannon D. Chaplo, Patricia K. Kerig, and Cecilia Wainryb, “Development and Validation of the Moral Injury Scales for Youth,” *Journal of Traumatic Stress* 32, no. 3 (2019): 450.

30. Joseph M. Currier et al., “Development and Evaluation of the Expressions of Moral Injury Scale—Military Version,” *Clinical Psychology & Psychotherapy* 25, no. 3 (2018): 480.

31. Harold G. Koenig et al., “The Moral Injury Symptom Scale—Military Version,” *Journal of Religion and Health* 57 (2018).

32. Brett T. Litz et al., “Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium,” *Frontiers in Psychiatry* 13 (2022).

screening for symptoms of PTSD. This initial assessment is followed by 14 items that assess reactions during the past month to the specific noted event, such as blaming oneself, losing faith in humanity, and feeling disgusted by the event. Finally, the Moral Injury Outcome Scale is paired with the Brief Inventory of Psychosocial Functioning in order to assess to what degree the noted symptoms interfere with daily functioning.³³ As a whole, the Moral Injury Outcome Scale overcomes several of the drawbacks of previous measures by indexing reactions to a specific event, the inclusion of PTSD symptoms, and assessing the impact on functioning.

Nonetheless, these advances again highlight the tension in narrowing the scope and definition of a moral injury, when others in the field may be seeking to broaden the scope of moral injury and be more inclusive.³⁴ Furthermore, this type of diagnostic differentiation and symptom specificity may be seen as inappropriately “medicalizing” the normal process of experiencing and resolving moral conflicts.³⁵ Indeed, if resolving these kinds of moral struggles is part of the human experience, these reactions—though distressing—may not reflect a pathology or disorder.

Differentiating Moral Injury

In parallel to the research on identifying exposure to potential events that may cause moral injury and the specification of associated symptoms, additional work is needed to differentiate moral injury from other diagnoses and reactions that may have overlapping features. Indeed, much of the extant research notes that moral injury shares features with a number of behavioral and mental health outcomes.³⁶ From the healthcare literature, it is unclear what role moral injury plays in burnout, for example.³⁷ Any given traumatic event resulting in PTSD may have the potential to simultaneously be life-threatening and carry potential for moral injury.³⁸ Betrayal by institutions, which may underlie many instances of moral injury, also has been identified as a unique type of traumatic event.³⁹

33. Sarah E. Kleiman et al., “Psychometric Properties of a Brief Measure of Posttraumatic Stress Disorder–Related Impairment: The Brief Inventory of Psychosocial Functioning,” *Psychological Services* 17, no. 2 (2020).

34. F. Jackie June ter Heide and Miranda Olf, “Widening the Scope: Defining and Treating Moral Injury in Diverse Populations,” *European Journal of Psychotraumatology* 14, no. 2 (2023).

35. Jacob K. Farnsworth et al., “A Functional Approach to Understanding and Treating Military-Related Moral Injury,” *Journal of Contextual Behavioral Science* 6, no. 4 (2017).

36. Koenig et al., “Examining the Overlap,” 8.

37. Anto Čartolovni et al., “Moral Injury in Healthcare Professionals: A Scoping Review and Discussion,” *Nursing Ethics* 28, no. 5 (2021).

38. Griffin et al., “Moral Injury,” 351.

39. Sheila B. Frankfurt et al., “Mechanisms of Moral Injury following Military Sexual Trauma and Combat in Post-9/11 US War Veterans,” *Frontiers in Psychiatry* 9 (2018): Article 520.

Burnout

From the outset of the COVID-19 pandemic, news reports and academic journals alike highlighted the daily struggle of healthcare providers facing moral stressors, including rationing of resources, feeling as though they had to choose which patients would live or die, and living in communities that did not acknowledge the severity of the life-and-death problem they faced.⁴⁰

Although acknowledgement of these problems came to the forefront during the pandemic, the literature on moral injury emphasizes that the underlying moral distress among healthcare providers had been an area of concern for several decades.⁴¹ For many years, these stressors in the healthcare context have been framed as part of burnout, alongside factors such as role conflict, long weekly work hours, high caseload, and productivity overload.⁴² Yet it has been suggested that many of these stressors—and the attendant outcomes such as staff turnover and mental health concerns—are better understood as moral injury.⁴³

Other researchers have modeled moral injury as an intermediate step toward symptoms of burnout, with medical providers faced with this situation progressing from chronic moral distress to moral injury to burnout, and subsequent behavioral outcomes (including addiction and suicide).⁴⁴ From a symptom perspective, constantly facing a healthcare environment with apparently conflicting values between administrative and patient care priorities results in cynicism, physical exhaustion, and an overall lack of efficacy rather than overwhelming guilt, shame, and anger.⁴⁵ These root causes of ongoing barriers to the practice of healthcare may likewise be reflective of the concept of institutional betrayal.⁴⁶

Institutional Betrayal and Trauma

In the context of trauma, institutional betrayal refers to the exacerbation of PTSD symptoms through a violation of trust by authority figures.⁴⁷ This concept closely aligns with Shay's original concept of moral injury and has been associated with a number of potentially traumatic events, including being ordered to act against the

40. Čartolovni et al., "Moral Injury," 591.

41. Amanda Rosen, Jonathan M. Cahill, and Lydia S. Dugdale, "Moral Injury in Health Care: Identification and Repair in the COVID-19 Era," *Journal of General Internal Medicine* 37, no. 14 (2022).

42. Tim Hoyt and Michael D. Jones, "Examining Psychologist Productivity Standards in the Provision of US Army Behavioral Health Care," *Advances in Psychology Research* 141 (2020): 154.

43. Wendy Dean, Simon Talbot, and Austin Dean, "Reframing Clinician Distress: Moral Injury Not Burnout," *Federal Practitioner* 36, no. 9 (2019).

44. Rosen, Cahill, and Dugdale, "Moral Injury," 3740.

45. Dean, Talbot, and Dean, "Reframing Clinician Distress," 401.

46. Katherine C. Brewer, "Institutional Betrayal in Nursing: A Concept Analysis," *Nursing Ethics* 28, no. 6 (2021).

47. Carly Parnitzke Smith and Jennifer J. Freyd, "Institutional Betrayal," *American Psychologist* 69, no. 6 (2014): 578.

rules of engagement, military sexual assault committed by unit leaders, and any other violation of trust resulting in threat to life.⁴⁸

Research examining the occurrence of PTSD and moral injury in the military context suggests institutional betrayal may play a strong role in the occurrence of PTSD symptoms—regardless of whether those events were interpersonal or combat traumas—whereas acting against one’s values had a stronger relationship to guilt and shame.⁴⁹ In parallel to the reviewed efforts on assessing moral injury, specific measures also have been developed to assess trauma-related guilt and shame, further underscoring the nature of these emotional outcomes in the context of traumatic events and PTSD.⁵⁰ This also suggests these constructs may be significantly intertwined, complicating efforts to differentiate moral injury as a subset of PTSD from it as a separate construct.⁵¹

Posttraumatic Stress Disorder

The majority of patients described in Shay’s book were in active treatment for PTSD, and all had significant exposure to traumatic events, making it difficult to distinguish moral injury from PTSD.⁵² One study postulated that the concept of PTSD did not adequately account for several aspects of moral injury, such as negative self-appraisals, although this work may have significantly contributed to the expansion of PTSD criteria in *DSM-5* to better account for this discrepancy.⁵³ Another study subsequently tested a structural model to differentiate unique PTSD symptoms (e.g., exaggerated startle, flashbacks, insomnia) from moral injury symptoms (e.g., shame, guilt, alienation, anger), although both constructs heavily overlapped with depression.⁵⁴

Other research to distinguish these constructs showed that various indicators of moral injury are highly correlated with and predictive of PTSD symptoms, including guilt, shame, betrayal, moral concerns, and religious struggles.⁵⁵ Thus, despite conceptual distinction, there is not yet clear empirical evidence that PTSD and moral injury are separate and discrete constructs.

48. Lindsey L. Monteith et al., “Perceptions of Institutional Betrayal Predict Suicidal Self-Directed Violence among Veterans Exposed to Military Sexual Trauma,” *Journal of Clinical Psychology* 72, no. 7 (2016): 744.

49. Frankfurt et al., “Mechanisms of Moral Injury.”

50. Jeremy D. Jinkerson, “Defining and Assessing Moral Injury: A Syndrome Perspective,” *Traumatology* 22, no. 2 (2016): 122.

51. Derek K. Tracy et al., “What Should Be Done to Support the Mental Health of Healthcare Staff Treating COVID-19 Patients?,” *British Journal of Psychiatry* 217, no. 4 (2020): 537.

52. Shay, *Achilles in Vietnam*, xiii.

53. Litz et al., “Moral Repair,” 696.

54. Craig J. Bryan et al., “Moral Injury, Posttraumatic Stress Disorder, and Suicidal Behavior among National Guard Personnel,” *Psychological Trauma: Theory, Research, Practice, and Policy* 10, no. 1 (2018): 41.

55. Koenig et al., “Examining the Overlap,” 9.

Experiencing Moral Stressors

Underlying all conceptual definitions of moral injury is the idea that certain events violate what an individual believes is morally right and wrong. As with the psychometric validation of scales to identify and quantify it as a construct, setting aside moral injury as a separate condition alongside PTSD and other trauma-related disorders incurs further risk of inadvertently pathologizing the process of experiencing and resolving moral conflicts.⁵⁶

This adoption of pathology and definition creep could avoid a core problem; that is, the modern military may be drifting away from a foundation of moral reasoning. Even as books such as *Achilles in Vietnam* became staples of the reading list at the military academies, the day-to-day work of officers focused on doctoring training reports and ignoring the question of “right and wrong.”⁵⁷ This tendency drifts toward “management by lawyer” as a proxy for moral decision-making, with commanders defaulting to review by their judge advocate or Office of General Counsel in the decision-making process.⁵⁸ Along these lines, one study differentiates moral injury from ethical or moral dilemmas by emphasizing that those who experience moral injury do not feel they have agency or control in the situation.⁵⁹ In like manner, officers might avoid any moral responsibility—or injury—by ceding their decision-making authority to legal review.

The results of this drift toward legal justification can play out at many levels. A technician may feel moral frustration when conducting laboratory research protocols on nonhuman animals, despite the approval of this research by an institutional review board and strict adherence to research standards.⁶⁰ In like manner, service members may experience moral distress based on acts they committed in combat, even when these actions were legally permissible under the rules of engagement.⁶¹ As an extreme example, enhanced interrogation techniques were ruled lawful shortly after September 11, 2001, although such acts likely resulted in a significant number of morally injurious events.⁶²

In considering these examples, moral stressors and associated reactions may exist more on a continuum than having a strict diagnostic cutoff, such as one framework

56. Litz and Kerig, “Introduction,” 344.

57. Leonard Wong and Stephen J. Gerras, *Lying to Ourselves: Dishonesty in the Army Profession* (Carlisle, PA: Strategic Studies Institute, 2015): 17, <https://press.armywarcollege.edu/>.

58. A. Edward Major, “Law and Ethics in Command Decision Making,” *Military Review* 92, no. 3 (2012): 62.

59. Jones, “Moral Injury,” 127.

60. Jane Johnson and Anna Smajdor, “Human Wrongs in Animal Research: A Focus on Moral Injury and Reification,” in *Animal Experimentation: Working towards a Paradigm Change*, ed. Kathrin Herrmann and Kimberley Jayne (Leiden, Netherlands: Brill, 2019), 312.

61. Julie D. Yeterian et al., “Defining and Measuring Moral Injury: Rationale, Design, and Preliminary Findings from the Moral Injury Outcome Scale Consortium,” *Journal of Traumatic Stress* 32, no. 3 (2019): 365.

62. Benjamin R. Farley, “Enhanced Interrogation: The Report on Rendition, Detention, and Interrogation, and the Return of Kriegrason,” *Emory International Law Review* 30 (2015): 2039.

proposes.⁶³ This framework encompasses two concepts. First, moral challenges are ongoing experiences involving moral considerations but may not involve the individual directly, such as the decisions of political leaders. The associated moral frustration may result in thoughts that “something should be done differently” or a desire to hold someone accountable for the outcomes.

Second, moral stressors involve specific actions by the individual that may have resulted in harm to others—deliberately or inadvertently—but would not involve “grave threats.”⁶⁴ The associated moral distress from these acts may be associated with ongoing emotions and intrusive thoughts (or pricks of conscience), but would not significantly impact an individual’s ability to function. Only at the most extreme end of this continuum would objective morally injurious events result in debilitating moral injury.

Conclusion

Given the wide-ranging impact of moral stressors and the associated scope of symptom constellations, the future concept of moral injury likely will continue to develop in at least two directions simultaneously. First, as assessment of potential morally injurious events and their aftereffects improves and associated measures undergo more rigorous psychometric validation, one version of moral injury likely will have increased specificity through standardized symptom and diagnostic criteria. Indeed, this is a necessary first step toward empirical validation of treatments for moral injury and being able to reliably measure change in associated moral distress.

Second, as the construct of moral injury is applied to additional settings, practitioners and scholars from a number of disciplines will continue to add to the potential areas in which the underlying concept may be applicable. As this expansion continues, our respective fields must be clear about what indicators of moral distress are being pathologized versus normalized, as well as ensure that boundary conditions are explicated when considering other, parallel constructs. None of the proposed models of moral injury universally captures even the limited number of related constructs presented herein, and no single group of professionals can claim a monopoly on either side of this developmental bifurcation.

This call for consensus is not intended to downplay the distress felt by service members, veterans, and civilians from all manner of settings who must wrestle with moral violations in modern society. Moral injuries are genuine and must be acknowledged, regardless of where the instigating events fall on a continuum, the degree to which associated aftereffects impact daily functioning, or how well individuals might be coping with accompanying emotions.

Ultimately, the prevention of moral injury may rest with leaders in the military space, working diligently at all levels to consider the moral consequences of decisions and the impact on their service members. Leaders furthermore can ensure service

63. Litz and Kerig, “Introduction,” 345.

64. Litz and Kerig, 345.

members are not placed in impossible situations wherein they lack the resources needed to take the appropriate action from a moral standpoint. As professionals from a variety of disciplines come together to address these problems, promoting a culture of accountability and prevention can work toward this goal. **Æ**

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