

## MORAL INJURY

### Wounds of an Ethical Warrior

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Moral injury disproportionately affects uniformed service members. When unaddressed, it can cause personal devastation and impair readiness. Yet moral injury is not a problem to be solved; rather, it functions as a check on military institutions. By understanding moral injury as an expected result of humans at war and as a feature of the ethical warrior, leaders can increase readiness and build more resilient service members. Those who embrace their inner humanity and accept the risk to warn others of moral and ethical dangers should be supported, not ostracized. Shifting the conversation from elimination to preparation, military branches can create a culture where warriors can better align moral principles with their chosen profession of military service and deal with moral injury more effectively.

For as long as there have been wars, humans have carried the scars of battle. In the past few decades, the concept of moral injury (MI) has been engaged to assist service members with understanding the internal wounds they encounter. An examination of moral injury, including the continuum along which moral wounds occur, the ways in which service members carry these wounds, the manner in which unresolved moral concerns project onto others—particularly the unit—and the ways in which moral injury has been cognitively confined into existing military paradigms challenge the military to reexamine the phenomenon as both an inevitable and inherent feature of humanity.

Given the enduring nature of war and the complex moral dilemmas that military personnel encounter, a thorough understanding of MI will result in improved outcomes for individuals and will foster a more resilient force.

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## **Moral Injury Examined**

Moral injury is the “psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress one’s deeply held moral beliefs.”<sup>1</sup> The key word in this definition is transgress, derived from the Latin terms *trans* and *gradi*, meaning “to step over.” The morally injured person has drawn a line in the sand. Life on one side involves behaving as a moral being acting in good faith in the world. Life on the other side involves perpetrating, failing to prevent, or bearing witness to things a moral being abhors. The individual has “stepped over” over this line, having violated their deepest convictions. They may have a valid justification for their actions—an ethical dilemma, a mandatory order, or unfortunate circumstances—but they cannot reconcile the event internally. Moral injury differs from posttraumatic stress disorder (PTSD) in the conceptual understanding of the wound and the agent. One study notes,

PTSD, by its nature as a clinical construct, implies guilt and shame to be pathological. Moral injury, in contrast, frames guilt and shame as normal responses by a moral agent with an active conscience attempting to reckon with the moral complexity of combat deployment, which may or may not include the direct experience of warfare.<sup>2</sup>

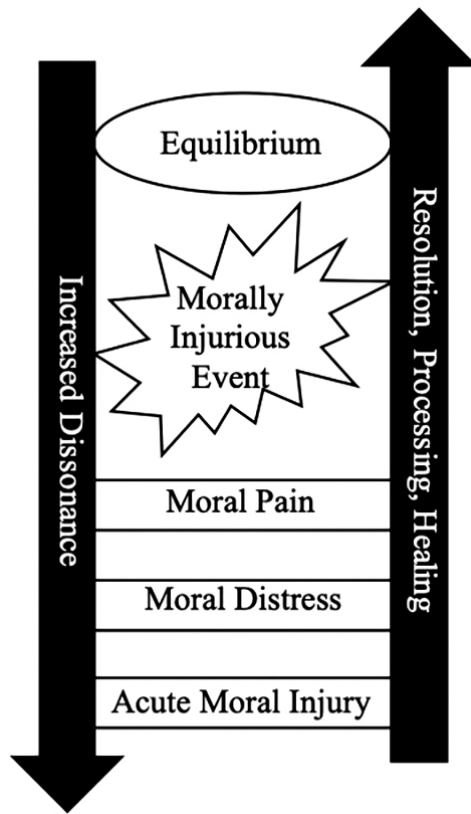
Moral injury has also been described as the “effects of the difference between the way things are and the way things should be.”<sup>3</sup> Many Americans are raised with rudimentary ethical structures formed by families, schools, community groups, and religious organizations; often simple platitudes prevail. During initial military training, a simplistic understanding of the world can continue uncontested by the service components. Core values are emphasized as the fundamental building blocks of each branch, and many service members’ worldviews are not challenged with critical reflection. What remains for most recruits is a highly curated, optimistic, and unrealistic understanding of the world in which they are entering.

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1. 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 (December 2009): 697, <https://doi.org/>.

2. Chris J. Antal, Peter D. Yeomans, and Dana S. Kaminstein, “Transforming Veteran Identity through Community Engagement: A Chaplain-Psychologist Collaboration to Address Moral Injury,” *Journal of Humanistic Psychology* 63, no. 6 (November 2023): 803, <https://doi.org/>.

3. Douglas E. Lumpkin, “Moral Injury: A Chaplain’s Perspective” (lecture, Basic Chaplain Course, Air Force Chaplain Corps College, Maxwell AFB, AL, January 21, 2021).



**Figure 1. Continuum of moral injury**

At some point, many service members will face a situation that does not easily align with their preconceived notions of how the world or the American military system functions. Perhaps it is when they witness combat for the first time, or when a trusted leader betrays shared values. For many, it is in that same moment of experiencing a potentially morally injurious event that they begin to seriously reflect on their “default” beliefs about how the world ought to work.<sup>4</sup>

The cultural background for many Americans, especially those raised in the United States, has not necessarily prepared them to grapple with complex moral situations. Society seldom contemplates morally complicated questions such as, “Is it ethical to kill a child to keep your battle buddies alive?” And while most service members will intuitively recognize the dilemma between their expectations and their current reality, very few will have received moral injury training or completed the deep self-reflection that may potentially offset the dissonance created by potentially morally injurious events.

4. James W. Fowler, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning* (San Francisco: Harper & Row, 1981).

Furthermore, MI wounds are not identical but instead vary in severity on a continuum consisting of three levels: (1) moral pain, (2) moral distress, and (3) acute moral injury.<sup>5</sup>

### ***Moral Pain***

Moral pain is a common occurrence when an individual's experience does not align with their understanding of what is right or good. Generally, individuals have the conceptual and community resources to address this type of challenge.

### ***Moral Distress***

If moral pain remains unreconciled, however, moral distress can occur, resulting in increased sorrow and anxiety. This is particularly common in complex situations, such as when an individual is faced with the dilemma of choosing between two irreconcilable "right" or "wrong" options or when shared values are betrayed by a trusted leader.

### ***Acute Moral Injury***

Any form of unresolved moral distress may escalate into acute MI, resulting in potentially serious physical, mental, and spiritual consequences.<sup>6</sup> As MI may occur in a variety of ways, it is important to note that events rarely fall into simplistic categories, such as a singular transgression of moral expectation. It is compelling to classify individuals as either perpetrators, victims, or witnesses. Yet people seldom see their complex situations in such clear-cut terms. For instance, if someone suffers harm from a leader, they may also feel anger toward themselves for supporting or continuing to participate in the same system.

In one moral injury narrative, a female service member reports providing sexual favors for a unit commander in exchange for protection from regular exposure to enemy action. The member's distress was multifaceted, concerning their own sexual exploitation (as "victim"), their complicity in exposing other service members to danger (as "perpetrator"), and their inaction to the exploitation of others (as "silent witness" to systemic abuse). All three personas exist and overlap within the broader framework of MI.

## **Moral Injury Carried**

Military members who hold mismatched expectations between their ideal of how their world should work and how the world is currently functioning and who lack a complex moral framework are highly susceptible to moral injury. Psychiatrist Jonathan

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5. Philip Stewart, presentation to Invisible Wounds Initiative, via teleconference, Headquarters US Air Force, Washington, DC, September 21, 2021.

6. "Hard Truths and the Duty to Change": *Independent Review Commission on Sexual Assault in the Military* (Washington, DC: DoD, June 2, 2021), 10, 22.

Shay coined this term in the mid-1990s after an extended process of attempting to help Vietnam veterans reintegrate into society.<sup>7</sup> Moral injury is so intrinsically tied to the military that the bulk of the research deals specifically with service members and veterans.

Those who participate in war are at a heightened risk of developing maladaptive behaviors. Combat exposure is particularly significant as it “raises stakes and generates extreme situations so reliably.”<sup>8</sup> Relationship issues, anger, and an increase in “multiple mental health symptoms” are all connected to the taking of a life in combat.<sup>9</sup> The “atrocities of war” have a direct effect on “hazardous alcohol use and drug abuse symptoms.”<sup>10</sup>

Furthermore, the risk of committing morally injurious actions “that fall within the rules of engagement” increases in relation to “combat exposure and deployment length.”<sup>11</sup> A United Kingdom study of veterans treated by military clinicians found high levels of moral distress—a precursor to MI—among their veteran patients.<sup>12</sup>

Exposure to morally injurious events increases the risk of suicide in post-9/11 veterans. Betrayal, the longest-studied and most frequently cited trigger for moral injury, doubles the risk for a suicide attempt during a member’s time in service. Likewise, women who acknowledge betrayal have over 50 percent higher risk for suicide both during and after separation from the service.<sup>13</sup> Suicide, while an extreme outcome, serves as a strong indicator of the profound impact service members suffer when experiencing betrayal, either perceived or real.

Betrayal is also a prominent concern of personnel impacted by sexual violence. A DoD commission concluded that individuals who experienced military sexual trauma felt a sense of betrayal from the perpetrators of the assault, their chain of command, and the overall system that was meant to provide support following the traumatic event.<sup>14</sup> Betrayal is a strong predictor of moral dissonance, and repeated minor transgressions can rise to the level of acute MI.<sup>15</sup>

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

8. Joseph McDonald, *Exploring Moral Injury in Sacred Texts* (Philadelphia: Jessica Kingsley Publishers, 2017), 23.

9. Shira Maguen et al., “The Impact of Reported Direct and Indirect Killing on Mental Health Symptoms in Iraq War Veterans,” *Journal of Traumatic Stress* 23, no. 1 (February 2010): 89, <https://doi.org/>.

10. Allison R. Battles et al., “Moral Injury and PTSD as Mediators of the Associations between Morally Injurious Experiences and Mental Health and Substance Use,” *Traumatology* 24, no. 4 (December 2018): 253, <https://psycnet.apa.org/>.

11. Sheila Frankfurt and Patricia Frazier, “A Review of Research on Moral Injury in Combat Veterans,” *Military Psychology* 28, no. 5 (June 9, 2016): 321, <https://doi.org/>.

12. Victoria Williamson, Neil Greenberg, and Dominic Murphy, “Moral Injury in UK Armed Forces Veterans: A Qualitative Study,” *European Journal of Psychotraumatology* 10, no. 1 (2019): 4, <https://doi.org/>.

13. Shira Maguen et al., “Moral Injury and Peri- and Post-Military Suicide Attempts among Post-9/11 Veterans,” *Psychological Medicine*, published online January 17, 2022, 5, <https://doi.org/>.

14. “*Hard Truths*,” 10, 22.

15. Elizabeth G. Epstein and Ann B. Hamric, “Moral Distress, Moral Residue, and the Crescendo Effect,” *Journal of Clinical Ethics* 20, no. 4 (2009); Henk ten Have and Mario do Céu Patrão Neves, “Moral Residue,” in *Dictionary of Global Bioethics* (Cham, Switzerland: Springer, May 28, 2021); and Jill Horning, “The Moral Consequences of Context” (thesis, McMaster University, Hamilton, Ontario, 2015).

Counterintuitively, geographic proximity to hostilities does not affect risk. The technology of remotely piloted aircraft permits crews to be thousands of miles physically removed from their target while maintaining a close cognitive and empathic connection.<sup>16</sup> Pilots and sensor operators are separated merely by the screen distance, approximately eighteen inches, from the perpetration of violence. Remote warriors “kill an enemy combatant, see the horror of his body being blown apart or his blood spewing everywhere, watch his heat signature escape from his body as he dies, and watch those that come to mourn his death—all in zoomed-in high-definition color.”<sup>17</sup>

Likewise, Intelligence Community professionals, who appear even further removed from hostilities, can also experience moral injury. As part of their routine duties, analysts examine violent content through images, audio, and video, and clandestine operators depend upon lies and deception to thwart enemy objectives. Such situations can lead to moral distress, violating the notion that one should always act with integrity and speak the truth in all circumstances.

For individual service members, the impacts of unaddressed MI can be devastating. “The capacity for trust” in others is impaired, and they may experience an elevated level of despair.<sup>18</sup> If a rigorous effort is not undertaken to confront the dissonance, it will continue to haunt the morally injured person, and they will persist in behavior that “undermine[s] their own well-being and engagement in life.”<sup>19</sup>

## **Moral Injury Projected**

The profound individual toll associated with unresolved MI can lead to a flawed assumption by those who observe it. Rather than embracing the systemic nature of the problem, leaders are apt to assume the service member alone will bear the brunt. This is an understandable assumption, as one of the leading indicators of MI is isolation. Personnel “experience a withdrawal,” removing “themselves from their support systems and society in general.”<sup>20</sup> Yet the impacts of MI are rarely contained within the sphere of an individual human being and frequently extend to both the family and the military unit.

Leaders are frequently shielded from the specific details of their subordinates’ home life as individuals attempt to maintain autonomy and separation between their personal and professional duties. Insofar as individuals wish to maintain this separation, it is reasonable to assume leadership may be unaware of severe moral injury until

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16. Dave Blair and Karen House, “Avengers in Wrath: Moral Agency and Trauma Prevention for Remote Warriors,” *Lawfare* (blog), November 12, 2017, <https://www.lawfaremedia.org/>.

17. Kenneth Wayne Phelps III, *On Killing Remotely: The Psychology of Killing with Drones* (New York: Hachette Book Group, 2021), 206–7.

18. Jonathan Shay, “Moral Injury,” *Psychoanalytic Psychology* 31, no. 2 (April 2014): 182, <https://psycnet.apa.org/>.

19. Frankfurt and Frazier, “Review,” 322–23.

20. MaryCatherine McDonald, “Haunted by a Different Ghost: Re-Thinking Moral Injury,” *Essays in Philosophy* 18, no. 2 (2017): 5, <https://doi.org/>.

the member's readiness is disrupted by the symptoms. If the fallout from maladaptive social behavior, relationship complications, and mental health concerns begin to overwhelm the member's ability to cope, those who are experiencing instability in the mental, spiritual, and social domains will progress until they are unable, unwilling, or unqualified to meet their work mission requirements.

Physical ailments are also a symptom of moral injury. Research indicates sufferers associated not just mental anguish with their untreated moral wounds but also chronic, physical pain.<sup>21</sup> One clinical psychologist explains "bodily pain" is "more familiar than 'trauma pain,'" and service members "find it easier to focus upon, and to complain about physical pain than to connect with the various forms of the distressingly subtle, indefinable, and incomprehensible forms of psychological pain."<sup>22</sup>

By classifying their symptoms as physical pain, service members are permitted to exert seeming autonomy over the situation and can engage in a nonstigmatized form of treatment.<sup>23</sup> Pain is also a useful rationale for further isolation and avoiding additional triggers or other potentially morally injurious situations. Regardless of which factors are exhibited, an inability to accomplish the mission might be a potential sign of one of the three forms of wounds experienced along the continuum of moral injury.

When MI persists over an extended time frame, what initially appeared to be issues with personal readiness or discipline in the member can present in an increasingly severe symptomology. A chaplain recounts this phenomenon after accompanying a collection team at the site of a rotary wing crash, where all souls aboard were lost. The decision by the team leader to fly a training mission, despite weather warnings, haunts the rescuers with a sense of systemic, moral betrayal to this day:

I keep in touch with [members of] the search and rescue team. . . . Many of them exited the service shortly after, and I do not believe that is a coincidence. Some just waited for their enlistments to run out, but others began to have significant issues that did not seem to match their previous work ethic. Things just began to happen to these men and women as they processed that

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21. Hannah M. Hinkel et al., "Moral Injury and Chronic Pain among Military Veterans in an Integrated Behavioral Health Clinic," *Psychological Trauma: Theory, Research, Practice, and Policy* 15 (2023): 140–43, <https://doi.org/>; Rachel L. Boska et al., "Understanding Moral Injury Morbidity: A Qualitative Study Examining Chaplain's Perspectives," *Journal of Religion and Health* 60, no. 5 (October 2021): 3090–99, <https://doi.org/>.

22. Renos K. Papadopoulos, *Moral Injury and Beyond: Understanding Human Anguish and Healing Traumatic Wounds* (London: Taylor & Francis Group, 2020), 4.

23. See Pinky Dharmshaktu, Vandana Tayal, and Bhupinder Singh Kalra, "Efficacy of Antidepressants as Analgesics: A Review," *Journal of Clinical Pharmacology* 52, no. 1 (January 2012): 6–17, <https://doi.org/>; and Gregory T. Carter and Mark D. Sullivan, "Antidepressants in Pain Management," *Current Opinion in Investigational Drugs* 3, no. 3 (March 2002): 454–58, <https://pubmed.ncbi.nlm.nih.gov/>.

event. Some of them did not have the capacity, ability, resources, or support they needed to handle it in a good way.<sup>24</sup>

The shock of handling human remains, especially “for those who are unaccustomed or unprepared . . . is one of the most consistent predictors of long-term distress.”<sup>25</sup> Feeling that those sacrifices were unnecessary turned this tragedy into a morally injurious event. Barring comprehensive, force-wide engagement on MI, members are required to either hide symptoms, depart service, or face discharge after destructive outcomes manifest.

A further impact on the military organization is unit effectiveness in combat. One former commander for a remotely piloted aircraft squadron explains that “causing moral injury is a tactic of the enemy.”<sup>26</sup> With advances in emergency medical care and the increase in troop safety afforded by technology, battlefield casualties are far less frequent than in previous conflicts. As a potential adversary looks for new ways to inflict wounds on troops, they leverage the moral framework of American service members as a tactic to create psychiatric and spiritual casualties. Methods such as employing human shields or establishing fighting positions in hospitals or religious sites can be seen as a purposeful tactic to reach this end state. The desired outcome is to push the combat operator into a moral extreme.

On one end of the spectrum, the service member hesitates to engage for fear of violating their own standards or facing society’s moral consequences. On the other, they allow anger to cloud their interpretation, outright dismissing the rules of engagement and employing an ends-justifies-the-means ethic, up to the committing of war crimes and atrocities. Both outcomes can be exploited.

In the narrative below, a veteran explains how a morally injurious situation quickly modified his moral framework on the battlefield:

In Iraq, one of their biggest tactics was . . . female suicide bombers. So, there was a school there for special needs girls . . . anywhere from 10–15 years old, and they would take them out of the school and rig those explosives and tell them to walk. . . . That changed my moral compass. . . . I have no problem shooting guys in the face. You know, it’s like, ahh, that’s the reason. . . . I [realized] I do not have any issues, that I can sleep real good at night knowing I shot these guys in the face. . . . That’s tough.<sup>27</sup>

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24. Philip N. Stewart and Douglas E. Lumpkin, “Bearing Witness: A Phenomenological Analysis of the Intersections between Service Members, Military Chaplains, and Potentially Morally Injurious Events,” in *Moral Injury Research, Discussions, and Support Methods*, vol. 2, ed. Susan Watson and Daniel L. Roberts (Robbins, NC: Moral Injury Support Network for Servicewomen, Inc., 2023), 53–54.

25. Litz et al., “Moral Injury,” 696.

26. David Blair, “Understanding Remote Warfare: Cognitive Distance vs. Physical Distance” (lecture, SOCOM 2019 Moral Injury Symposium, Washington, DC, August 6, 2019).

27. McDonald, “Haunted,” 15.



In the same story, both extremes play out. On one hand, this combat veteran expresses a personal animosity toward the injustice he is witnessing. Unchecked, these feelings can lead to vigilantism. Per the interviewer, however, the statement, “That’s tough,” was not about the young women who were being targeted, but rather that the veteran was “surprised and troubled by his lack of shame or guilt.”<sup>28</sup>

The injured are tormented by a world that lacks moral boundaries. Moral injury is not just an individual concern. A frequent refrain to describe veterans across multiple generations of combat is “the war followed them home.” This is just as true for the military units as it is for the families who express these sentiments. Those who do not or are not able to process their experiences can only internally contain the suffering for so long. At some point, the ripple effects will be noticed by all those around, including the military organizations they serve.

## Moral Injury Confined

The phenomenon of moral injury has the potential to hamper unit effectiveness through hesitancy to act in morally ambiguous situations, through shifts in unspoken organizational ethos, and through transgressions which range from minor up to full dereliction of ethics, while causing readiness issues for individuals and their families.

Therefore, it is important for leaders to confront the causes and effects of MI. Furthermore, commanders have their own moral responsibility to fulfill, namely, returning the nation’s sons and daughters to life as a civilian after their time of service is completed. When facing a crisis of this magnitude, military leaders may be tempted to treat MI with an “identify, diagnose, and eliminate” methodology. To mediate the effects of MI on the force, two systems are often proposed as potential solutions: military medicine or education and training.

### *Military Medicine*

The military medical system specializes in caring for the wounds of combat. In recent decades there has also been a heightened focus on PTSD and traumatic brain injury. These maladies have been categorized as “invisible wounds,” considered the “signature injuries” of the Global War on Terror.<sup>29</sup> Simultaneously, veterans have voiced a growing awareness of their own moral injuries. Given the presence of occasional overlapping symptoms, some in the medical community have integrated MI treatment as a component of the existing invisible wounds framework.<sup>30</sup>

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28. McDonald, 12.

29. National Council on Disability, *Invisible Wounds: Serving Service Members and Veterans with PTSD and TBI* (Washington, DC: March 4, 2009), <https://files.eric.ed.gov/>.

30. Philip Held et al., “Using Prolonged Exposure and Cognitive Processing Therapy to Treat Veterans With Moral Injury-Based PTSD: Two Case Examples,” *Cognitive and Behavioral Practice* 25, no. 3 (August 2018): 17–18, <https://doi.org/>.

Though convenient to group these wounds into a similar category, this simplification leads to problematic conclusions. By implementing a medical model, a service member may assume they are broken and must be fixed; there is significant concern that pathologizing moral injury could lead to it being seen as a “stain on the service member’s or veteran’s moral character.”<sup>31</sup> Commanders may also assume someone honestly wrestling with moral complexity is unfit for the mission. This is a dangerous precedent, leading to moral and spiritual health being used as a go/no-go indicator for readiness. This behavior will likely drive further stigma and ensure that dissonance will be left to fester.

Moral injury experts question “the efficacy of the psychiatric paradigm when used as a sole or in some cases even a primary resource for approaching unusual forms of veteran distress such as those often associated with MI.”<sup>32</sup> Traumatic experiences need not be regarded as dysfunctions, but rather as unfortunate but vital components of a person’s story, capable of producing development and even personal growth as that person engages in the exploration and processing of difficult situations.

### ***Training and Education***

Similarly, the military’s training infrastructure is another compelling system in which to employ a solution for MI. It is robust, exists at every stage of the personnel life cycle, and excels at distributing military-specific information to large groups of people. Yet top-down directed training also presents both legal and perception hurdles. As morality significantly overlaps religious and spiritual issues, treading too far into this territory is constitutionally dangerous. Similarly, those “struggling with moral conflict may perceive justifications coming from military commanders, psychologists, and chaplains, even when well-intentioned, as a form of betrayal, and consequently lose trust and develop a sense of alienation.”<sup>33</sup>

Furthermore, there are “a variety of moral injuries suffered” and a “variety of repair[s] . . . [as] each experiences war differently.”<sup>34</sup> Mass training is bound by time constraints and a need for uniformity, neither of which address important needs for those with moral concerns. While some effective preventative work can be done, such as training leaders on ethical decision-making, this is not a sufficient substitute for intentional development of individual members’ abilities to critically reflect on moral and ethical matters.

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31. Erika Ann Jeschke, “Marooning Moral Injury,” *Æther: A Journal of Strategic Airpower & Spacepower* 2, no. 3 (Fall 2023), 75, <https://www.airuniversity.af.edu/>.

32. David W. Alexander, “Defining and Differentiating Moral Injury’s Key Features,” *Mental Health and Addiction Research* 3, no. 3 (2018): 6, <https://doi.org/>.

33. Tine Molendijk et al., “Contextual Dimensions of Moral Injury: An Interdisciplinary Review,” *Military Psychology* 34, no. 6 (November 2, 2022): 747, <https://doi.org/>.

34. Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (New York: Oxford University Press, 2015), 10.

While it is vital to introduce the general concepts of moral injury, traditional military training methods are unlikely to produce any further practical benefits. MI is messy and individualized. A deeper understanding of the subject and methods for healing would remain beyond the extent of what most service-wide training programs could provide.

## Moral Injury Reexamined

Medical and military training models have significant limitations, and leaders often resort to the familiar “find, fix, and finish” methodologies to address battlefield issues. As a result, these factors contribute to assumptions that impede the military’s capacity to confront the complexities of MI. The greatest misconception is that moral injury can be completely prevented. Yet the injury is as old as war itself, and warriors have recorded its effects as long as writing has been a mode of communication.<sup>35</sup> The only way to eliminate MI in combat is to eliminate warfare completely. Therefore, the most efficacious step toward reducing the impact is for the nation’s leaders to carefully consider the physical, mental, and spiritual burdens placed on their warriors before ordering them into combat.

As former President Jimmy Carter has said, “War may sometimes be a necessary evil.”<sup>36</sup> Violence, death, and destruction are the core ingredients of combat. No matter how justifiable its cause, military members will be injured, the innocent will be harmed, and lives will be lost. Yet, if we acknowledge the existence of a “necessary evil,” that requires inflicting harm to prevent greater harm, it implies that some actions taken by humans as a result of inherently good human characteristics—courage or the desire to protect others—result in individual harm done while providing increased safety to others. The ability to experience MI embodies this feature of humanity.

Moral injury, when best understood and when processed in a meaningful way, is more akin to a guardrail than a disease. Those who face MI should not be seen as weak or broken. Rather, this feature of their humanity should be embraced, as an outright positive display of the character required in which to conduct a fight justly. Those who embrace their inner humanity may function as the proverbial canary in a coal mine, warning others of dangers, while placing themselves at risk.

For example, while the incident still would have occurred, an individual raising their moral distress regarding the actions of Kilo Company, Third Battalion, First Marine Regiment, in Haditha on November 19, 2005, would not only have made a significant difference in the months that followed, but also expressing this distress may have changed the narrative relayed to the public surrounding US involvement in Iraq.<sup>37</sup>

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35. Shay, *Achilles*, 6.

36. Jimmy Carter, “Nobel Peace Prize Lecture” (lecture, Nobel Peace Prize, Oslo, Norway, December 10, 2002), <https://www.jimmycarterlibrary.gov/>.

37. William Langewiesche, “Rules of Engagement,” *Vanity Fair*, March 26, 2007, <https://www.vanityfair.com/>.

While an enemy might try to leverage foundational morals against the force, it remains true that a well-developed human conscience is the strongest tool of diplomacy available, increasing overall effectiveness of a force in the information warfighting function for internal, ally and partner, and even enemy recipients of a prevailing narrative. Moral warriors should be educated and cultivated. Leaders ignore these voices at their peril.

Furthermore, experienced warriors must act as safety valves for future generations. When expressed, MI is the root of the nation's conscience, acted out in a human form. By reflecting upon the folly of their own experiences, veterans may spare the nation's sons and daughters from moral and physical harm.

Great leaders and tacticians understand this role of moral injury. It explains how William Tecumseh Sherman can say, "I am sick and tired of fighting. . . . Even success the most brilliant is over dead and mangled bodies. . . . It is only those who have never heard a shot, never heard the shrieks and groans of the wounded and lacerated (friend or foe), that cry aloud for more blood, more vengeance, more desolation."<sup>38</sup> And later, as then US Army Chief of Staff Dwight Eisenhower said, "I hate war as only a soldier who has lived it can, only as one who has seen its brutality, its futility, its stupidity."<sup>39</sup> It is through the means of moral humans that nations should execute warfare, and likewise, be constrained by those same individuals.

## **Moral Injury Embraced**

If the ability to be morally injured is not a weakness but rather a necessary feature of a healthy and ethical human conscience, then leaders at all levels must understand and embrace this uniquely human phenomenon inside of military formations. The discussion of disorienting experiences and healthy processing of traumatic events should be modeled by leaders, and service members must receive opportunities to explore these concepts without fear of retaliation. Likewise, military leaders must integrate the inevitable consequences of using moral beings as a weapon system into a foundational understanding of the force. Yet this is not necessarily intuitive to military leaders nor support agencies, which both rely on existing models to inform their thinking on this issue.

One applied behavioral ethicist advises leaders to view their organization's moral network as a human immune system. This paradigm places moral injury in an appropriate frame of understanding. Like the body, service members become exposed to harmful events which may produce MI; such is the nature of living. They will need to know how to respond to those events. They will need to build immunity to those things which intend to do them harm.<sup>40</sup> It is for this reason that inoculations can build

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38. B. H. Liddell Hart, *Sherman: Soldier, Realist, American* (New York: Da Capo Press, 1993), 402.

39. Dwight D. Eisenhower, "Address before the Canadian Club" (Canadian Club, Ottawa, Canada, January 10, 1946), <https://www.eisenhowerlibrary.gov/>.

40. Marc-Charles Ingerson and Douglas E. Lumpkin, "Developing Moral Agility: Parallels from the Human Immune System," preprint, submitted February 20, 2023.

qualified, controlled immunity without direct exposure to an agent that would otherwise result in catastrophic consequences. Intense exposure to moral-injury-inducing events can overload the moral immune system, but cautious inoculation can train the moral immune system to react rightly to potentially morally injurious events.

A human's immune system contains three lines of defense against harmful elements:

- The barrier immune system is the most effective layer of defense, keeping pathogens outside of the organism. A primary representation of this feature is the skin, which forms a shield that blocks harmful entry.
- A more generalized defense is the innate immune system. At this level, the body uses uniform tactics to quickly respond to and counter pathogens. This one-size-fits-all approach does not always work and may require a more advanced tactic from the adaptive immune system.
- The adaptive immune system is the last resort when a pathogen has not been handled by the other defensive mechanisms. As the most specialized layer, it recognizes harmful characteristics and builds immunity to any future encounters.

When the body's lines of defense function, both independently and in tandem, they enhance the system's ability to maintain overall health. Understanding this layered approach can offer valuable insight into determining the most effective areas for the military enterprise to focus its effort on developing immunity against the most adverse effects of MI. In applying the insight of this analogy to the military context, the service components can strengthen their three lines of defense to combat the potential dangers of MI.

## **Ethical Image Barrier**

The initial component of the human immune system analogy is the barrier layer. In the same fashion that one's skin presents a certain image of the body to the world, the United States military also presents an image to the public. The skin layer for the military is the presentation and discussion of common values and norms of military service—the profession of arms as a shared value and the explicit and implicit narratives that accompany this.

To demonstrate an image of an authentically moral force would further curb the negative effects of MI. In this system, standards for moral and ethical choices remain high. Service members seek a nuanced understanding of complex world events and opposing forces without resorting to dehumanizing tactics. Recruits are equipped with this knowledge before they raise their hand to join, and it continues with them as part of their formation. Those who would violate those norms are prewarned that it will not be tolerated and considered a failure to adapt. (Incidentally, this is the image the military purports to exhibit, but it does not do this in practice.) While this is a noble aspiration, the difficult work in this phase of immunity is ensuring the actions throughout the organization always meet up with the aspirations. If this layer does not provide adequate, genuine protection, the system will be overrun by harmful effects.

Indeed, organizational culture is a protective factor with regard to moral injury. From the unit to the service level, the authenticity of leadership and organizational culture have a profound impact on the potential for morally injurious events to occur and on the reactions of members to these events.

## **Replicated Innate Moral Values**

The second insight from the human immune system concerns the innate immunity level. Something is innate when it is inherited or an essential component. The most important task for embracing moral injury involves building the knowledge and acceptance of this peculiar military-centric phenomenon into the DNA of every troop. It is crucial to provide ethics training that encompasses both specific career fields and warfare in general. Morally complex scenarios should be inserted into exercise and training scenarios to build repetitions of this moral muscle in junior officers and enlisted members.

Leaders at every level should strive to model moral thinking in their decision-making. Furthermore, when betrayal or ethical violations have occurred inside an organization, leaders should seek to deal with the behavior as transparently as possible. Shay argues when leaders are “expert, ethical, and properly supported,” many cases of MI can be completely avoided.<sup>41</sup> Troops “who reported better leadership were more likely to report following the rules of engagement” and a staggering “30% of soldiers and Marines reported that their commanding officers did not clearly disavow unnecessary harm to noncombatants.”<sup>42</sup> Additionally, one scholar compellingly argues commanders and judge advocates can also prevent MI by “decisively-engag[ing] risk areas at the embryo stage” as it “might lead to legal issues if left unaddressed.”<sup>43</sup> All service members are essential to this process.

Rituals have also been shown to play an important role in the processing of MI.<sup>44</sup> The military has a long history of welcoming ritual and imbuing it with meaning for the force. Expanding opportunities in this realm would prove a useful addition to the military structure. Events in which service members from past wars impart hard-earned knowledge to future generations would be incredibly useful.

Likewise, purposeful engagements between civilians and military members, in which a realistic view of warfare could be shared, would do a great deal to assist personnel who feel disconnected from the country that sent them to war. Other modern rituals will also need further development. For instance, a squadron that has a 24-hour stateside mission has a sign over its front door that reads, “Welcome to the AOR,” and personnel tap that sign on their way into the building. Conspicuously missing is a similar ritual for members to be reminded that when they leave for the

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41. Shay, “Moral Injury,” 183.

42. Frankfurt and Frazier, “Review,” 321.

43. Erik D. Masick, “Moral Injury and Preventative Law: A Framework for the Future,” *Military Law Review* 224 (2016): 267.

44. Molendijk et al., “Contextual Dimensions,” 5.

day, they are crossing back over from being people of war to people of peace in their families and communities. Creating scenarios to accept and process moral injury as a regular part of military life is a crucial step in moving forward, toward a culture that supports the well-being of service members who have experienced MI.

## Specialized Adaptive Interventions

The final measure of strengthening the MI immune system exists at the adaptive level. For the body, this stage is where previous exposure allows a targeted and specific response to a pathogen. Specialized cells undergo a maturation process so they can eliminate unwanted intrusions and produce antibodies that mark the harmful substances. The parallel for the military requires a specific determination and maturation process for specialized individuals, who could recognize the signs and symptoms of MI.

The chaplain corps is a key resource in this effort. The 72-hour master's level education required for incoming chaplains includes extensive study in morality, spirituality, ethics, and grief. This prerequisite training, along with their experience in pastoral care and counseling, makes chaplains a uniquely qualified resource for MI care.

Similarly, experienced warriors who have faced and processed their own moral injuries are prime candidates for recognizing and guiding other service members through a process of integration. What both chaplains and these experienced warriors share is the ability to function as a "benevolent moral authority."<sup>45</sup> This is a key ingredient, as veterans consistently report that discussion of morally injurious events "with friends, colleagues or family members was considered cathartic"; however, those conversations alone do not help "to resolve their moral dissonance."<sup>46</sup>

Alongside the right personnel, addressing MI also requires engagement in the contexts in which it is most likely to occur. This includes, but is not limited to, post-deployment, after the loss of comrades, during human remains collection, after the betrayal of a leader, in response to accidents and natural disasters, and prior to the conclusion of military service. Training, equipping, and deploying chaplains and experienced warriors to situations in which potential morally injurious events are likely to occur is vital to combat the harmful effects of unprocessed trauma. Using this three-tiered model of (1) an ethical image as a barrier, (2) highly replicated innate moral values, and (3) specialized adaptive intervention techniques, the military system can better protect itself against the harmful effects of MI.

## Conclusion

Acknowledging moral injury as a normal occurrence for an ethical warrior may be operationally difficult when a commander or a unit is faced with readiness concerns and

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45. Litz et al., "Moral Injury," 701.

46. Victoria Williamson et al., "The Impact of Trauma Exposure and Moral Injury on UK Military Veterans: A Qualitative Study," *European Journal of Psychotraumatology* 11, no. 1 (December 31, 2020): 6, <https://doi.org/>.

the devastating effects of acute moral injury on those who are suffering. Yet the ability to endure damage to the soul serves as a vital check mechanism within human warriors and protects the militaries they serve. Implementing recommendations from the immunity model of MI can improve the overall well-being of units and individuals.

Rigorous training on ethical and moral fundamentals, particularly in small group settings, enables personnel across the force to replicate principled character traits. Recognizing when MI is present or likely to occur allows chaplains, specialists, and experienced warriors to impart knowledge to younger generations. Likewise, unquestionable ethical conduct at all levels of leadership sets a standard for the institution as a whole. Leaders must be prepared to meet these challenges with their personnel, ensuring they are equipped to make appropriate moral and ethical judgments in the most complex situations. Æ

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