Guilt and Moral Injury in Veterans: What We Know and What We Don’t

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Disclaimer

The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Health Administration, the Department of Defense, or the United States government.
Traumatic Stress and PTSD in the Military
Types of Trauma in the Military

- Combat and war-zone trauma
- Traumatic grief/loss
- Military sexual trauma
- Accidents
Types of Military Stress Injuries

Combat/Operational Stress

Stress Adaptations
- Positive Behaviors
- Negative Behaviors

Stress Injuries
- Traumatic Stress
- Operational Fatigue
- Grief
- Moral Injury

✓ Threats to life and safety
✓ The wear and tear of deployment
✓ The loss of friends and leaders
✓ Actions that violate moral values
The Effects of Combat

- Regardless of whether a veteran develops PTSD or not, the experience of combat is transformative
- “I came back a different person”
- “I want my son back”
The Problem of Repeated Deployments

- This is now the longest war in American history, with the most repeated deployments
- Repeated deployments wear down resiliency
- 36% of servicemen and women have been deployed twice or more (Department of Defense, 2008)
- 107,000 servicemen and women have had at least three deployments (USA Today, 3/22/12)
- 50,000 servicemen and women have had at least four deployments (Army Secretary John McHugh, testifying before Congress, 3/21/12)
Repeated Deployments Increase PTSD

• Mental health problems increase with repeated deployments: 14.3% of those with one deployment, 21.8% of those with two, and 32.5% of those with three or four (Mental Health Advisory Team-VII, 2011)

• Army soldiers deployed twice have 1.6 times greater chance of developing PTSD than those deployed once (Reger et al., 2009)

• Active duty military with PTSD may be sent back into combat

• Shorter dwell times increase risk of PTSD (MacGregor et al., 2012)
Post-Traumatic Stress Disorder in DSM 5

PTSD is characterized by:

- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the event
- Avoidance of stimuli associated with trauma
- Negative moods and cognitions
- Increased arousal
PTSD: Negative Cognitions and Mood

D. Negative alterations in cognitions and mood that began or worsened after the traumatic event:

- Inability to recall key features of the traumatic event
- Persistent negative beliefs and expectations about self or world
- Persistent distorted blame of self or others for causing the event or the resulting consequences
PTSD: Negative Cognitions and Mood

- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
- Markedly diminished interest in significant activities
- Feeling alienated from others
- Constricted affect: persistent inability to experience positive emotions
Symptoms Associated with PTSD

- **MIND**
  - Flashbacks
  - Depression
  - Fears and phobias
  - Nightmares
  - Interpersonal problems

- **SOUL**
  - Loss of purpose/pleasure
  - Existential crisis
  - Proxy self
  - No self-worth

- **BODY**
  - Panic attacks
  - Self-harm
  - Sleep/eating problems
  - Gynaecological problems
  - Headaches
  - High blood pressure
Guilt and Moral Injury in Veterans
Why Do Guilt and Moral Injury Co-Occur with PTSD in Veterans?

- Witnessing acts of suffering, destruction, cruelty, and evil
- Committing acts of destruction, maiming, and killing
  - 1/5 of soldiers kill civilians by mistake
- “Thou shalt not kill”
- Profound sense of responsibility for buddies
- It is impossible to predict how a person will respond to combat
Why Do Guilt and Moral Injury Co-Occur with PTSD in Veterans?

- No-win situations (e.g., children with grenades
- A person may enjoy killing
- Possible responses to trauma:
  - Compartmentalization
  - I’m a bad person (self-blame as a defense against helplessness)
  - God is not good
  - There is no God
Some Types of Guilt in Military Service

- For actions taken
- For actions not taken
  - Including freezing, not shooting
- Survivor guilt
  - Unresolved grief/traumatic grief
- Affective guilt
  - For feeling nothing
  - For enjoying it

- Miscellaneous
  - Superman/Superwoman guilt
  - Guilt related to *not* being deployed
  - Guilt over self-injury
Misconceptions Involved in Post-Traumatic Guilt

- Hindsight bias
  - The outcome changes the view of the event
- Justification
  - “I made the wrong choice”
- Responsibility
  - “I am (mostly) responsible for what happened”
- Wrongdoing
  - Judging as if the negative result was intended
PTSD and Guilt

• Killing is a risk factor for PTSD (Maguen et al., 2010)
  • 40% of OIF Veterans reported killing or being responsible for killing
  • Killing predicts PTSD, Alcohol abuse, anger problems, and relationship problems
• 40% of Veterans with PTSD experience guilt
Moral Injury is More Complex Than Guilt

• Moral injury occurs when deeply held moral principles by the individual and/or leadership are violated
• It may be caused by the action or inaction of the individual
• It involves guilt, shame, sorrow, anger, and anguish
• “A soul wound” - Veteran
Varying Definitions of Moral Injury

- “Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” (Litz et al., 2009)

- “Disruption in an individual’s confidence and expectations about one’s own or others’ motivation or capacity to behave in a just and ethical manner, brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular acts that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others.” (Drescher et al., 2011)

- “Betrayal of what’s right by someone who holds legitimate authority in a high-stakes situation.” (Shay, 2010)
Varying Definitions of Moral Injury

• “Stress resulting from witnessing or perpetrating acts or failures to act that transgress deeply held, communally shared moral beliefs and expectations.” (Nash et al., 2011)

• “Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations. This may entail participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others, as well as engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code.” (VA, 2009)
Categories of Morally Injurious Events

- Betrayal
- Disproportionate violence
- Within ranks violence
- Incidents involving civilians

Drescher et al., 2011
Examples

- Killing
- Torture
- Atrocities
- Guarding a secret prison
- Moral Transgressions
- Failing to stop a cruel action
- Killing women and children
Negative Consequences of Moral Injury

- Distrust of others
- Isolation/alienation
- Sabotaging relationships
- Aggression
- Fatalism
- Self-condemnation
- Self-destructive and self-harm behaviors
- Spiritual damage/Loss of faith

Drescher et al., 2011; Maguen & Litz, 2012
Moral Injury Case Example

Case example: Mr. M.
Vietnam veteran, physically and emotionally abused by mother and stepfather, went to war to “kill”, 5 divorces, polysubstance abuse, lost career and imprisoned, dissociated experience of killing children in war, remembered “I murdered children”, became suicidal, referred for treatment.
# Moral Injury Is Not PTSD

<table>
<thead>
<tr>
<th>Triggering Event</th>
<th>DSM IV PTSD</th>
<th>Moral Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual or threatened death or serious injury</td>
<td>Acts that violate deeply held moral values</td>
<td></td>
</tr>
<tr>
<td>Individual's role</td>
<td>Victim or witness</td>
<td>Perpetrator, victim, or witness</td>
</tr>
<tr>
<td>A reaction to...</td>
<td>An event that happens to a person</td>
<td>Acts of commission or omission</td>
</tr>
<tr>
<td>Predominant painful emotions</td>
<td>Fear, horror, helplessness</td>
<td>Guilt, shame, anger</td>
</tr>
<tr>
<td>Reexperiencing?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Avoidance or numbing</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Physiological arousal</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>What necessity is lost?</td>
<td>Safety</td>
<td>Trust</td>
</tr>
<tr>
<td>What is needed to heal?</td>
<td>Restore sense of safety</td>
<td>Forgiveness</td>
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After Litz et al., 2009
Moral Injury Overlaps with PTSD

Source: The Huffington Post
Early Estimates of Moral Injury within PTSD

- 12% of the traumas of 122 active duty service members with PTSD met the definition of self-perpetrated moral injury, while 22% of the traumas met the definition of other-perpetrated moral injury
- 43% of a small trial of 44 active duty Marines and Navy sailors with PTSD experienced moral injury (Gray et al., 2011)
What Prevents PTSD from Healing

- Avoidance
- Dissociation
- Guilt and shame
- Moral injury
- Unresolved grief
- Complex trauma
Navy and Marine Stance towards Moral Injury

- Some military personnel consider “moral injury” to be a pejorative term
- They prefer the term “inner conflict”
- “Inner conflict” is used in the *Combat and Operational Control* document for the Navy and Marines (Marine Corps Development Command, 2010)
What We Don’t Know about Moral Injury

• There is no agreed-upon definition
• There is no clear syndrome
• How common is it?
• Are there degrees of severity?
• Can it occur when there is no trauma?
• Can we reliably measure it?
• Can it be successfully treated by our current treatments?
• How long does it take to treat?
• Can it be “cured”? 
Assessment of Guilt and Moral Injury in Veterans
Five Questions You Must Ask at the Start

1. Were you ever in combat or a war zone?
2. How many times were you deployed and where?
3. What was your MOS?
4. Did you conduct jobs outside your MOS?
5. Do you feel guilty about any actions you did or did not take during your military service?
Assess the Function of the Guilt

• What is its purpose?
  • To keep the lost person alive in memory
  • To make sense of the event

• What would happen if you felt less guilty, or stopped feeling guilty?

Guilt is rooted in actions of the past, perpetuated in the lack of action in present, and delivered in the future as pain and suffering.

—David Roppo
The Trauma-Related Guilt Inventory

• 32 item self-report questionnaire using a 5 point Likert scale
• Sample questions:
  • I could have prevented what happened
  • I knew better than to do what I did
  • What I did was unforgivable
• 3 subscales: distress, overall guilt, and guilt cognitions

Kubany et al., 1996; Myers et al., 2012
Moral Injury Events Scale (2013)

- 9 item self report scale
- Two factors: perceived transgressions and perceived betrayals
- Stable over three months

Nash et al., 2013

- 19 item self-report measure
- Unidimensional measure of moral injury
- Higher scores reflect more morally injurious experiences
- Higher scores related to:
  - Greater combat exposure
  - Impairments in work and social functioning
  - PTSD and depression
  - Suicide risk

Currier et al., 2013
Treatment of Guilt and Moral Injury in Veterans
Who Are We Kidding?
Current Evidence-Based Approaches

- Prolonged Exposure views guilt as avoided and unexamined
  - Exposure increases context, details
- Cognitive Processing Therapy views guilt cognitions and beliefs as “stuck points”
  - Examines the accuracy of these ideas
- Eye Movement Desensitization and Reprocessing views guilt as unprocessed
  - Bilateral stimulation reprocesses, resulting in new viewpoints
Working with Guilt: The Percentages of Responsibility Technique

1. Have them describe the event and their perception of their degree of responsibility for it
2. Challenge their minimization of the role of others who were present
3. Challenge their minimization of the role of others who were not present
4. Challenge their perception of their degree of responsibility for the event
5. Ask them if they’ve been punished enough
6. Develop a healthy payback plan

Scurfield, 2006
Working with Guilt: Focusing on Intention

- Was harm intended?
- Was the subject an innocent person?
- Were other options available at the time?
- Were your behaviors deliberately chosen?
Working with Guilt: Trauma-Informed Guilt Reduction

- Four session intervention
  1. PTSD and Guilt
  2. Guilt Appraisal
     - Analyses of preventability, justification, responsibility, and wrong-doing
  3. Values Identification and Development
  4. Commitment to Living a Valued Life
- Optional module: Making amends

Norman et al., under review
Working with Moral Injury: Impact of Killing in War

- Six session cognitive-behavioral supplement to current evidence-based treatments
  - Provides psychoeducation about biopsychosocial factors involved in killing that may cause moral injury
  - Identifies beliefs about killing in war
  - Self forgiveness
    - Cognitive therapy
    - Promotion of spirituality/religious practices
  - Making amends
    - Forgiveness letters
    - Action plan

- Pilot testing underway (Maguen et al.)
Working with Moral Injury: Adaptive Disclosure

- Eight session intervention using an experiential exposure-based approach
  - Exposure used to uncover details of trauma and discuss meaning of events
  - If event is fear-based, only exposure is used
  - If trauma is loss-based, Veterans are asked to have an imaginary dialogue with the lost person
  - If moral injury is involved, Veterans are guided through a dialogue with a compassionate moral authority about the violation of values

Gray et al., 2011
Working with Moral Injury: Adaptive Disclosure

- Trial with 44 active duty Marines (Gray et al., 2011)
- Results:
  - Reduction in PTSD and depression symptoms
  - Reduction in negative post-traumatic appraisals
  - Increases in post-traumatic growth
Working with Moral Injury: A Proposed Model

Eight step model proposed by Litz and colleagues (2009)

1. Connection: a caring and non-judgmental relationship

2. Preparation and education
   • about moral injury
   • about avoidance

3. Modified exposure to elicit the beliefs associated with the event
Working with Moral Injury: A Proposed Model

4. Examination of maladaptive beliefs and integration of new viewpoints
5. Dialogue with an imagined benevolent moral authority
6. Reparation and forgiveness by making amends
7. Fostering reconnection with others using a hierarchy of the difficulty of reconnecting in light of the moral injury
8. Planning for the long haul by focusing on values and goals

Litz et al., 2009
Working with Moral Injury: Other Considerations

- Reconnection with spirituality may not require religious practices
- The importance of community as a healing mechanism cannot be underestimated
Everyone you meet is fighting a battle you know nothing about. Be kind. Always
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THANK YOU
VETERANS