

Spiritual Features of War-Related Moral Injury: A Primer for Clinicians

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Warzone experiences that violate deeply held moral beliefs and expectations may lead to moral injury and associated spiritual distress (Litz et al., 2009). Helping morally injured war veterans who are grappling with spiritual or religious issues is part of multicultural competence (Vieten et al., 2013) and falls within the scope of practice of mental health clinicians. Moreover, practicing clinicians report that they lack adequate knowledge of the diverse spiritual and religious backgrounds of their clients and when to seek consultation from and collaborate with spiritual/religious teachers (Vieten et al., 2016). We argue that optimal assessment and treatment of psychically traumatized military personnel and veterans requires an understanding of the idioms and perspectives of various spiritual (religious and philosophical) traditions on transgression and their recommendations for forgiveness and healing. To this end, we (a) provide an overview of the source of moral codes associated with various traditions, (b) discuss aspects of warzone events that may violate those moral codes and spiritual reactions to those violations, (c) describe spiritual traditions' approaches to making amends for transgressions, and (d) provide brief case scenarios that illustrate spiritual features of moral injury and point to circumstances in which collaboration with chaplains or clergy may be helpful for addressing aspects of moral injury.

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Serving in a warzone puts service members at risk of experiencing events that violate deeply held moral beliefs and expectations (Litz et al., 2009; Nash, 2007). Potentially morally compromising circumstances in war can involve prescribed roles (e.g., maiming and killing), bearing witness to the aftermath of violence or terror (e.g., handling or uncovering handling human remains), proscribed behaviors (e.g., the use of excessive force or cruelty), failing to live up to the warrior ideal (e.g., making a mistake or losing control with dire consequences), or being a victim of the failure of others to uphold a moral code. Experiences such as killing enemy combatants, being responsible for the deaths of noncombatants, witnessing atrocities, and participating in atrocities have been reported by five percent to over half of samples of service members and veterans (reviewed in Frankfurt & Frazier, 2016; also see Wilk et al., 2013).

Such transgressions by self or others may, in turn, lead to *moral injury*, characterized by guilt, shame, anger, social withdrawal, posttraumatic symptomatology, and spiritual distress (Jordan, Eisen, Bolton, Nash, & Litz, 2017; Litz et al., 2009; Maguen & Litz, 2012). Recent efforts to estimate prevalence of moral injury indicate that a significant minority of military personnel and veterans report potentially morally injurious experiences associated with military service. In a sample of active duty Marines that engaged in heavy ground combat while deployed to Afghanistan, one quarter of the sample reported violating one's own moral code, and nearly one third reported feeling betrayed by persons they once trusted (Jordan et al., 2017). In a nationally representative sample of combat veterans, about one in 10 veterans endorsed transgressions by self, and one in four endorsed transgressions by others and feelings of betrayal (Wisco et al., 2017).

Exposure to potentially morally injurious events is associated with symptoms of posttraumatic stress disorder (PTSD) and depression (Bryan et al., 2016; Currier, Holland, Drescher, & Foy, 2015; Jordan et al., 2017; Nash et al., 2013; Wisco et al., 2017); less social support and cohesion (Nash et al., 2013); poorer social and work adjustment (Currier et al., 2015); hopelessness, pessimism, and anger (Bryan et al., 2016; Jordan et al., 2017); and suicide risk (Bryan, Bryan, Morrow, Etienne, & Ray-Sannerud, 2014; Wisco et al., 2017). In particular, transgressions

by self relate to shame, guilt, anxiety, depression, and suicidal ideation, and betrayal-based events are associated with anger and suicide attempts (Jordan et al., 2017; Wisco et al., 2017).

In addition to poorer mental health and adjustment, quantitative and qualitative research has demonstrated negative spiritual impacts of moral injury. Veterans carrying guilt due to killing others, enjoying the excitement of killing others, participating in atrocities, failing to fulfill duties or responsibilities, accidentally contributing to the death of a buddy, being unable to effectively treat and save the wounded, or experiencing the death of a buddy, derived less comfort from their religious faith and reported weakened faith (Fontana & Rosenheck, 2004). Qualitative data from Vietnam veterans further describes existential and spiritual impacts (e.g., "religion doesn't mean as much to me as it did when I went in" and "life means nothing; life is cheap") associated with civilian deaths, within-ranks violence, and betrayals of one's own standards for oneself (Vargas, Hanson, Kraus, Drescher, & Foy, 2013).

Because spiritual distress may encompass doubt in one's beliefs or worldview, worry about past transgressions, disrupted relationships with family or community, or negative feelings toward a higher power (Exline, Pargament, Grubbs, & Yali, 2014), moral compromise can create spiritual distress in people with or without religious faith. Moral injury may damage foundational assumptions about self being good and others being dependable that facilitate connection with others and thereby bring comfort, meaning, and happiness to life (Epstein, 2003; Janoff-Bulman, 1992). Service members and veterans who have been exposed to morally injurious experiences may suffer and struggle as a result of violating societal, philosophical, or religious prohibitions. For example, war veterans who engaged in prescribed killing or proscribed brutality may experience incapacitating guilt or shame and may wonder whether forgiveness is possible (Bryan, Theriault, & Bryan, 2015; Maguen & Burkman, 2013). Those who suffered betrayals of trust (e.g., leaders making wrong decisions) may feel disillusioned or embittered (Bryan et al., 2016).

Research has linked negative spiritual impacts of war-related moral injury with poorer mental health. Struggles with guilt, lack of

meaning, doubt in religious beliefs, alienation from God, and religious fear and doubt, have been correlated with depression (Berg, 2011) and PTSD symptoms in Vietnam veterans (Berg, 2011; Ogden et al., 2011). Veterans' punitive religious beliefs (e.g., thinking that a higher power is inflicting punishment or withdrawing love) and failure to forgive oneself were related to depression, anxiety, and PTSD symptom severity (Witvliet, Phipps, Feldman, & Beckham, 2004). In contrast, spirituality through forgiveness (self, interpersonal, and divine forms) led to greater quality of life for veterans with PTSD (Currier, Drescher, Holland, Lisman, & Foy, 2016).

Although religious faith and practice are not prerequisites for experiencing war-related moral injury or an essential vehicle to address these psychic wounds and achieve moral repair (cf. Fritts, 2013), clinicians need to appreciate the degree to which faith informs morality and whether transgressions are tacitly or explicitly faith-determined in the service members and veterans they treat. Helping morally injured war veterans who are grappling with spiritual or religious issues is an element of multicultural competence (Vieten et al., 2013). American Psychological Association (2010) ethical guidelines describe the need for psychologists to demonstrate awareness, respect, and competence concerning religion, and to seek consultation or make referrals as appropriate. Practicing clinicians agree that psychologists should possess knowledge of the diverse spiritual, religious, and secular backgrounds of their clients and skill in recognizing when to seek consultation from and collaborate with spiritual/religious teachers, and yet they lack adequate training in these areas (Vieten et al., 2016). Moreover, researchers have called for more attention to spiritual features of combat trauma (Currier, Drescher, & Harris, 2014), and others have argued that assessing spiritual distress and offering complementary services (i.e., chaplaincy) to support persons struggling in this domain are within the purview of all clinical care providers (Kopacz & Connery, 2015). Spiritual features of moral injury such as guilt, loss of faith, and loss of meaning lead service members and veterans to seek care from both mental health professionals and chaplains (Fontana & Rosenheck, 2005; Morgan, Hourani, Lane, & Tueller, 2016). We argue that to best help mor-

ally injured war veterans, psychologists should explore their own capacity to address spiritual distress from a secular psychotherapeutic vantage point as well as be open to collaboration with chaplains and clergy. Doing so is consistent with proposed spiritual and religious competencies for psychologists to obtain knowledge of diverse backgrounds, and to recognize when to seek consultation from and collaborate with spiritual/religious teachers (Vieten et al., 2013, 2016).

To those ends, we describe spiritual and religious tenets that may be involved in the development and maintenance of moral injury, and we review various faiths' prescriptions for healing from moral injury. We also provide brief, illustrative case examples. We aim to enhance clinical care for morally injured war veterans by (a) increasing understanding of (and empathy for) the spiritual dimensions of moral injury, (b) providing language to communicate more effectively with service members and veterans with strong religious and spiritual convictions, (c) deepening knowledge of the paths to moral repair embedded in patients' spiritual traditions, and (d) building awareness of circumstances in which collaboration with chaplains or clergy may be helpful for addressing aspects of moral injury.

Spiritual Sources of Moral Codes

Moral injury is a potential (but not inevitable) consequence of transgressing deeply held moral beliefs and expectations (Litz et al., 2009). For many people, these beliefs and expectations are linked to the code of ethics or moral law prescribed by their faith or spiritual tradition. In some instances, texts or central authorities explicitly identify expected and proscribed behavior. Frequently, subjective conscience-driven moral evaluation is required to make sense of varied interpretations that may exist within the same faith tradition. For example, most denominations of Christianity require fidelity to the ethical principles that emerge from the Old and New Testaments, but also allow for individuals to use common sense and their own consciences to determine what is proper (Richards & Bergin, 2000). In Roman Catholicism, which professes central authority in the Pope and its church's magisterium, practitioners are still afforded some latitude to use their own moral judgment. To a large degree,

Protestant denominations involve decentralized authority and rely more heavily on personal judgment and guidance from local clergy to interpret moral teachings in the Bible.

Different denominations within Judaism rely to varying degrees on ancient traditions that stem from Talmudic and medieval interpretations of the rules of the Old Testament as well as subjective judgment in determining acceptable behavior. In Orthodox Judaism, the faithful are expected to follow the instruction of rabbinic authorities more closely, while in Conservative and Reform Judaism individuals and communities play a greater role in generating practical applications of traditional ethical principles. Similarly, in Islam, a single central authoritative body does not exist, although the source of ethical principles is the Qur'an and the *hadiths* and *Sunna*, which are compilations of the words and deeds of the Prophet Muhammad (Hedayat-Diba, 2014).

In Hinduism, various Sanskrit texts describe codes of moral conduct and law (Sharma & Tummala-Narra, 2014). The *Mahabharata* is an epic poem that describes *dharma*, or moral conduct, and includes the *Bhagavad Gita*, which deals literally with a warrior's moral struggles and allegorically with universal internal human struggles (Davis, 2014; Pattanaik, 2010). Additionally, the *Dharmashastras* are an ancient recording of jurisprudence, focused on right conduct in many dilemmas. Some Hindu texts and additional historical texts, including some attributed to the Buddha himself, characterize the various forms of Buddhism, although there is no single official canon (Finn & Rubin, 2014).

In other traditions, a code of ethics or conduct is less developed but is no less important. For example, secular humanism has a relatively young history, as the first Humanist Manifesto was composed in 1933 (American Humanist Association, 1933/1973). The past few decades have seen a dramatic increase in publications and written materials developing the secular humanist worldview and its application to contemporary moral and ethical challenges.

Within the Abrahamic traditions (e.g., Judaism, Christianity, and Islam), a transgression, or sin, is defined as a violation of divine law (i.e., God's/Allah's will or commands). In Hinduism, the concept of *papa* (which might be likened to sin or evil) refers to harming others and contrasts with *punya* (virtue, merit, or good), which is doing

good to others (Pattanaik, 2010). Similarly, wrongdoing in the secular humanist view involves violation of the obligation to treat others in a way that enhances long-term happiness (Kurtz, 1983). Buddhist thought includes the notion of transgression, but the focus is less on concretely defined transgressions and more on describing the conditions that promote wrongdoing (e.g., clinging to the impermanent and lacking compassion) and consequences of wrongdoing (e.g., suffering; Finn & Rubin, 2014). Although a tremendous amount of theological, religious, and secular thought is simplified here, shared among all these traditions are variants of the "golden rule," an exhortation to treat others as one wishes to be treated (Becker & Becker, 2001).

Perpetration, Guilt, and Shame

Psychologists should be mindful of the distinction between "objective guilt" and "guilt-feelings" (Meehl, 1960). A Veteran may be objectively guilty of some infraction according to a given ethical (or legal) system, such as a sacred text; it is a separate question whether the Veteran harbors feelings of guilt because of this objective guilt, or despite its absence. The psychologist's role in determining a patient's objective guilt is limited; when therapists do not fully appreciate the patient's ethical system and insinuate that the patient is not objectively guilty, this may unintentionally convey that the patient's ethical system is invalid, causing a therapeutic rupture. At the same time, some patients may hold corrosive religious views that are not supported by their chosen religious authorities, but are instead common misconceptions of nominal faith group participants, derived from familial connection to a faith, limited knowledge, or leaders with extreme views. For instance, researchers have posited that a patient's difficult early attachment experiences may contribute to a distortedly vindictive image of their faith tradition's deity (Huguelet & Koenig, 2009, p. 211). Discussions with clergy may thus be helpful for patients when the accuracy of their understanding of their spiritual tradition's moral code is in question.

Each of the spiritual traditions described above strongly prohibits killing people in most contexts, and yet war often involves the intentional or unintentional killing of enemy combatants, innocent civilians, or fellow service members. Each tradi-

tion permits killing only under very limited circumstances. For example, self-defense is typically considered a legitimate justification (e.g., Numbers 25:17, Exodus 22:2), and this rationale may apply not only to immediate threat but also to the temporally distant general threat that is common in modern warfare. In Islam, for example, lethal warfare can be considered just on the grounds of defending one's home against invaders (e.g., Al-Hajj 22:39–40; for a discussion, see Shah, 2008 and Bashier, 2015) and defending one's religious freedom (Hedayat-Diba, 2014). Similarly, the *Bhagavad Gita* includes text justifying war in response to oppression and demonstrating freedom from guilt or remorse following killing in particular circumstances (as Krishna advises Arjuna; Pattanaik, 2010; Stoler Miller, 1986). Despite these justifications, violence and other aspects of combat deployments can conflict with service members' moral codes. Moreover, some religions include practices designed to facilitate personal awareness of transgressions. For instance, Buddhist mindfulness practices are intended to draw attention to one's actions that may cause suffering; the Catholic practice of confession functions in part to identify transgression; and based on the Talmud, Jewish tradition encourages periodic, even daily, reckoning of one's actions (Babylonian Talmud tractate Shabbat 153b). Accounting for one's actions is typically viewed as positive and necessary, allowing the individual to gain an appreciation of his or her moral and immoral deeds.

Awareness of one's transgressions may, in turn, elicit feelings of guilt (remorse about a specific action) or shame (a global negative appraisal of self-value; Baumeister, Stillwell, & Heatherton, 1994; Tangney, 1996). In many spiritual traditions, the emotional experience of guilt is considered appropriate and useful when confronting wrongdoing, as it is thought to motivate moral improvement and the seeking of forgiveness, and to demonstrate that one recognizes the gravity of the transgression. Shame tends to be viewed by clinicians as unduly judgmental and incapacitating; yet religious traditions tend to frame shame like guilt, as motivating reparative behavior or reconnection with the divine (e.g., as a penitent David in Psalm 25). In response to objective wrongdoing, these responses are consistent with psychological development of genuine self-forgiveness (McConnell, 2015).

Although some service members and veterans may adhere to spiritual traditions that prescribe proportionate guilt or shame as useful and morally correct responses to transgression, clinicians should appreciate that these traditions tend to view overwhelming, persistent feelings of guilt or shame as a consequence of failing to appreciate the concepts of mercy (which involves compassion and lenience), grace (unmerited favor, in the Christian tradition), or forgiveness from God (facilitated through various means across religions, described below; Rye et al., 2000). Warriors may feel disgusted with themselves and permanently tainted by their past actions (Rachman, 2010); if they believe this intensity of negative self-evaluation is in line with the dictates of their faith, they may thus benefit from discussion of their belief system with clergy. When patients condemn themselves because they believe that their religious tradition judges them as unforgiven or unforgivable, it is reasonable to respectfully wonder whether the belief is accurate and offer that the patient consider consulting with an authority within their faith background who can provide a compassionate response as well as corrective guidance. It may be ideal if the clinician and clergy can collaboratively hold this discussion, based in a preexisting collegial relationship.

Betrayal and Anger

Aside from perpetrating violence, another cause of war-related moral injury is other people's betrayal of trust or failure to uphold the expectations of the warrior ethos (Litz, Lebowitz, Gray, & Nash, 2015), which may elicit powerlessness, resentment, or externalizing (seeking retribution, justice, repair outside the self), and is associated with anger (Bryan et al., 2016; see Pargament, McCullough, & Thoresen, 2000, p. 311). In religious traditions, anger tends to be viewed with suspicion as something that needs restraining or mastering, as illustrated by an array of Old and New Testament verses (e.g., Psalm 37:8, Matthew 5:21–26, Ephesians 4:25–27), ancient traditions in Judaism and Islam (e.g., Qur'an 3:134), and statements in various Hindu (e.g., *Bhagavad Gita* 3:43, 7:11) and Buddhist (*Dhammapada* 17:221–234) texts. In particular, certain types of behavior that may follow from anger (e.g., revenge-seeking) are discouraged (e.g., Leviticus 19:18; Romans

12:14; 1 Thessalonians 5:15), although angry behaviors are occasionally portrayed as righteous (e.g., Jesus overturning money-changers' tables in the temple; Matthew 21:12).

Progressive religious viewpoints tend to prescribe only aggressive *behaviors* rather than the emotion of anger itself (Häring, 1967), but service members and veterans whose spiritual traditions treat feelings of anger as a transgression may hesitate to acknowledge their anger and may experience guilt in response to the mere feeling. Clinicians will encourage the expression of angry feelings because they are a critical source of information about a patient's motivation, unmet needs, and frustrations. However, secular clinicians need to bear in mind that some warriors may view their faith traditions as prohibiting the emotional response of anger and not just anger-triggered behaviors, a potential challenge in treatment and recovery. Discussions with clergy who can frame feelings of anger as a source of strength for preventing future violations, without letting it become self-consuming (e.g., Meninger, 1996), may help some individuals to accommodate anger within their religious perspectives.

Spiritual Healing From Moral Injury

Across spiritual traditions it is generally accepted that any form of transgression can be repented and amends can be made, and, if this happens, all people, regardless of the type of transgression, deserve and will be provided forgiveness. A similar psychological process has been posited to develop genuine self-forgiveness after transgression, which requires taking responsibility and using conciliatory behaviors when possible (McConnell, 2015, p. 155). Regarding forgiving others, psychological research has focused on defining what interpersonal forgiveness is *not* (i.e., condoning, excusing, or denying; McCullough, Pargament, & Thoresen, 2000). Agreement seems to be that forgiveness of self or others is not a disavowal of responsibility but rather a path to emotional healing and the repair of broken interpersonal bonds (McConnell, 2015; McCullough et al., 2000). Some faith traditions such as Catholicism and Orthodox Judaism provide specific rituals to make amends, whereas other spiritual perspectives provide a general framework and give adherents greater autonomy in determining

the details of their reparative work. For example, Hinduism defines various paths of practice to achieve *moksha* or emotional liberation, and the concept of *karma* encourages making reparative actions to ensure a better future (Sharma & Tummala-Narra, 2014).

Divine Forgiveness and Self-Forgiveness After Perpetration

For theistic traditions, seeking forgiveness from God is required for repairing one's spiritual well-being after sin. Modern Christian (e.g., Graham, 2015) and Muslim (e.g., Abdu-roaf, 2011) writers have asserted that there is no sin beyond the reach of God's forgiveness. Islam, Judaism, and many denominations of Christianity share similar processes for achieving forgiveness. Each requires remorse for wrongdoing and a confession either to a representative of God, such as a priest for Catholics, or directly to God, as in Protestantism, Islam, and Judaism. Repenting, or committing to turn away from sin in the future, is described by several texts as an additional crucial step in assuring God's mercy (e.g., Isaiah 55:7; Qur'an 25:70, 39:53; Sahih Bukhari Volume 4, Book 56, Hadith Number 676).

In Hinduism, reparative behaviors may focus on developing the *Samanya Dharma* or common virtues, especially *daya* (compassion; Mahabharata Book 14, Anugita Parva, Section 38). Achieving moral restitution may be particularly important to a Hindu Veteran because the soul (*atma*) is deathless and eternal. Because karmic time connects wrong actions and thoughts in the past to pain in the present (Sharma & Tummala-Narra, 2014), the notion that pain in the next life will be felt due to actions in war may amplify distress but also motivate reparative behaviors.

In nontheistic codes, there is no god from whom one would seek forgiveness. Nevertheless, some aspects of making spiritual repairs and achieving self-forgiveness are similar to those in theistic traditions. For example, reciting confession liturgies is fundamental in Buddhism (i.e., the concept of *patidesaniya*), as is acceptance of another's confession (*samyutta nikaya* 1:35). A Buddhist approach to persistent guilt would involve nonjudgmental mindful detachment. Buddhism views emotions like guilt and shame to be temporary expressions of suffering and disturbances in achieving peace in one's mind. Buddhism encour-

ages focus on the present moment, which may provide relief from the feelings of guilt that are tied to an action in the past. The secular humanist view of excessive guilt is similar, regarding severe guilt as an unhelpful impediment to human happiness (Kurtz, 1983).

The question of who can facilitate forgiveness is a potentially contentious issue. Whereas some individuals, religious or nonreligious, may accept an approach in which forgiveness is offered and received intrapsychically (as in Litz et al., 2015), others may feel strongly that absolution may only be granted by a religious authority figure (e.g., Fritts, 2013). Notably, this belief may exist even if the actual authority for the faith does not require it. Consultation with clergy may provide an opportunity for collaboratively addressing these concerns in a thoughtful and compassionate manner.

Forgiveness From Others After Perpetration

Many spiritual traditions emphasize the need to seek forgiveness not only from divine figures but also from other people. In some Orthodox Jewish traditions, for example, atonement cannot be achieved without first obtaining forgiveness from the wronged party (e.g., Dorff, 1998). Apart from any religious edicts, humanist writers have also argued that people may benefit from making amends with others when unethical actions have damaged relationships (e.g., Garrard, 2010).

For veterans of war, however, the aggrieved parties with whom one wishes to make amends may be geographically remote or even deceased, or their identities may be unknown, thwarting conventional avenues for seeking forgiveness. Some spiritual traditions provide alternative strategies for at least partial atonement in the absence of tangible forgiveness from the harmed party. For example, perpetrators may be encouraged to confess and request forgiveness from the deceased symbolically, such as by beseeching them at their place of burial (Dorff, 1998). Secular approaches to symbolic forgiveness involve letter-writing or an imaginal conversation with the deceased (Keenan, Lumley, & Schneider, 2014; Litz et al., 2015; Maguen & Burkman, 2013), which may be beneficial to religious or nonreligious persons.

Especially when forgiveness from the aggrieved party is not feasible, healing may be fa-

cilitated by being (re)integrated into a spiritual community. Kinghorn (2012) has charged Christian communities in particular to appreciate the societal burden of war and their role in grieving with returning service members and veterans. He describes reconciliation through patience, confession, and forgiveness, which spiritual traditions have been exploring for millennia.

Forgiving Others After Betrayal

Some spiritual traditions, including the Abrahamic religions, command their followers to offer forgiveness to others who have transgressed against them. However, interpretations of this imperative vary widely, such as whether granting forgiveness is contingent on the offender's contrition or whether forgiveness necessitates reconciliation (Rye et al., 2000). For some individuals, forgiveness entails releasing a debt that the transgressor owes the aggrieved party; for others, the aggrieved must forswear any ill-will or intent to retaliate. Psychologically, the act of forgiveness is expected to release the victim from the emotional burden of the transgression (e.g., Meninger, 1996) through a process of uncovering and letting go of anger that, researchers contend, is distinct from pardoning or forgetting (Enright & Fitzgibbons, 2000). Premature declarations of forgiveness may cause betrayed individuals to feel resentful; psychologists and clergy alike may help morally injured service members and veterans to accept that time, processing, and expression of the full extent of one's hurt may be necessary before forgiveness can be offered freely and deliberately, without resentment, as may be required for the act of forgiveness to be a healing one (e.g., Enright & Fitzgibbons, 2000; Meninger, 1996).

Applications: Illustrative Examples and Clinical Recommendations

The following cases are compiled from real scenarios, based in the individual and group clinical experiences of the authors, and identifying details have been altered. Religious affiliation is omitted to avoid suggesting that any one faith tradition is more likely to experience guilt, shame, or anger, and to allow readers to apply the concepts to diverse contexts.

A Case of Perpetration During War

John described killing both armed and unarmed enemies and feeling no remorse at the time. Now, years removed from the war, he struggles with his actions and his response at the time, stating that his failure to feel immediate guilt was inconsistent with his religion's teachings. John stated that he had a breakthrough with an individual treatment provider (a cognitive therapist) who placed John's actions and peri-event feelings in the context of the fog of war as well as his young age at the time of the events, suggesting ultimately that *it was not your fault*. Despite this breakthrough, John reported an ongoing heavy burden of guilt and continued to participate in a weekly supportive therapy group with fellow veterans. His ongoing distress indicated that the therapy may have provided palliative reassurances but failed to allow John to fully come to terms with his past and present emotions and actions.

In cases like this, we recommend assessment to clarify the degree to which the Veteran's religious beliefs are influencing his current distress and the extent to which he has sought spiritual support (Saunders, Miller, & Bright, 2010). John's ongoing struggle with failure to feel remorse years prior suggests religious belief is relevant to his healing process. Cognitive therapy tends to address guilt-feelings by challenging objective guilt, which may sometimes be appropriate, such as when a war Veteran has an obviously distorted understanding of the ethical system to which they try to adhere and how their purported infraction fits into this system. We argue, however, that the therapist's role is not to adjudicate the patient's objective guilt; a spiritual figure would be better suited to help a patient do so (Litz et al., 2015). If assessment indicates that religious belief is relevant to the healing process, the clinician should inquire whether the Veteran wishes to discuss his belief with a religious adviser, and if so, offer to facilitate a referral to a sensitive and compassionate spiritual caregiver from the local faith community or chaplain from the health care setting.

The therapist's primary role, equipped with a basic understanding of the patient's spiritual framework, is to compassionately and empathically appreciate the inherent validity of the war Veteran's assignment of blame and responsibility, which is typically informed by the military culture and ethos and colored by faith (when present).

Moral repair following transgression (as opposed to moral *reassurance*) involves respecting that the patient is typically the expert about objective guilt vis-à-vis their own ethical system; that guilt and shame are not the products of a misconception about culpability, per se; and guilt is adaptive in that it can be used to motivate repairing action. Clinicians should also appreciate that the Veteran's goal may not be to eliminate guilt. Seemingly benign therapeutic efforts to reduce guilt and shame to cognitive distortions may actually be inconsistent with veterans' values, whether derived from religious sensibilities or military ethos (Verkamp, 1988, p. 223). It has been posited that self-forgiveness is not achieved "through moral justifications . . . or self-exoneration" (McConnell, 2015, p. 146). Rather, self-forgiveness is achieved through interpersonal and intrapersonal actions—public and private reparative activities—and guilt feelings may serve to motivate these behaviors (McConnell, 2015).

The therapist's goal is thus to help the patient figure out how he or she can be who he or she wants to be moving forward in life, even while carrying their objective guilt and consequent guilt-feelings with them (e.g., repentance in the Abrahamic traditions). Values identification and behavior change efforts are central to this work. Mental health care providers need to appreciate that moral repair is only partially intrapsychic; compassion and forgiveness may require sustained actions over the life span and may involve the support of the surrounding community.

A Case of Spiritual Alienation Following Perpetration

Jesse returned home feeling changed by his combat experiences, particularly by some incidents that he viewed as serious moral transgressions. He believes his and others' actions resulted in the deaths of enemy combatants and civilians. Although he has resumed attending religious services and reports a desire to be reconnected with his faith, he reports feeling separate from the congregation, describing a general felt difference in him that he and others can detect but have trouble articulating.

In this situation, the clinician should consider having a dialogue with Jesse about creative ways through which a welcoming religious community might be able to facilitate his healing, particularly because apologies to harmed parties

are unfeasible. If Jesse were provided the opportunity to engage in service-related activities alongside other congregation members, this may demonstrate to himself and others that he retains the capacity to do good. Certainly these steps could be taken outside a religious community, yet it may be meaningful to a religious individual to consider that historically the religious act of penance served to prove to oneself and to others the penitent's capacity for good (Verkamp, 1988). Making amends through ethical action may thus help to repair personal spirituality as well as connection to the religious community. The community also has a role in providing a supportive welcome (Kinghorn, 2012). A clinician can help facilitate this connection by seeking knowledge about communities that strive to welcome service members and veterans, becoming familiar with resources to educate communities about what they can do welcome and support service members and veterans, and developing relationships with local clergy and chaplains.

A Case of Betrayal of Expectations for Fellow Warriors' Conduct

Anya described leadership failures that resulted in near-misses on the battlefield; her attempts to suggest safer tactics went unheeded. She attributes the stateside suicides of fellow unit members to the psychological sequelae of these events. She describes having held a high standard for ethical action since her youth, which was intensified by her military service and challenged by the ethical failures she witnessed. She copes with intense anger and anxiety by heavy substance use. Her upbringing was characterized by an appreciation for the punishing side of authority figures (i.e., parents, God) and lack of relationship with loving authority figures.

As part of the spiritual assessment (Saunders et al., 2010), the clinician and Anya might explore the model of authority that her upbringing provided and her willingness to seek exceptions to the rule of unloving authority. The clinician might explore how the high standard of virtuous behavior demanded by her religion and by the warrior ethos are comparable, taking care not to minimize Anya's valuing of either. The process of healing for Anya might involve the receipt of a compassionate response from a loving authority figure, who might be a chaplain or clergy-

member. Experiencing such compassion might facilitate her learning to direct compassion to herself, and in turn allow her to direct compassion and even forgiveness to the leadership she holds responsible, without feeling she is relinquishing her moral principles.

Clergy with military backgrounds (e.g., former and current military chaplains), who have been side-by-side with fellow service members in witnessing, even themselves experiencing, the psychological and spiritual consequences of war, may be particularly well-positioned to collaborate in the above cases, through consultation and potentially the provision of complementary care for spiritual distress. Table 1 summarizes our recommendations for when clinicians may wish to consult or collaborate with chaplains or clergy and the desired outcomes of doing so.

The above vignettes are relatively straightforward, but moral injury in war veterans sometimes presents in more complex ways. For example, a service member may at once feel betrayed by leaders who made decisions that got people killed, and also feel responsible for not having done more to prevent leadership's decisions or the consequences thereof. Thus, although we have provided some basic examples of how spiritual healing from war-related moral injury might be encouraged in clinical settings in collaboration with spiritual care providers, all cases must be conceptualized individually.

Summary and Implications

War-related moral injury emerges from a service member's transgressive acts of commission and omission, being affected by the moral violations of others, or bearing witness to events that severely contradict moral expectations. Moral repair may be facilitated or complicated by war veterans' faith traditions. We contend that greater awareness by psychologists of spiritual issues in secular treatment will enhance their care for service members and veterans and their ability to effectively consult and collaborate with spiritual care providers when indicated. Detailed spiritual competencies (Vieten et al., 2013, 2016) and guidelines for clinicians regarding consultations with and referrals to religious professionals (McMinn, Aikins, & Lish, 2003; Saunders et al., 2010) have been elaborated upon elsewhere. We recommend that clinicians consult these resources and explore

Table 1
Recommendations: When to Consult or Collaborate With Chaplains or Clergy

Spiritual feature of moral injury	Assessment questions or discussion prompts	Desired outcome
Persistent guilt or shame after perpetration	1. What beliefs do you have about this? What have you learned from spiritual communities about this?	Receive compassion
Intense, chronic negative self-evaluation linked to religious beliefs	2. Have you sought any support from spiritual care providers, teachers, or communities? If not, would you be willing to? Would it help if we contacted the person together?	Correct misunderstandings Process thoughts and feelings within their chosen religious or spiritual framework or understanding
Alienation from community	1. Would you consider reconnecting with a spiritual community? a. How do you think that might help? b. What are your concerns about doing so? 2. Would you consider speaking with a leader at your community of choice? Would it help if we contacted the person together?	Receive an understanding and supportive welcome Experience opportunities for moral repair
Anger and/or mistrust after betrayal	1. What do other models of authority look like? Are there more examples of authority figures who disappointed or betrayed you in your life? 2. What would the ideal leader look like? What would be the attributes of an ideal leader? 3. Might it be possible to meet an authority figure who is trustworthy and compassionate, instead of cruel, absent, dismissive, etc.?	Receive compassion from religious authority Correct misunderstandings about anger Process anger within their chosen religious or spiritual framework or understanding

novel psychological approaches to war-related moral injury and related spiritual distress (Harris, Park, Currier, Usset, & Voecks, 2015; Litz et al., 2015; Nieuwsma et al., 2015), which address spiritual concerns related to emotional and behavioral consequences of transgression. It is also critical to allow for the process of healing to include conservation and/or transformation of spirituality (Pargament, 2007).

Psychologists tend to give minimal attention to issues of transgression and typically focus instead on modifying so called “maladaptive” cognitive and emotional states to relieve distress (e.g., Wachen et al., 2015). Yet, perpetration- and betrayal-related distress may not be caused by failure to fully express emotion or by faulty appraisals about responsibility and control. Steps toward self- and other-forgiveness, such as confession to compassionate and caring others, and making amends, can be accomplished by nonreligious service members and veterans as well as those who ad-

here to a faith tradition, in conjunction with their faith-based work.

Because we have omitted many faith traditions and could not represent the full diversity within each of the traditions discussed, we recommend that clinicians always explore the individual beliefs and assumptions held by service members and veterans struggling with war-related moral injury. Given the breadth and depth of this topic, maintaining an attitude of cultural humility in lieu of striving for categorical competence (Tervalon & Murray-Garcia, 1998) may be the most helpful frame for this aspirational care. We hope that this work provides clinicians with helpful basic information about the faith-based and philosophical origins of spiritual concerns in moral injury, increases their comfort with discussing these matters with service members and veterans, and inspires further investigation into the nuances of transgression and forgiveness through collaborative discussion with spiritual care providers.

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