



Introduction to the special issue “Moral injury care: Practices and collaboration”

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ABSTRACT

Since moral injury was introduced in the psychological literature little more than a decade ago, it has received substantial attention from mental health professionals as well as chaplains. This special issue features ways that chaplains are and can be engaged in addressing moral injury within health care contexts, especially the Department of Veterans Affairs. The efforts highlighted in this special issue provide building blocks for advancing moral injury care practices, research agendas, and interdisciplinary collaborations into the future.

KEYWORDS

moral injury; chaplain; mental health; collaboration; integration; interdisciplinary; veterans

The *Journal of Health Care Chaplaincy (JHCC)* exists to provide chaplains and affiliated health care providers with original research and scholarly work on topics pertinent to the intersection of chaplaincy and spirituality with physical and mental health. Moral injury is precisely such a topic, and as such it is fitting that moral injury should be the focus of this first-ever special issue published by *JHCC*. The goal of this special issue is to highlight ways chaplains approach moral injury in health care contexts, with specific attention to interprofessional collaboration, data-informed approaches, and the particulars of clinical practices. The seven peer-reviewed manuscripts in this special issue illuminate various facets of moral injury care practices, providing critical early insights, practical clinical suggestions, and helpful signposts pointing toward future work to be done in the rapidly evolving field of moral injury.

Although the lived experience of what has been termed “moral injury” is nothing new to humanity – with evidence even in millennia-old literature (e.g., Homer’s *Iliad*, Euripides’ *Trojan Women*), as noted by various contemporary scholars (Doerries, 2016; Shay, 1994, 2002) – the modern usage of this terminology is very new. As demonstrated by Figure 1, current interest in the topic was sparked by a 2009 article published in *Clinical Psychology Review* that defined moral injury as the “psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009). While earlier foundational work relevant to developing the construct of moral

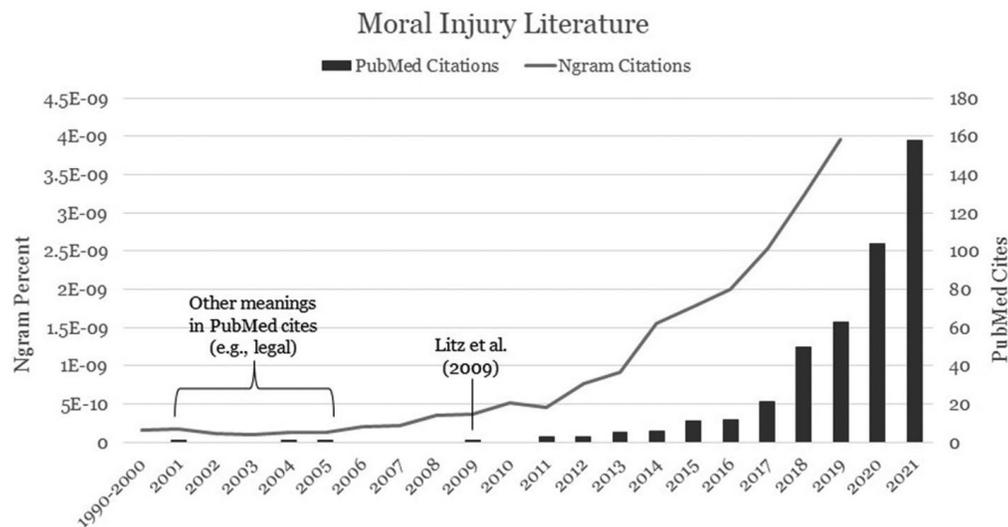


Figure 1. Volume of moral injury literature over time.

PubMed citations (bars) indicate the total number of citations on “moral injury” for each year indicated. Google Ngram (line) displays frequency with which the term “moral injury” appeared as a percentage of all catalogued words from printed sources between 1990 and 2019 (latest year available).

injury had been done by persons such as psychiatrist Jonathan Shay (Shay, 1994, 2002, 2014), nothing existed prior to 2009 in the scientific literature (based on PubMed citations; see Figure 1), nor was the topic much addressed elsewhere (based on Google Books Ngram Viewer; see Figure 1). Since that publication, interest in moral injury has expanded exponentially. Over the past decade, each progressive year of research on moral injury has produced an average of over 50% more citations than the year prior.

Thus, contemporary conceptualizations of moral injury are clearly rooted within the field of mental health and have developed in relation to the zeitgeist of this field. In particular, moral injury has been constructed in response to perceived shortcomings in the diagnostic framing of, and attendant clinical interventions for, posttraumatic stress disorder (PTSD). PTSD was categorized within the Anxiety Disorders section of the DSM during a critical period of intervention development (American Psychiatric Association, 1994), and leading interventions for PTSD have correspondingly entailed substantial focus on the treatment of fear- and anxiety-based symptoms, whether via pharmacotherapy (e.g., anti-anxiety and antidepressant medications) or psychotherapy (e.g., exposure-based therapies). Recent attention to the phenomenon of moral injury has prompted critical examination of the sufficiency of such approaches in mental health.

This introspection is constructive for the field of mental health and should ultimately result in improved care, yet even honest, critical introspection can be subject to disciplinary blinders. Within the mental health field, the often-constructive emphasis on evidence-based care has at times made it challenging to see beyond the confines of empiricism. Empirical evidence can demonstrate whether scores on measures of psychiatric symptomatology increase or decrease over time. However, such evidence cannot directly answer questions of how one should behave, what is right, and what is wrong. These are moral, ethical, philosophical, and perhaps even theological questions – but not directly empirical. Of course, in our lived human experience, there is substantial

and seamless overlap between the existential (e.g., How should I live?) and the empirical (e.g., How do I report feeling?). The dynamic intersections between these realms were in fact fluidly traversed by many prominent figures earlier in the history of psychology (e.g., William James, Victor Frankl). This is instructive. If moral injury is to be optimally understood and cared for, it is necessary to strive toward a fluid traversing of its many facets: existential, empirical, spiritual, psychological, ethical, and communal.

By embracing an integrative vision and bringing together the disciplines of chaplaincy, mental health, and affiliated professionals, this special issue aims to help broaden approaches to the conceptualization and care of moral injury. Encouragingly, others share this vision. As reported by Wortmann and colleagues (this issue), nearly all respondents in an anonymous survey of over 350 Veterans Administration (VA) chaplains believed that mental health professionals and chaplains should collaborate in providing moral injury care. Further, nearly all chaplains in this survey reported encountering moral injury as part of their chaplaincy care, and over one-third were either already offering a moral injury group or planning to do so. Some efforts to address moral injury have been driven more by chaplaincy or more by mental health, whereas others have been fundamentally collaborative, and these diverse foundations are evident in many of the articles in this special issue.

From the perspective of chaplaincy, moral injury embodies an invitation for chaplains to bring their training, expertise, and care practices to bear in a distinctive manner within the health care context. Emmerich (this issue) explores how chaplains can address moral injury with the practice of centering prayer, a mindfulness-based spiritual practice that has roots in the Judeo-Christian tradition. Many contemporary psychotherapies have gravitated toward incorporating mindfulness in myriad ways (Germer, Siegel, & Fulton, 2016), and so it is helpful to be reminded both that: (a) mindfulness has a much longer preexisting history in religious traditions; and (b) mindfulness can be associated not only with frequently-acknowledged Buddhist traditions but also with longstanding practices in Christianity (which is by far the most prevalent religious affiliation in the U.S., and thus relevant to patient care).

From the mental health perspective, moral injury invites consideration of how emerging psychotherapeutic approaches might prove especially suitable for addressing aspects of suffering not previously focused on by prior modalities. Acceptance and Commitment Therapy (ACT) is one such approach that has been advanced in previous work (Evans, Walser, Drescher, & Farnsworth, 2020; Nieuwsma et al., 2015) and is expanded upon in this issue by Borges and colleagues. They bring special focus to how the ACT-based concept of psychological flexibility can be employed to address moral injury and understood as synergistic with spiritual care. Mindfulness practices feature prominently in ACT, making this article something of a psychotherapeutic echo to the spiritually-based centering prayer practice explored by Emmerich.

Three articles in this issue report on interdisciplinary chaplain-mental health co-led moral injury groups, an approach to addressing moral injury that has been intentionally championed, fostered, and iteratively refined via systematic efforts by Integrative Mental Health in VA (Smigelsky et al., 2020). Smigelsky and colleagues (this issue) describe the Reclaiming Experiences And Loss (REAL) group therapy approach, which was collaboratively developed by mental health clinicians and chaplains and which purports promising

improvements in PTSD and depressive symptomatology among veterans who have completed REAL. Pernicano and colleagues (this issue) provide an overview of their Acceptance and Forgiveness Therapy (AFT) co-led group, which incorporates principles from ACT along with spiritually-oriented practices and which has demonstrated preliminary quantitative evidence of decreased distress and increased psychological flexibility alongside qualitative evidence of renewed purpose, self-acceptance, and social engagement. Antal and colleagues (this issue) report on a third distinctive co-led chaplain-mental health moral injury group, which places heavy emphasis on the communization of moral injury and related implications for care and moral responsibility. These three articles, while representing a subset of emerging chaplain-mental health co-led moral injury group approaches, present substantial steps forward in concretizing how complementary disciplinary perspectives on moral injury can be combined to affect the provision of moral injury care.

Much work remains to be done in this area. Identifying individuals likely to benefit from moral injury care is one important need. Kopacz and colleagues (this issue) present findings from one approach to screening for moral injury among veterans. Multiple moral injury measures have been developed to date (Currier, Holland, Drescher, & Foy, 2015; Currier et al., 2018; Koenig et al., 2018; Nash et al., 2013; Nieuwsma et al., 2021; Yeterian et al., 2019), and it will be important moving forward to understand which measures are most appropriate for which purposes (e.g., screening vs. ongoing measurement of severity). A second important need is to continue expanding the boundaries of moral injury conceptualization and care. Antal and colleagues (this issue) have commendably attempted to undertake a larger social analysis of moral injury and to unpack what that entails for communal responsibility and engagement, framing moral injury as a public health issue. Whether this perspective holds for others experiencing moral injury outside the context of military service and community reintegration is an important question.

The primary setting for preliminary efforts at addressing moral injury has been VA and other contexts serving veterans and members of the military, in keeping with the development of moral injury as a phenomenon affecting these populations. Future efforts will inevitably look to examine moral injury in other populations. One such population that has received particular attention amid the COVID-19 pandemic is healthcare workers (British Medical Association, 2021; Dean, Jacobs, & Manfredi, 2020; Litam & Balkin, 2021). Other populations include incarcerated persons and prison staff, police officers (Komarovskaya et al., 2011), and refugees (Nickerson et al., 2015). Whenever persons are in environments with the potential for high-stakes moral decisions, the possibility of moral injury exists. Our hope with this special issue is to demonstrate how bringing different perspectives together can prove an effective way to advance care practices and expand conceptualizations. Hopefully the efforts described in this issue can serve as building blocks in moving moral injury care forward into the future. We extend our sincere appreciation to all the individuals who have devoted themselves to this work and who put forth the effort to contribute to this first-ever special issue in *JHCC*.

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