

MORAL INJURY WOUNDS RUN DEEP: IMPLICATIONS FOR TREATMENT

RUTH LANIUS, MD, PHD

Professor, Department of Psychiatry

Harris-Woodman Chair, Schulich School of
Medicine, Western University of Canada

OVERVIEW:

Moral Injury (MI) is a condition that has emerged out of research on Post-traumatic Stress Disorder (PTSD). MI stems from morally injurious events that violate deeply held moral/social norms or witnessing a trusted other make such transgressions. It also stems from betrayal, being directly affected by someone doing something or failing to do something (especially relevant in the case of military sexual trauma and violence).

How this occurs, including the brain/body manifestations of MI, is discussed, along with emerging interventions around diagnosis and treatment.



HIGHLIGHTS:

MI is associated with blame-related emotions (e.g., guilt, shame, intense anger/rage and anguish) that trigger the reptilian brain (“I feel therefore I am”) and stress-responses (affect and arousal). This severe internal anguish and social pain often leads one to withdraw. Negative beliefs about oneself stemming from MI can become internalized and linked to one’s identity. A loss of meaning as to who one is, and loss of trust, can lead to profound social disconnection and isolation.

The intense emotions of guilt, shame and rage experienced by people suffering from MI can manifest in changes in posture and an individual’s reluctance to make eye contact. To better understand these emotions, a clinician could ask the person suffering from MI what it is like for them to make eye contact with people. Visceral sensory outputs and moral disgust can lead to manifestations of physical gastrointestinal distress. People have described MI as a nauseating, painful, gnawing sensation: “I know it was not my fault, but I can’t stop feeling it. It keeps tearing

me up inside.” This impacts moral processing, perceptions of social norms, future planning and is linked to PTSD, particularly in military and law enforcement personnel. MI is also linked to depression and increased risk for suicidal ideation and attempts.

Treatment evaluation reveals that peer support is vitally important to addressing MI because people need to heal within their community (e.g., Veterans with lived experience supporting Veterans and serving military), and at the institutional level through a truth and reconciliation approach. For particularly severe cases of MI, neuroscientifically guided treatments of deep brain reorienting therapies and neurofeedback can calm visceral distress resulting from deep, painful emotions and restore self-related thinking, identity and connection.

TAKEAWAYS AND NEXT STEPS:

As we better understand how MI manifests, interventions around diagnosis and treatment are emerging. Advances in brain imaging are making the invisible wounds of MI visible as a biological process in the amygdala. MI is linked to how biology and the person’s environment interact, which is why it is difficult to ‘talk’ people out of MI through conventional behavioural therapies due to this deep brain orientation. Language is intellectual, while MI is visceral. Treatment of MI involves making time for oneself or within a group to enhance self-compassion. Measuring progress in dealing with MI clinically and institutionally involves individuals feeling increasingly safe, heard and respected.

The Road to Mental Readiness program exists to build awareness of and improve short-term performance and long-term mental health outcomes of serving military members and their families. It includes the Operational Stress Injury Support network of peer supports for Canadian Armed Forces members, Veterans and their families experiencing an operational stress injury. Significant stigma around mental health issues like PTSD and MI still exists. Moving forward, a better understanding of how MI manifests may help to dispel some of the stigmas around the condition so that people who suffer seek out the supports they need to get well.

CHATROOM HIGHLIGHTS:

Q: Is there an approved scale for diagnosing MI?

A: Dr. Brett Litz has developed and is validating a new measure of moral injury as a multidimensional outcome. There are several scales under development for different populations. While both involve deep, visceral emotions, classic PTSD manifests as hyper-vigilance, but MI is different. It is a profound feeling of a lack of safety.

Q: Did you screen for traumatic brain injury?

A: Yes, because head injuries can be a significant confounder.