

MORAL INJURY

SPECIAL INTEREST GROUP NEWSLETTER

VOLUME 1, ISSUE 1



INAUGURAL NEWSLETTER: WELCOME AND UPDATE FROM THE CHAIRS

Colleagues,

We are thrilled to publish our first SIG newsletter! The members of our SIG are doing amazing work all over the world, and we hope this newsletter will be one of the many ways we can all stay connected and informed about these efforts.

Our SIG was established in January of 2018 and, since then, has grown to 97 members. We hosted our first SIG meeting at the 2018 ISTSS Annual Meeting in

Washington, D.C. with over 35 people in attendance. This group included about 40% direct care providers, 25% researchers or researcher-clinicians, 25% students and trainees, and 10% from journalism, government, and other fields. At the meeting, we took time to get to know each other and learned that our group includes professionals with years of experience working to understand and alleviate moral injury as well as trainees and other early career professionals excited to learn more and, in turn, contribute

to advancements in the field. With our first year behind us, we want to—one more time—welcome everyone to the SIG and to thank you for your interest in and contributions to the field.

There is a lot to come in 2019! Of course, you're reading our newsletter, which we hope to publish three times per year. As you have probably seen, abstract submissions are open for the 2019 ISTSS Annual Meeting in Boston. Several of our members are working on presentation proposals already,

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WELCOME AND UPDATE FROM THE CHAIRS (CONT.)

and we hope there will be many more. We have high hopes there will be more symposia, panels, and workshops on moral injury and related topics at this year's meeting. Another big goal for the SIG in 2019 is developing a platform for sharing resources (e.g., treatment and training materials). This will allow SIG members to share information and tools with one another as well as with people not currently affiliated with ISTSS who are seeking more guidance around moral injury and moral healing. We look forward to sharing this process with all of you soon.

Following this update, the *Featured Article* in this issue comes from Matthew Katz and is a commentary on moral injury across the professions. A well written, insightful, and reflective piece, we think it fits perfectly with one of our primary objectives at this juncture—to engage diverse stakeholders from across disciplines to develop a holistic understanding of moral injury. In our *Spotlight* section, each of the co-chairs has provided a brief bio, as an introduction for those we have not gotten to meet yet. Going forward, we will spotlight one or two members in each of these

newsletters. Check out the nominations information at the end of that section. The *Student Section* includes information about training programs where moral injury clinical training is available. Finally, we have compiled a research update to include references for a range of articles on moral injury published in the past year.

We're looking forward to the meaningful dialog and work to come in 2019!

Wyatt, Sheila, & Amanda
Moral Injury SIG Chairs

MISSION

The Moral Injury Special Interest Group (SIG) aims to bring together clinicians and researchers from across healing disciplines and related fields including philosophy and ethics, military culture and history, and religious/spiritual studies in order to provide a professional home for moral injury discourse and development. In gathering ISTSS members from across these disciplines and the world, this SIG will facilitate a rich scientific conversation and will advance the state of the science in conceptualization, assessment, and intervention for moral injury. Though the concept of moral injury has recently regained a great deal of popular interest, the field is in its infancy. At present, essential conceptual distinctions need refinement and the potential paths to moral healing require paving. Addressing these areas will be the primary objectives of the Moral Injury SIG, and will be approached in the following ways:

- Advocate for rigorous clinical and scholarly work that attends to cultural and contextual factors in this field
- Disseminate high quality scholarship in the moral injury field to ISTSS members and to the broader international community
- Support collaborative exploration of moral injury between members of the SIG, facilitating submission of proposals on moral injury and related topics to ISTSS Annual Meetings and other appropriate venues and nurturing research on moral injury and healing
- Establish and maintain an active SIG listserv to facilitate direct and wide-spread sharing of new and upcoming literature, training, etc. of interest to SIG membership

MORAL INJURY ACROSS THE PROFESSIONS

MATTHEW MORDECAI KATZ, J.D., M.B.A.

In a “Professional Ethics” class in law school, one of our instructors tried to wake us up -- red eyed evening students that we were -- to the relevance that topic would inevitably have for us and for the many very gripping realities endemic to the practice of law we would soon face as full fledged members of the profession. “One day not too far from now,” our very animated professor insisted, “one of you in this room is likely to have a client walk into your office and hand you a gun, and, under the auspices of attorney-client confidentiality, he will assert that you are required to hold his property for safekeeping.” Unfortunately, too many of us were then either far too young, too tired, or otherwise too focused on just making it through law school, for the lesson to sink in as deeply as it should.

Currently on the other side of a decade of practicing law, and privileged to be enrolled in a dual degree program at the University of Chicago Divinity School and School of Social Work Administration, I enjoy the perspective of hindsight, a

luxury that the lawyer whose client brings a warm gun into his office undoubtedly does not possess. This privileged vantage point offers a glimpse at a problem with the *warm gun for hide* case study, both as heuristic and exemplar. This is because the case is (1) neither sufficiently nuanced so as to instruct the ethical ambiguity inherent in the daily, less sensational aspects of the practice of law, (2) nor is it likely to solicit the requisite self-reflection on the moral injury that lawyers often experience in the pursuit of their vocation. Permit me to use the space below to unpack this dual claim, both for how it might apply to the practice of law and other professions (not the least of which includes our own - *the mental health professions*) and suggest questions for further research.

Why doesn't the *gun for hide* case work as heuristic for future lawyers? The problem with this “case” is that like much law school education, it instructs by making a test tube case scenario out of the facts, placing them “out there” in the way that we accuse the high-brow western anthropologist

for voyeurism when he travels to observe some far-off culture. But in the Professional Ethics classroom in law school, there is no “out there”, for although the cases are empirically credible and projected as future hypotheticals, the would-be clients are the very students in the room, (future) lawyers accused of ethical blunder. This is not contracts class where the clients are businesses and consumers and the like who are disputing the validity of their transaction, in which cases the lawyers are not subject to scrutiny, for they are not, as it were, *in the test tube* themselves.

Yet even if we were to assume that the law students could remove that additional degree of separation from the imagined scenario and bring the case closer to heart and home, it is far too easy for that same student to add other layers of objectifying insulation from the self, e.g., “I’m not going into criminal law--I’m going to be a tax lawyer,” or “I won’t take *those* kinds of cases,” or I won’t have *those* kinds of clients,” etc. Admittedly there are a multitude of diverse case types discussed in Professional Ethics classes in law schools, but for

every case type there are scores of reasons why “it won’t happen to me” as with our own experience watching the nightly news happen to *those* people.

The other problem teaching with this and other “gotcha” scenarios, wherein for a buck the lawyer or other professional crossed some ethical boundary, is that those professors of law don’t consider the *permitted* legal practice germane to their pedagogical agenda. And this is where moral injury opens the door far and wide to understanding why so very many run of the mill lawyers, doctors, social workers, and other professionals, (we’re already familiar with the soldiers, but they are the pinnacle ‘other’ for more than one reason) who simply wish to provide a valuable service and live a comfortable life, nonetheless regularly find themselves steeped in depression, substance abuse, and suicide as a consequence of professional fallout of one category to one degree or another.

Consider, for example, the lawyer who routinely instructs clients that cry on her desk about the mental anguish suffered in a marriage that: “our state statute’s process for dissolution of marriage does

not contemplate the court’s holding hearings to determine who is more guilty for such behaviors”. Instead of expressing empathy and sensitively walking the client through the difficult reality of a courtroom hearing — in contrast to a television courtroom drama where one’s emotional constraints find catharsis — he or she should, in fact, expect the cold legal procedure. (There’s no class on *this* dilemma in law school). Perhaps the first time she responded to her client thusly she felt awkward or even guilty, despite years of law school and the *academic* scrutinization of endless case studies, but after handling hundreds of these situations she’s annoyed at having to respond at all, making the alienation between client and lawyer all the more severe and deadening to her own heart.

Unfortunately, however, atrophy of the heart is not limited to attorneys. A 2018 article in STAT described a Mayo Clinic study on physician burnout by referring to this phenomena in physicians as “death by a thousand cuts”.¹ They are further described as being “the health care canaries in the coalmine” given that they suffer twice the suicide rate of soldiers, themselves on the front lines of enforcing

decisions by insurance companies and other profit brokers in their industry that regularly call for depriving treatment and sending otherwise curable cases home to face a slow, often painful death. The counterparts in social work are numerous, but top on the list for burnout are child welfare workers who suffer twenty to forty percent turnover nationally, which should be no surprise from the vantage of moral injury, given they are called upon to make an often impossible decision between subjecting a child to further abuse or forever disrupting a family’s hitherto sacrosanct nature.¹ Numerous studies which attempt to address the problem of professional burnout have scarcely addressed the phenomenon of moral abuse.

Why is it so difficult for us to confront the moral abuse attendant to professional vocations in which intersubjective relations are salient? Perhaps this is because, as Jonathan Lear reminds us, “we are ever so tempted by complacency when it comes to self-understanding”¹ the consequence of which, when it comes to our own moral accounting, is a collective myopia: a prophylactic against self-examination. Michel Foucault, in describing what he

called “the archive” or the epistemological matrix in which given discourses unfold, argued that it was impossible to scrutinize one's own archive.¹ This is because the very processes by which we form our thoughts and communicate them are determined by their discursive constraints which, were we able to describe them, would intrinsically occlude critical self-reflection. This actuality might be more intelligible were we to consider Foucault's explanation of this epistemological impasse. In chapter five of his *Archeology of Knowledge* he observed that: “it is not possible for us to describe our own archive, since it is from within these rules that we speak, since it is that which gives to what we can say -- and to itself, the object of our discourse -- its modes of appearance, its forms of existence and coexistence, its system of accumulation, historicity, and disappearance.”¹

The great promise of adopting the concept of moral injury is that it might enable us to behold the implicit, indeed unspoken, epistemological and axiological presuppositions of the discursive culture in which we pursue professional vocation. This lived paradox, inherent in several philosophical traditions, is

described by one recent author in explicating the philosophy of Soren Kierkegaard as it relates to ethics:

[this paradox can be seen] when Kirkegaard in *Either/Or* diagnoses the cause of the speculative tendency in philosophical thinking as a lack of attention towards the different nature of the questions investigated by philosophy. Philosophy has an ambition to describe the totality of life, but this ambition clouds its vision, blinding it to the fact that not all questions can be treated in the same way. Any investigation of human subjectivity meets difficulties that are essentially different from the ones raised in an investigation of the foundation of the sciences, and by neglecting this, the speculative philosopher forces a pseudo-scientific formula on what really are ethical questions.¹

Yet this very danger of flight from reality in philosophical theorizing might *unstick* the decades old tension between theory and practice in the mental health professions¹ in crossing the threshold into the scholarship on moral injury, because it is precisely via the lens of moral philosophy that we might permit the higher existential speculation to shift

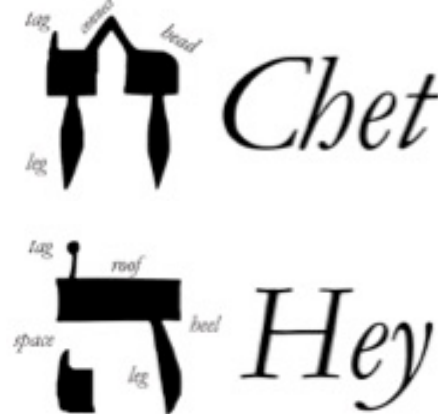
our perspective that one or two extra turns necessary “to see the light.” Moreover, the interdisciplinary thrust of our new approach to the study of interpersonal relations and the phenomenology of ethical decisions, allows us to draw from social work, neuroscience, psychology, medicine, and from diverse spiritual traditions. Indeed, any and all disciplines which offer significant potential to shed light on the nature of the phenomenon of moral injury and its healing should be welcomed to the discussion.

In the space remaining, I propose a potential resource from my own spiritual tradition, which offers profound conceptualizations of moral injury, albeit perhaps challenging to grasp from the standpoint of a non-Torah ontology. In *Likutey Moharan* (Collected Teachings) Rebbe Nachman of Breslov (1772-1810) teaches that in order to rectify “a crooked heart” so that it might feel joy, one must experience thunder. What is thunder? One's own voice crying out in inspired prayer. This will in turn inspire fear of heaven, and consequently causes “the heart to hear”. Before this can be done, however, one must clear one's mind of undesirable thoughts, or “chametz” (chametz is the

leavening in bread, prohibited to eat on Passover, which also corresponds to the inflation of the ego). At this juncture in his teaching, Rebbe Nachman takes flight, launching into a dizzying hermeneutical frenzy capable of reorienting one's worldview. Citing the Talmud, he teaches that when the Israelites were fleeing Egypt, the Angel Gabriel struck a reed (*kaneh* in Hebrew, which also means *windpipe*) into the Sea of Reeds, which broke the leg of the Hebrew letter *chet* turning it into a letter *hey*. This permitted Israel (the people, not the land) to go from the *chametz* or egotism of the superficial existence of Egypt to the *matzah* (unleavened bread) of a liberated people.

This requires some explanation. In Hebrew, *chametz* and *matzah* are each spelled with three letters. Two of the three letters are the same, the *tz* and the *m*. The different letter is the *ch* of *chametz* (called *chet* in Hebrew) versus the *h* (the letter *hey*) of *matzah*. What is riveting about Rebbe Nachman's teaching is that he removes one's entire level of thought from one manner of thinking to another -- what we might call an epistemological qua ontological shift -- in that the student who can visualize the appearance of the Hebrew letters can imagine

the reed held by Gabriel piercing the actual letter *chet* (which appears as three closed lines similar to an English "n") and thereby turning it into a letter *hey* (whose leg is open at the side) thus turning *chametz* into *matzah*, and the egotism of Egypt into the humility of an ecstatic people dancing forward into their newfound liberation from mental, physical and spiritual slavery.



The open hey is also representative of the "circumcised" heart, which is humble, open to others and their pain, not projecting a contrived subjectivity onto the world but rather is receptive to the divine presence in everyone and everything. Not coincidentally, the letter *hey*, with its openness to the divine, is one of the four letters of God's Hebrew name.

What is going on with all of these permutations? One scholar beautifully described *what Rebbe Nachman was doing* this way: it was an attempt at the "restoration of both the

human and divine spheres [...] viewed as mystically helping to bring about that end. To put it another way: in addition to 'fighting fantasy with fantasy,' an operation directed mainly at those open to his teachings, Nachman was also engaged in the 'repairing' of language through language, an undeniably mystical enterprise directed toward the forces of the cosmos."¹ For those of us who seek to understand and heal moral injury, Rebbe Nachman offers one potential 'rectification of the heart' which might indeed be timely for a number of our nation's professions whose 'heart disease' is, tragically, increasingly proving to be lethal.

¹ Talbot, Simon and Wendy Dean, "Physicians aren't burning out. They're suffering from moral injury." *Stat*, July 26, 2018. Available online at: <https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/>

² See, e.g., Sarah Font, *Social Service Review*, Vol. 86, No. 4 (December 2012), pp. 636-659.

³ Jonathan Lear, *Freud*, (New York: Routledge, 2005), 1-2.

⁴ Michel Foucault, *Archeology of Knowledge*, (New York: Pantheon Books, 1972), 130.

⁵ Ibid.

⁶ Anne Marie Christenson, “Depending on ethics, Kirkegaard’s view of philosophy and beyond,” *Res Cogitans*, 2007, no. 4, vol. 1, 1-19.

⁷ See, e.g., S.P. Kemp and G.M. Samuels, “Shaping a Science of Social Work: Professional Knowledge and Identity,” in, J.S. Brekke and J.W. Anastas (Eds.), *Theory in Social Work Science*, (New York: Oxford University Press, 2019).

⁸ Auri Durschlag, “Rabbi Nachman and His Readers,” *Prooftexts*, Vol. 2, No. 2, *Jewish Writing in the New World* (MAY 1982), pp. 221-226.

ABOUT THE AUTHOR

Matthew Moredecai Katz was an inner-city high school social studies instructor on Chicago’s West Side and later an immigration attorney in the same neighborhood. He is currently a joint masters degree student in Divinity and Social Work at the University of Chicago.



ARTICLE SUBMISSION

We invite SIG members to submit relevant articles of no more than 1,500 words. Submissions may be data-driven, descriptive, theoretical, clinically oriented, etc. provided that they are relevant to the field of moral injury. Consistent with our mission to bring together clinicians and researchers from across healing disciplines and related fields, we hope to consider a range of submissions.

Articles should be no more than 2000 words (including references, tables, and figures). At least one SIG member should be an author on all submissions, though non-members may contribute in any role. As always, collaborations among members are highly encouraged. Submissions should be addressed to the SIG Chairs:

Wyatt Evans, PhD

WyattREvans@gmail.com

Sheila Frankfurt, PhD

Sheila.Frankfurt@gmail.com

CALL FOR ABSTRACTS

The 35th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held November 14-16, 2019 at the Boston Marriott Copley Place in Boston, Massachusetts, USA.

Trauma, Recovery, and Resilience: Charting a Course Forward

Submissions Accepted: February 5 - March 21, 2019

Submit Your Abstract

SPOTLIGHT: INTRODUCING THE CO-CHAIRS



Wyatt R. Evans, Ph.D. is a trauma psychology fellow at the University of Texas Health Science Center San Antonio, a therapist for the STRONG STAR Consortium and Consortium to Alleviate PTSD at Fort Hood, and a research associate with the National Center for PTSD. He received his Ph.D. in Clinical Psychology from Palo Alto University in 2017. Dr. Evans completed clinical and research training in the VA Palo Alto Health Care System and at the Michael E. DeBakey VA Medical Center in Houston before accepting his current position at Fort Hood. His clinical interests include healing and personal growth for active duty service members and veterans following combat, operational, and other significant stressors. His ongoing research includes development of an Acceptance and Commitment Therapy (ACT) protocol for combat veterans experiencing moral injury and implementation evaluation of trauma-focused treatments. Dr. Evans has been invited to conduct presentations and trainings in trauma-focused treatment and on moral injury with Department of Defense and community-based mental health care providers as well as at state, national, and international conferences. He has also authored a number of articles, chapters, and an upcoming book on topics related to moral injury. Dr. Evans has served in a number of institutional and professional leadership roles including on multiple committees for the International Society of Traumatic Stress Studies (ISTSS). He is most proud to be the founding chair of this Moral Injury Special Interest Group.



Sheila Frankfurt, Ph.D., L.P. is a staff investigator and counseling psychologist at the VISN 17 Center of Excellence for Research on Returning War Veterans. Her research program aims to improve phenomenological understanding, construct validity, and measurement of trauma-related psychopathology and in particular moral injury and PTSD. She is currently on a VA Rehabilitation Research and Development Office Career Development Award – 1, “Improving the Measurement of Moral Injury Events in Veterans and Soldiers” (5IK1RX002427-03). Dr. Frankfurt earned her Ph.D. in Counseling Psychology in the Department of Psychology, University of Minnesota; her dissertation was advised by Dr. Patricia Frazier. When she is not working, she likes playing with her young daughter, reading romance novels, and being outside.

SPOTLIGHT: INTRODUCING THE CO-CHAIRS



Amanda J. Khan, M.A., M.S. is currently a Clinical Psychology Ph.D. Candidate at Suffolk University in Boston working under Dr. Gabrielle Liverant and pre-doctoral intern at the San Francisco VA Medical Center (SFVA) working under Dr. Shira Maguen. She also recently accepted the SFVA PTSD MIRECC Postdoctoral Fellowship and is thrilled to be continuing her work with Dr. Maguen! Prior to her current position, she completed clinical training at Brigham and Women's Hospital, Edith Nourse Rogers Memorial VA Hospital, and Massachusetts General Hospital's Depression Clinical and Research Program (DCRP) and Center for Anxiety and Traumatic Stress Disorders (CATSD).

Amanda's clinical interests include delivering culturally-sensitive cognitive and acceptance-based behavioral therapies to treat PTSD, depression, anxiety, and comorbid substance use disorders. She also has a passion for education about working with LGBTQ+ identifying individuals and has been invited to conduct trainings in this area at several academic hospitals. Amanda's research interests focus on examining emotion regulation processes involved in trauma sequelae (namely moral injury, PTSD, and suicidality) and gender differences. Her ongoing research includes examining the relationship between potentially morally injurious events and suicidal ideation in women veterans and gender differences in treatment efficacy for veterans with MST. She is very excited to be serving in this role as student co-chair for the Moral Injury SIG and looks forward to helping build a strong community!

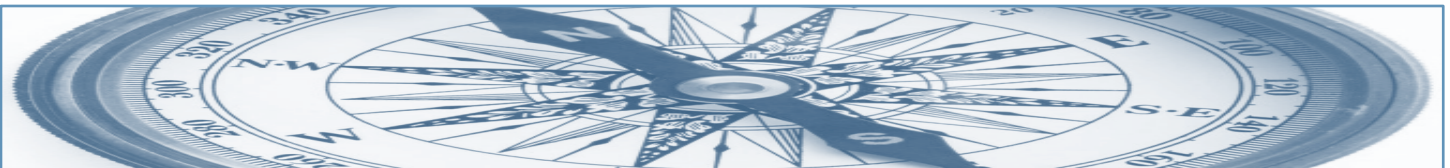
NOMINATIONS FOR THE SPOTLIGHT

The Moral Injury SIG welcomes nominations for students, researchers, and clinicians, and anyone advancing the moral injury field to be "spotlighted" in an upcoming newsletter.

Nominations should include a brief nominating statement and the CV of the nominee. Self-nominations are encouraged. Nomination materials should be addressed to the SIG Chairs:

Wyatt Evans, PhD
WyattREvans@gmail.com

Sheila Frankfurt, PhD
Sheila.Frankfurt@gmail.com



STUDENT SECTION

A big welcome to all of the trainees! We'll be using this student corner to cover various topics that arise as a trainee working with moral injury across disciplines. Every newsletter will include a list of training opportunities (clinical, research, or otherwise). Please find, below, the first listing of clinical training opportunities within the U.S. for psychology and psychiatry trainees. If there's a specific topic you'd like covered in these newsletter, please email me directly at Amanda.Khan@va.gov.

CLINICAL TRAINING OPPORTUNITIES

The following are a list of sites that offer clinical training in moral injury (i.e., staff are aware of this challenge, seek to address it directly through various interventions, and there's at least 1 didactic on this topic during the year) at the practicum, internship, or postdoctoral fellowship levels.

Site	Location	Training Level Offered
Boston VA Health Care System	Boston, MA	Psychology Postdoctoral Fellow <i>*More opportunities available working in Dr. Brett Litz's laboratory</i>
Road Home Program: Center for Veterans and Their Families (Rush University Medical Center)	Chicago, IL	Psychology Postdoctoral Fellow
Rocky Mountain VA Medical Center	Denver, CO	Psychology Intern & Postdoctoral Fellow <i>*Email Dr. Jacob Farnsworth for more opportunities (jacob.farnsworth@va.gov)</i>
VA Greater Los Angeles Healthcare System via West LA Moral Injury and Women's Clinics	Los Angeles, CA	Psychiatry residents (UCLA, VA); Psychology Intern & Postdoctoral Fellow
Loma Linda VA Medical Center	Loma Linda, CA	Psychology Postdoctoral Fellow via Holistic Mental Health focus area
San Francisco VA Medical Center	San Francisco, CA	Psychology Intern & Postdoctoral Fellow
University of Texas Health Science Center at San Antonio	San Antonio & Fort Hood, TX	Psychology Postdoctoral Fellow
VISN 17 Center of Excellence for Research on Returning War Veterans	Waco, TX	Psychology Postdoctoral Fellow

MORAL INJURY RESEARCH HIGHLIGHTS

Note: This list is not meant to be exhaustive, but rather, a sampling of recent works.

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