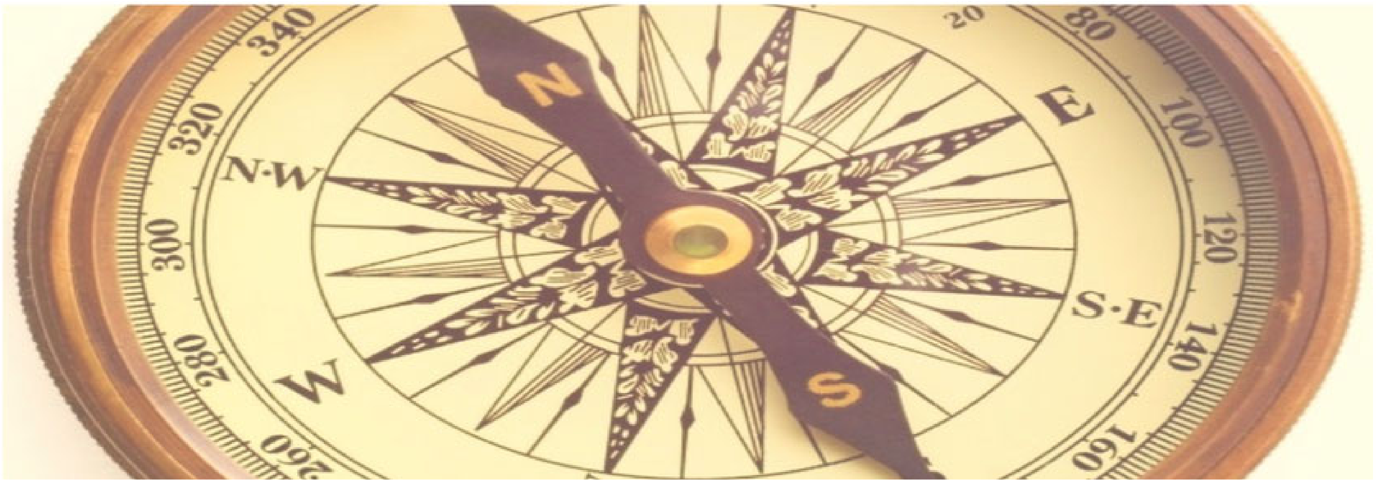
June 2023 - Volume 5 Issue 1

# MORAL INJURY

## Special Interest Group Newsletter



## UPDATE FROM THE CHAIRS

Dear SIG members,

With Summer now upon us, we are thrilled to continue working on growing our community and mindful that it is time to begin preparing for the 39th annual ISTSS meeting in November! As the incoming co-chair of this SIG, Dr. Valentina Stoycheva is excited to join Dr. Barton Buechner and Anna Cole in helping further develop this already vibrant and dynamic community. The three of us are honored to build on what has been created by the founding SIG co-chairs, Wyatt Evans, Sheila Frankfurt, and Amanda Khan, and the many contributions of prior student co-chairs, including Victoria De Hoyos, Amanda Gentz, Jason Cruze, Rebecca Ohler, and Aubrie Munson.

In the past year, we have witnessed an increase in conversations about moral distress and moral injury in varying populations beyond the military service. This has also been reflected in some of the presentations that the SIG has been asked to sponsor at this this year's conference, which discuss moral injury in frontline professions such as school nurses, public healthcare workers, first responders, and journalists. The aftermath of COVID-19, as well as events worldwide and stateside, have brought to the forefront the need for better defining, understanding, and treating moral injury. Further, they have emphasized gaps in the field, beginning with the current absence of a unified definition of the term, and a common understanding of ways to work with persons who have experienced it in various forms and

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contexts. So in sum, while we are encouraged to see the proliferation of literature and increased recognition of moral injury in non-military populations, we remain cognizant of the work that remains to be done.

In keeping with these themes, this issue features some alternative ways of looking at moral injury, and efforts to integrate therapies that touch on various aspect of what can be considered to be a complex phenomenon. To this end, we include an article by Dr. Howard Lipke discussing some gaps in consensus on the ways in which we define moral injury in the scientific literature, with implications for addressing the functional outcomes that characterize it. Another perspective is represented by the Moral Injury Group operating out of the Philadelphia VA, which includes both mental health and spiritual dimensions of healing, and seeks to explore the need for communal sharing of the responsibility for creating the conditions in which moral injuries are experienced. The profile article in this issue further illustrates how a healing ceremony from this program was integrated into the 2023 Hidden Wounds of War Conference presented by the Hauenstein Center for Presidential Studies at Grand Valley State University in Michigan, in both in-person and virtual spaces. This venue has been offering a forum for discussion of Moral Injury for over a decade, and with this year's program is expanding the scope of the healing of Moral injury injury to other populations and engaging community settings.

As always, we would like to encourage you to join us for the in-person SIG meeting in November. Please keep an eye out for our emails in the upcoming months, as we anticipate involving the SIG membership in the preparation process, and in shaping the agenda for our SIG meeting. Looking forward to meeting you and learning from you all.

Warmly,
**Drs. Valentina Stoycheva & Barton Buechner**
*Moral Injury SIG Co-Chairs*

**Anna Cole**
*Moral Injury SIG Student Chair*

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## JOIN US IN LOS ANGELES!

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## LATE BREAKING ABSTRACT SUBMISSIONS

The call for late breaking poster abstract submissions will open on Friday, September 1, 2023 and close Friday, September 15, 2023.

## JOINING THE SIG

1. Log in to the ISTSS website as a member
2. Click “Edit Your Profile” on the right side of the page
3. Click the “SIG Choices” tab
4. Check “44 - Moral Injury”
5. Click “Save” – You’re a member!

## FOLLOW US!

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ISTSS Moral Injury SIG Facebook Group

# 2023 HIDDEN WOUNDS OF WAR CONFERENCE AT THE HAUENSTEIN CENTER

*Addressed the healing of moral injury in community; expands scope to first responders and public health workers*

**Background**

The Hidden Wounds of War (HWW) Conference has been hosted annually since 2014 by the Hauenstein Center for Presidential Studies in partnership with Grand Valley State University in Grand Rapids, Michigan. The purpose of the conference since its inception has been to underscore the unique characteristics of the wars in Iraq and Afghanistan, which include a complex mix of physical, psychological, and spiritual impact on those who have been called to serve. The conference was envisioned as an interdisciplinary exploration of these "hidden wounds" with a wide-ranging and practical purpose:

- Promote the understanding (and differentiation) of Traumatic Brain Injury, Post-traumatic Stress Injury/Disorder and Moral Injury.

- Clarify the roles of physicians, social workers, psychologists and clergy in helping returning veterans with these impacts.
- Identify and further develop community resources for veterans across this spectrum, including a community referral network, for veterans impacted by these hidden wounds.

Speakers and presenters in this conference series have included recognized pioneers in the recognition and conceptualization of

moral injury: Jonathan Shay (2014) Rita Nakishima Brock (2014, 2021) and William Nash (2022). Army Chaplain (Colonel) Herman Keiser, a co-founder of the Soul Repair Center at Brite Divinity School (TCU), played a major role in the leadership of this conference until his death in 2017.

**Expanding scope beyond military veterans:**

Over time, the focus of the Hidden Wounds of War conference has expanded beyond the military population to include impact of moral injury other public service professions involved in high-stakes, life-or-death interactions, including first responders (police and fire) and front-line medical and health workers. A guiding question has been "how can we better serve those who serve, and have served, us? This question is inclusive of many who engage in service to our communities and our nation who experience stress due to exposure to psychological trauma and moral dilemmas, and too often suffer in silence. The HWW conference continues to evolve as both a regional and national forum for modeling honest discussion and developing strong support networks.

**Expanding Space and Building Community**

The 2023 HWW conference revolved around two keynote presentations that built on past purposes and interdisciplinary knowledge, and entered the domain of community engagement through inclusion of a healing ceremony as part of the proceedings.

Dr. Leah Didion described elements of "trauma informed care" and training for workplaces, in recognition that the experience of trauma - to varying degrees – is more common in a variety of workplace settings than generally recognized. Her presentation included discussion of similarities and differences between trauma and trauma treatment commonly used with combat veterans and culturally-appropriate approaches for journalists, first responders, healthcare professionals, educators, and others.

A multi-modal panel presentation by leaders of the Moral Injury Group from the Philadelphia VA underscored the need for shared responsibility between service members and the public in whose service morally injurious events are experienced. Military veterans Leroy Enck and Hannibal Collick were present on-site to lead off the discussion by recounting their own encounters with Moral Injury and healing. This was the first time that veterans, rather than clinicians and academics were invited as primary presenters. They were joined by Dr. Peter Yeomans and Chaplain Chris Antal, to fill in the details of how the Moral Injury Group operates.Later in the day, conference participants were invited to share in a virtual experience of the community healing ceremony that is the culminating experience of the 12-week Moral Injury Group in Philadelphia. This was also the first time the Moral Injury Group had been opened to remote participation by others.

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The keynote presentations and other information about the 2023 Hidden Wounds of War conference at the Hauenstein Center can be accessed at: https://www.gvsu.edu/hc/hidden-wounds-of-war-conference-2023-494.htm

Past conference agendas and recorded keynote presentations can also be found at https://www.gvsu.edu/hc/the-hidden-wounds-of-war-43.htm

# SPOTLIGHT

## *The Moral Injury Group*

### A Communal Intervention for Military Moral Injury

Chaplain Christopher Antal and Dr. Peter Yeomans, Behavioral Health, co-developed and lead the Moral Injury Group at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia. This 12-week program engages Veterans in the exploration of their experiences of moral injury, both individually and in group sessions, with the support of both chaplains and clinicians. From this expanded perspective, the group considers the moral and spiritual dimension of military experience, that often underlie behavioral or mental health symptoms commonly associated with trauma. Part of the purpose behind this engagement is to help veterans realize that they do not have to bear the feelings of shame and guilt that often come from experiences of moral injury by themselves. At the end of the 12 week program, there is a Community Healing ceremony which allows the participants to articulate and publicly share their moral burdens from their military service through communal storytelling. Members of the community are invited by the participants bear witness; welcome them home, and by their presence and participation in the ceremony, to symbolically accept a fair share of the burdens of war.

The Moral Injury Group is further described in a 2021 article in the VA News: https://news.va.gov/92169/moral-injury-group-place-of-healing-place-of-peace/

Military veterans Leroy Enck and Hannibal Collick are graduates of the Moral Injury Program, and have served as facilitators for other moral injury groups and presentations, most recently the synchronous remote healing ceremony with the Hidden Wounds of War conference.

## Spotlight: The Moral Injury Group (cont'd)

**Program Directors:**

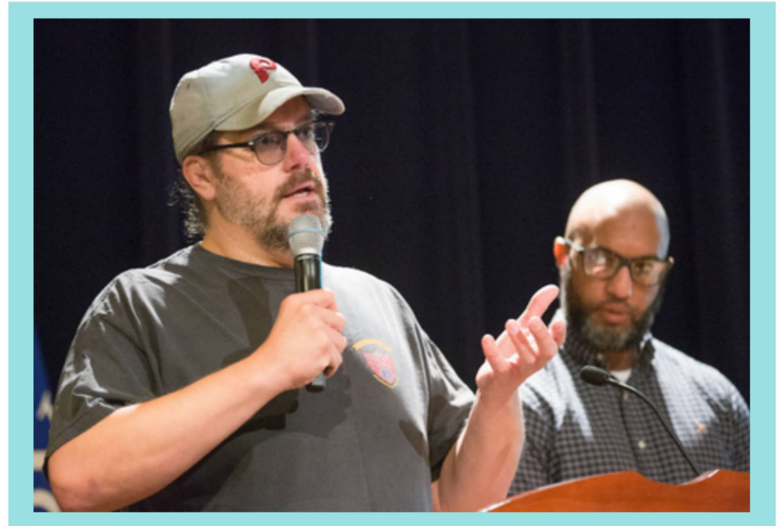
**Chris J. Antal**, D.Min., M.Div., has worked as a clinical chaplain at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia since 2015. Chaplain Antal has written and taught about moral injury and he co-leads a group for moral injury at the VA. He has been a congregational minister and a military chaplain and those experiences inform his clinical work. Rev. Antal is ordained in and endorsed by the Unitarian Universalist Association of Congregations.

**Peter Yeomans**, Ph.D. M.Ed., has worked as a clinical psychologist at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia since 2009. He is currently the team leader of the PTSD outpatient clinical team and had previously spent many years addressing co-occurring PTSD and substance use disorders as part of outpatient addiction services. He has written and taught about moral injury and he co-leads a group for moral injury at the VA.

**Veteran Facilitators:**

**Leroy Anthony Enck** served three deployments in Iraq as a Marine Corps infantryperson with 1st Battalion 5th Marine Regiment—the most decorated infantry unit in the United States Marine Corps. LA has lived in Alaska, graduated law school, worked for the US House of Representatives, and coached high school wrestling on two national title teams. Currently, he is a writer and public speaker who resides in South Philadelphia with his seven year-old daughter.

**Sgt. Hannibal Collick** is a retired civil affairs specialist who served in the US Army from 2002 to 2017. During his career, he was deployed twice to Iraq and served as a training coordinator in charge of preparing soldiers to go overseas. Since retiring from the military in 2017, Sgt. Collick has been active in his community, particularly with addressing the issue of moral injury among veterans. Sgt. Collick's awards and decorations include the Army Commendation Medal, the Army Achievement Medal, the National Defense Service Medal, the Iraq Campaign Medal, and the Global War on Terrorism Service Medal.



## SPOTLIGHT NOMINATIONS

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:

**Valentina Stoycheva, PhD**
valentina.stoycheva@gmail.com

**Barton Buechner, PhD**
bbuechner@adler.edu

# TOO MANY MORAL INJURIES

***Howard Lipke, PhD***

*Hamlet (to Polonius): Good my lord, will you see the players well bestowed?...*
*Polonius: My lord, I will use them according to their desert.*
*Hamlet: Use every man after his desert, and who should 'scape whipping?*

*-Hamlet II 2*

The term moral injury has recently become prominent in mental health studies (Williamson, Murphy, Phelps, Forbes & Greenberg, 2021). While it is not a diagnostic term, it does describe phenomena related to psychopathological responses to traumatic experiences. Unfortunately, there are at least two disparate versions of the term "moral injury" (MI). Both were introduced to call attention to psychological harm that the originators of each version did not believe had been adequately addressed in the clinical or scientific literature. The two versions have been succinctly and accurately defined by Griffin, Williams, Shaler, Dees, Cowden, Bryan & Litz (2020).

There is currently no consensus about what events are potentially morally injurious or about the outcomes or impairments that characterize moral injury. Jonathan Shay (2014, p.183) coined the term moral injury to ascribe the consequences of experiencing a "betrayal of what's right by someone who holds legitimate authority in a high stakes situation." On the other hand, Litz and colleagues (2009, p. 697) defined moral injury as the psychological social, and religious or spiritual impact of "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations."

The many recent publications related to MI indicate that this work has succeeded in calling scientific and clinical attention to these phenomena, which include betrayal, on one hand, and perpetration or failure to prevent, on the other. However, there are inherent problems with both definitions, (in addition to the fact that there are two) and even in the introduction of the term MI using either definition. This essay will point out some of these problems, including failure to acknowledge prior work and therapies, and propose reconsideration of terminology and practice that may be helpful in more productively focusing future work in the field. This will include a comparison of definitions of MI from work by Litz and associates, and Shay, and making of connections between these phenomena to previous, relevant, scholarship.

It should also be said here that this situation is not unique to MI. There is a long history in the mental health scientific endeavor of asserting ideas as being new though they have very similar if not identical precursors. Horowitz (1976), offers one fairly recent example of this being noted, before the establishment of the PTSD diagnosis:
"The absence of a fixed terminology for 'traumatic neurosis' in the official nomenclature has led to an 'every author for himself' effect in psychiatric textbooks. Some of the terminology variants are 'Gross Stress Reaction,' 'Traumatic Neurosis,' and 'Neurosis following Trauma.'" (p. 28).

While the establishment of the DSM PTSD diagnosis seemed to unify these and other nomenclature for the effects of psychological trauma, even that has not held, as there now two well-known and different authoritative definitions of PTSD (DSM V vs ICD 11). This article is intended to contribute to the clarity of future discussions of MI within the field by drawing together previous, but little-recognized scholarship around the multiple phenomena that have come to be associated with the term.

**Earlier scientific and clinical literature subsumed by Litz et al. (2009)**

*Back*
*by Wilfred Gibson (1915/1991)*
*They ask me where I've been,*
*And what I've done and seen.*
*But what can I reply*
*Who knows it wasn't I,*
*But someone just like me,*
*Who went across the sea*
*And with my head and hands*
*Killed men in foreign lands...*
*Though I must bear the blame,*
*Because he bore my name.*

Attention to previous work when discussing a scientific problem is the essence of the endeavor to build knowledge, scientific or otherwise. Litz and colleagues (2009) do acknowledge some of the work done before them (as shown in the following quotation) but there are significant omissions.

In the first iteration of the PTSD construct (DSM-III) guilt about surviving while others have not or about behavior required for survival (emphasis added) was a symptom of PTSD. This was chiefly the result of the predominance of thinking about the phenomenology of Vietnam veterans and clinical care experience with veterans of war. Consequently, prior to the DSM-III-R, clinicians in VA settings arguably tackled moral conflict and guilt (e.g., Friedman, 1981). Since then, there has been very little attention paid to the lasting impact of

moral conflict-colored psychological trauma among war veterans in the clinical science community. A possible reason for the scant attention is that clinicians. and researchers who work with service members and veterans focus most of their attention on the impact of life-threat trauma, failing to pay sufficient attention to the impact of events with moral and ethical implications; events that provoke shame and guilt may not be assessed or targeted sufficiently. This explanation seems plausible given the emphasis on fear memories in evidence-based models of treatment (e.g., Foa, Steketee, & Rothbaum, 1989). It is also possible that some clinicians believe that addressing ethical conflicts and moral violations is outside the realm of their expertise, preferring to recommend religious counseling…" (Litz, Stein, Delaney, Lebowitz, Nash, Silva & Maguen, 2009 p. 3).

**Clinical Attention**

The assertion in the Litz et al. (2009) passage above that clinicians have paid "scant attention" to issues related to morality, ethics, guilt and shame is offered without supporting data, and contradicted in a paper by Kubany et al. (1992) who reported that there is "widespread recognition that trauma related guilt is extremely common among Vietnam Veterans" (p.1). Also not acknowledged is the statement by two of the researchers Litz et al. (2009) cite in making their point about the absence of consideration of moral issues, Foa and Rothbaum. In the seminal book Traumatic Stress (van der Kolk., McFarlane, & Weisaeth, 1996), Foa and Rothbaum state "Given the prominent role of guilt in PTSD sufferers, it is imperative to develop and evaluate techniques for guilt reduction" (p. 499).

Another precursor worthy of mention is the work of Larry Dewey, whose 2004 book War and Redemption distinguishes PTSD from other effects of being in war.

Our current PTSD diagnosis is primarily based on the conditioned responses people develop because of their traumatic experiences. These conditioned responses to combat become the readily recognizable symptoms that trouble vets later. However, my veteran patients have taught me that as troubling as these conditions are (nightmares, intrusive thoughts, startle reactions, and many others) they are not what disturbs them most over the course of their lives. What they are most troubled by is the guilt over killing (p. 14). Dewey goes on to present much material further describing this problem and therapeutic responses.

Admittedly, in the apparent absence of research confirming or refuting the "scant attention" assertion, only the contradictions from other experts can be offered. Nonetheless, there are several of them; they are well known figures in this field, and their observations are consistent with those made by myself and my colleagues when I was the director of a USVA inpatient PTSD program (1986 – 1993) and in my work with combat veterans since. This informal clinical impression was supported by a structured questionnaire on which half of 14 veterans reported some of the distress from their most troubling traumatic experience was related to their harming another person (Lipke, 1991). Thus, while acknowledging the important role of chaplains, who Litz et al. (2009) describe as the primary providers of counseling in this area, such work has clearly been in the purview of mental health clinicians.

**Research Attention and the Naming of the Phenomena**

The discussion above describes recognition of guilt from harming others prior to the Litz et al (2009) claim. Considerable specific research and labeling of these issues has been presented in the scientific and clinical literature. Kubany (1994) refers to what Litz et al. (2009) call MI as "dysfunctional guilt" and recognizes earlier works, both his own and that of Glover (1988). The failure to recognize Glover's contribution has led to subsequent errors as Boska and Capron (2021) writing "Although distorted cognitions are core components of PTSD symptomatology, there is no research on cognitions in moral injury." (p 861) when, in fact, Glover et al (1990) published a factor analytic study on the subject in the Journal of Traumatic Stress.

Research by Yehuda et al. (1992) supported the proposition that exposure to atrocities was correlated with PTSD symptom severity. Likewise, Breslau and Davis (1987) found that participation in atrocities independent of combat exposure added risk for posttraumatic stress disorder. McNair (2002) considering the same phenomena introduced the term "Perpetration-induced Traumatic Stress (PITS)" which she later reported others sometimes call "Participation-induced Traumatic Stress." McNair (2002) cites previous scientific work of many others including Green (1990) and Nader et al. (1993) and even writings by Plato (reflecting Socrates) in *Gorgias*.

Predating any of the terminology so far discussed is the work of Andrew Jameton (1984), for which there is a subsequent

body of research, primarily related to medical personnel ( Lamiani, Borghi & Argentero, 2017). In his book Nursing Practice: The Ethical Issues, Jameson relates several terms for the issues being addressed here. One of his terms, "moral distress" (though he applies it to an ongoing situation in which the person was required to do something they believe is wrong by an authority) can easily be adapted to describe feelings about what has happened in the past.

**Acknowledgement of previous psychotherapeutic treatment protocols as they relate to MI**

In sharing their own treatment for MI, Litz et al.(2009) review (and find wanting) exposure therapy as well as cognitive processing therapy and other cognitive therapy models They also neglect acknowledging the seminal contributions to psychotherapy outside the cognitive/behavioral tradition. While Sarah Haley's (1974) seminal psychodynamic work must be mentioned, an exhaustive discussion of these neglected efforts is beyond the scope of this paper, as examples could be drawn from many schools of psychotherapy. The two specific examples of overlooked contributions offered here can be seen as part of the cognitive and behavioral therapy traditions.

Noted first is work by Gerrard and Hyer (1994) in the edited volume Trauma Victim: Theoretical Issues and Practical Suggestion (Hyer and Associates 1994), and found in the chapter titled Treatment of Emotions: The Role of Guilt. There is considerable overlap between the Litz (et al., 2009) suggestions and those from the work of Gerrard and Hyer (1994), and in fact, Litz was the first author of the immediately preceding chapter in the Hyer and Associates (1994) volume. The first of many overlaps begins in the discussion of the initiation of therapy. Gerrard and Hyer write: "Information starts with validation of the person, especially in the understanding of guilt. The therapist allies self with the patient in exploring the personal meaning of the guilt related to the material. Accurate empathy is the goal…" (p. 476) Litz el al. write "Because of the sensitive and personally devastating and disorienting nature of moral injury, a strong and genuinely caring and respectful therapeutic relationship is critical. (section 7.2.1). Soon after, Gerrard and Hyer (1994) write: "Secondly, clients universally desire to forget. The victim must be reminded that he/she has tried unsuccessfully to forget for a long time and yet the symptoms continues (p.476.)." Litz et al. (2009) write:

"Patients need to appreciate that concealment and avoidance, although understandable, is maladaptive, as it not only narrows the repertoire of wellness behaviors, it restricts exposure to corrective and reparative experiences" (section 7.2.2).

The second ignored method of psychotherapy is Eye Motion Desensitization and Reprocessing (EMDR), one of only three methods considered in the first rank of evidence-based methods by the VA/DoD standards. This method explicitly considers client dysfunctional beliefs relating to responsibility among the three types of beliefs (with their concomitant emotions) generally targeted for processing. In this context, EMDR has an extensive literature relating to treatment of dysfunctional guilt (e.g. Shapiro & Forest, 1997; Shapiro, 1993; Lipke, 2000; Silver & Rogers, 2002).  The failure of Litz (et al., 2009) to acknowledge these and many other previous works addressing dysfunctional guilt or perpetration again calls into question the need for introducing MI as a new term to describe well-known phenomena.

***Referring to the behavior that leads to dysfunctional guilt as an "injury"***

To refer to combat veterans as having sustained an injury based on how they have harmed (or believe they have harmed others) or could not protect them, suggests that the therapist does not understand many clients' thoughts and feelings about themselves or of their morality. This seeming failure violates the basic rule of treatment of showing the client that the therapist wants to understand them in their own terms. In my clinical experience, clients often cycle between guilt over what they have done and anger at others for causing the situation and leaving them with the blame, much as they cycle between intrusive symptoms and denial (Lipke, 2013).

The problem might be best illustrated by the following fictional therapeutic dialogue:

*Therapist: So, Mr. X what brings you here to see me today.*
*Client: After I told my last therapist what we had done on our first patrol he said I had a moral injury. Then I told him what we did on the second patrol, and I asked if I had a double moral injury, and did I have at triple moral injury after what I did on the third. After that we didn't talk much.*

Treatment goals for this kind of problem don't start with accepting that one has been injured, but rather through understanding

what happened, how it happened and ultimately finding some measure of self-forgiveness (see Lipke, 2011). This is very different from finding a way to recover from what we usually consider an injury, where for most cases one must find some version of forgiveness of others, and enough of a resolution so that the destructive cycle of anger and guilt does not lead to further damaging others or the self – which of course damages others. To paraphrase Donne, without, hopefully, not losing too much of his poetry - No person is an island unto themselves...

***Forgiveness***

To their credit, the Litz et al. (2009) treatment proposals do, like those that precede them recognize the need for forgiveness. However, to tie the treatment to having the clients consider themselves injured has the potential to undermine their own first step as well as that of, frankly, any other competent therapist, including those who addressed these issues earlier and as cogently.

***Moral Injury vs. Betrayal Trauma***

As with the Litz group, Jonathan Shay (2014) does not acknowledge previous work on what he calls MI, nor the previous use of the term. What Shay (2014) describes as MI appears to meet the criteria of "betrayal trauma" as described by Jennifer Freyd (1994) and later considered along with many colleagues (e.g. Freyd, DePrince & Cleaves, 2007; Freyd, DePrince, & Zurbriggen, 2001). Freyd (1994) endorses this definition: "Betrayal trauma occurs when the people or institutions we depend on for survival violate us in some way."

Shay's failure to acknowledge previous scientific work (but, famously, not literary contributions) appears to be somewhat more understandable in that it is work that was mainly related to childhood traumatic situations, though it has been extended to adults (e.g. Goldsmith, Freyd & DePrince, 2011). In Shay's MI the moral injury occurs due to someone else's acting immorally toward the morally injured person, in contrast to the Litz (et al. 2009) version in which the injured person is the "victim" of their own action (or inaction). Thus, it seems that Shay's version of MI is similar to the "betrayal trauma" described in work prior to his.

**Summary and Conclusions**

While both versions of MI ,importantly, help call attention to the phenomena they address, there are many problems in how they do so. Essentially, they give the same name to two different phenomena, and

thereby add confusion to the field's understanding of what they name. While it appears that Litz and colleagues (2009) group got there first, the issue would have been irrelevant, and consistent with the standards of the scientific enterprise if both parties had recognized earlier work in the field. For example, Litz et al. (2009) group might have centered their research around the terms "dysfunctional guilt" or "Perpetration (or Participant)- Induced Traumatic Stress," and Shay around "betrayal trauma." This is not to mention Jameton's (1984) "moral distress" which might have been more difficult to find given the disconnect among the research in different disciplines ( a topic for another time).

The Litz research team with its connections to academia and the National Center for PTSD would have still had considerable influence in fostering research and clinical attention to this important problem. Shay, with his profound exploration of betrayal trauma as he observed it clinically and connected it to classic literature, would still have notably advanced clinical understanding. Hopefully this article will stimulate some further conversations among those working in the field, and help to make connections with previous work that may be both relevant and helpful to reaching agreements around the phenomena associated with MI.

**Compliance with Ethical Standards**
The author states that there is no conflict of interest, other than those inherent to reference to one's own work. All research subjects referred to were in the context of reports from researchers in other papers.

**Acknowledgement**
Without implying he is responsible for any errors in the above work, the author would like to thank Dr. Barton Buechner for his efforts to attempt to clarify the arguments and prose above.

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## ARTICLE SUBMISSIONS

We invite SIG members to submit relevant articles of no more than 2000 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 addressed to the SIG Chairs:

**Valentina Stoycheva, PhD**
valentina.stoycheva@gmail.com

**Barton Buechner, PhD**
bbuechner@adler.edu

**Anna Cole, M.A.**
accole@nevada.unr.edu

# TRAINEE SECTION

**Welcome to the trainee section! This corner covers various topics that arise as a trainee working with moral injury across disciplines. Every newsletter includes a spotlight and a list of training opportunities. If you'd like to nominate a trainee or spotlight your training site or if there's anything else you'd like to see covered here, please email Anna Cole (student chair) at accole@nevada.unr.edu.**

# TRAINING OPPORTUNITIES

**The following is an up-to-date list of sites that offer opportunities in moral injury (clinical, research, or otherwise) within the U.S. for trainees. If you would like your site listed here, please email Anna Cole (student chair) at accole@nevada.unr.edu.**

| Site | Training Level Offered |
|---|---|
| **Boston VA Health Care System**<br>*Boston, MA* | Psychology Postdoctoral Fellow<br>**More opportunities available working in Dr. Brett Litz's laboratory* |
| **Road Home Program: Center for Veterans and Their Families (Rush University Medical Center)**<br>*Chicago, IL* | Psychology Postdoctoral Fellow<br>**Email Dr. Brian Klassen for information about clinical & research opportunities (brian_klassen@rush.edu)* |
| **Rocky Mountain Regional VA Medical Center**<br>*Denver, CO* | Psychology Intern & Postdoctoral Fellow<br>**Email Dr. Jacob Farnsworth for more information (jacob.farnsworth@va.gov)* |
| **Loma Linda VA Medical Center**<br>*Loma Linda, CA* | Psychology Postdoctoral Fellows via Holistic Mental Health focus area |
| **San Francisco VA Health Care System**<br>*San Francisco, CA* | Psychology Intern & Postdoctoral Fellow<br>**Email Dr. Shira Maguen for more information (Shira.Maguen@va.gov* |
| **VISN 17 Center of Excellence for Research on Returning War Veterans**<br>*Waco, TX* | Psychology Postdoctoral Fellow<br>**Email Dr. Sheila Frankfurt for more information (sheila.frankfurt@va.gov)* |
| **Central Texas Veterans Healthcare System**<br>*Temple, TX* | Psychology Intern<br>**Email Dr. Sheila Frankfurt for more information (sheila.frankfurt@va.gov)* |
| **VA North Texas Health Care System**<br>*Dallas-Fort Worth, TX* | Psychology Externs, Interns, & Postdoctoral Fellows<br>**Email Dr. Wyatt Evans for more information (wyatt.evans@va.gov)* |

# MORAL INJURY RESEARCH HIGHLIGHTS


- *Benfer, N., Vannini, M. B. N., Grunthal, B., Darnell, B. C., Zerach, G., Levi-Belz, Y., & Litz, B. T. (2023). Moral injury symptoms and related problems among service members and Veterans: A network analysis. Journal of Military, Veteran and Family Health, e20220040. https://doi.org/10.3138/jmvfh-2022-0040*
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# MORAL INJURY SIG MISSION STATEMENT

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 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

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