Moral Injury, Soul Repair, and Congregations
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Moral Injury’ is a term used to describe a syndrome of shame, self-handicapping, anger, and demoralization that occurs when deeply held beliefs and expectations about moral and ethical conduct are transgressed. It is distinct from a life threat as it is also not inherently fear-based; rather, during war, moral injury can arise from killing, perpetration of violence, betrayals of trust in leaders, witnessing depraved behavior, or failing to prevent serious unethical acts.


When does war end (numbers refer to references)?

- When the troops come home, war remains with them, and the struggle to return to civilian life can feel worse than combat. (1, 8, 14)
- The greater the sense of personal responsibility for an act of war, the higher the suicide risk.
- Veterans who have killed have a 2-3 times greater rate of suicide than other vets, independent of other factors such as PTSD, depression, and addiction. (12)
- Rates in younger vets have been rising since 2005. NCO rates are higher than officers. Women have higher rates than men, with an estimated four to six times higher rate of military sexual assault and higher post-traumatic stress rates. Overall veteran suicide rates are squishy, with only 20 states reporting (without Texas or California), but are minimally 22 a day or three times civilian rates. (1)
- Around 52,000 veterans of OEF and OIF have physical injuries. Around 500,000 (ten times as many) or 25% have sough VA help for invisible wounds like post traumatic stress and over 50% admit struggling with the return home. (8)
- Families have to deal with the stresses of deployments and the stresses of having a different person come home. We cannot expect them to handle all the difficulties of coming home. (8)

How Moral Formation Happens from Ages 2 to 27 (Cortex Organization and Development)

- Mimicry of caregivers forms neural pathways via attention and repetition so moral behavior is not conscious (“Dumbfounding”—people ordinarily behave morally via body memory, without conscious intent). Neuroplasticity continues throughout life as we learn new skills via attention and repetition.
- Ritual teaches and organizes moral values (ritual=directed, prescribed, repeated behaviors that become habitual within a cultural meaning system) as capacity to think and organize memory grows.
- Ritual delivers meaning (value system) with feeling (relationship structures) to linguistic patterns (words) and narratives (stories and/or religious myths), so doing ritual links to meaning and feeling.
- Feelings are contagious at unconscious levels because of our constant attunement to others.
- Moral reasoning is grounded in meaning frames and becomes necessary when conflicts emerge.
- Ritual reconditioning, if intense and prolonged, can layer new moral systems on top of earlier ones, especially in formative stages of late adolescence and early adulthood.
- Previous moral systems are not fully erased, but function like a palimpsest (from Grk: pálin again + pseóstos scraped, rubbed; a vellum or parchment manuscript page from a scroll or book, from which the text has been either scraped or washed off so that the page can be reused. Erased material bleeds through or can be detected via UV light.) Old content can be retained and challenge new systems, or remain as a telltale trace that haunts the new system.
- Transitioning from one moral system to another can cause struggle or even impasse when integrating conflicting systems (ex. Killing is criminal vs. killing enemies is good).

What is Soul or Spirit?

- Existential Self-Awareness (self-other distinction)
- Deep Connection to Humanity in Others and to Power and Beauty of Creation
- Capacity for Trust, Love, Gratitude, Play, Inner Peace and Calm—the “still point in a storm”
- Empathy and Conscience via Presence and Focused Awareness
  - Vicarious emotions: bodily and emotional awareness of internal state of others but awareness that this is not personal (not emotional contagion but emotional engagement with others)
- Awareness of difference between self and other that evokes desire to help those in distress, without confusing self and other—a kind of emotional mirroring (does not require sympathy, i.e. having had a similar experience)
- Mental flexibility, perspective, and self-regulation (i.e. pain regulation and effortful self-control)= integration of feeling and thinking

**The Brain-Body Self**

Brain has three layers that interact with the body.

1. Lower brain stem that controls functions like breathing, heart rate, digestion, etc.

2. Mid Brain or limbic system (enlarged in MRI PTSD image) controls perception, emotions, and memory processes. Regulates how we relate to the world around us via perception and emotions that determine responses, often before conscious thought. Extreme emotions can be difficult to override by thinking. Esp. the Amygdala = the fear center.

3. Top (top of MRI images), called prefrontal cortex or executive brain, manages moral reasoning, behavior, pattern, and time management, and processes meaning, empathy, and narrative memory.

**Military Training Changes Earlier Civilian Moral System for “Battle Readiness”**

- Basic Training Socializes to a New Moral System via Ritual within a Total System
  - Intense, prolonged, severe reconditioning of whole person to restrict attachment to personal identity.
  - Focused group ethos and bonding.
  - Strong, ritualized, controlled aspects of all activities (including sleep, food consumption, elimination, walking, etc.), with messaging and new, insider language.
  - Emphasizes new moral codes: candor, commitment, courage, confidence, competence, camaraderie, rules of engagement.
  - Teaches reflexive fire training in shooting to speed responses and assure skill.
  - Collective consequences for individual failure.

- Military Training is thorough and prepares people for various roles in war.
  - War proves value of training. They must accept responsibility for exercising lethal power under orders and on behalf of the nation, which sends them and pays for it.
  - Failure of duty and incompetence can have life and death consequences.

**Post Traumatic Stress Is A Real Injury**

*War: High Stress Conditions of Violence with Situations of Moral Ambiguity and Traumatic Injury*

- PTSD defined as a trauma-related disorder, with fear-related symptoms. (21)
• Extreme terror (including anger and aggression) can over stimulate fear centers, which grow to handle overload of fear and become overactive. Thinking cortex loses tissue and weakens.
• PTSD diagnosis is stress-trauma problem with domination by fear responses: hyper-vigilance, startle reflex, panic attacks, shallow breaths, agoraphobia, etc.
• Fear shuts down memory processing (hippocampus) so stored experiences are scattered, disorganized. Memory parasites can erupt as flashbacks or nightmares, dissociative disorders.

Moral Disruptions of War
• Reflexive Fire Training
• Dehumanization of Enemy
• Encountering and Handling human remains
• Killing, esp killing outside rules of engagement
  • Non combatants
  • Friendly fire
  • Rage, elation, or vengeance killing
• Failure to Save Others
• Failure of Leadership
• Doubt about goals or mission
• Loss of Faith and Meaning
• Betrayal by Authorities
• Sexual Assault

Emotions Involved in Moral Injury
• Anger, Outrage—J. Shay (16) refers to berserk rage at betrayal by authorities in Vietnam generation.

• Embarrassment
• Guilt—outward moving to repair relationship, survivor guilt, guilt at not deploying
• Failure—unable to save friend or complete mission
• Shame—comprehensive self-condemnation, isolating, self-loathing
• Alienation—hiding inner self, feeling unworthy of love or fearing that others will judge, feeling divided within oneself
• Humiliation—when shame is made public
• Remorse—regret and urge to make amends
• Grief—inability to process massive losses, can present as anger
• Despair—no way to become decent self again, depression

Relation of PTSD to Moral Injury

Diagram by Bill Nash in Woods, D. (20)

Moral Injury Exposures: What They Can’t Forget

“We are still living in the wreckage created by the Cabinet on which Mr. McNamara served.

...The ghosts of those unlived lives circle close around Mr. McNamara. Surely he must in every quiet and prosperous moment hear the ceaseless whispers of those poor boys in the infantry, dying in the tall grass, platoon by platoon, for no purpose. What he took from them cannot be repaid by prime-time apology and stale tears, three decades late.

...That black wall is wide with the names of people who died in a war that he did not, at first, carefully research or, in the end, believe to be necessary.”

--New York Times, April 12, 1995

“[G]ood guys don’t win wars, victory goes to the bad guys. The Japs, as they were called,...and the Nazis...were finally defeated ...because we were better at being bad than they were. We’re the only sons of bitches in the world who have dropped atomic bombs on civilians and as bad as that was, we created more destruction and killed even more women, children, and elderly with the conventional bombing of Dresden, Hamburg, Berlin, and countless other targets –‘when in doubt, aim for the church in the middle of town where most of them live!”


Moral Injury Testimony: [https://www.youtube.com/watch?v=Ex_2pS6Ekkk](https://www.youtube.com/watch?v=Ex_2pS6Ekkk)

**Losses in Coming Home**

- Loss of closest friends; isolation from unit
- Loss of innocence or sense of goodness
- Loss of unit discipline and system that sustained physical health
- Loss of weapon
- Loss of role / purpose for others
- Loss of family or capacity for intimacy– conflict / divorce
- Loss of faith and meaning community
- Loss of self—will never be the same, forever changed

**Aspects of Moral Injury**

- Can emerge long after events or experiences, like the residue of a palimpsest.
- Is an aspect of every war and military service
- Creates Isolation
- Can result from other traumas such as natural disasters, sexual assault, etc.
- Can affect many professions (medical, law enforcement, social work, ministry)
- Can emerge as “secondary” trauma in caregivers

**Soul Repair**

**Individual/Social Dimensions of Long-term Recovery**

- Writing personal narratives; externalizing inner struggle and telling story to others many times. As they are retold, the older layers of the self can emerge in the retellings, like a UV light thrown on the memories.
- Talking to benevolent moral authority to process moral and theological struggles
- Integrating memory/story into larger picture—gain perspective on trauma, rather than be controlled by trauma; as memory is processed over time, it will change as new experiences accumulate
- Reconnection with estranged others, esp family
- Veteran support systems; finding community beyond other veterans
- Rehumanization of Enemies, lessen need to hate or fear
- Companions for Support
- Long-term accountability community to sustain process

**Rituals**

- Lamentation to process grief for various kinds of losses.
- Liminal space (sequester outside ordinary time and space—“eternal now”) to transition from military life and identity to civilian community that understands and cares (ex. Navajo Enemyway, or ancient Christian penance system). This process places an individual story within the context of a larger one to restore meaning and belonging.
• Regular use of arts, such as music, dance, theater, writing groups, visual art, to integrate all three brain areas and process experience.
• Find ways to rehumanize enemies, restore connections to life, and deepen vulnerability in relationships.
• Formal commissioning for service work being part of a team, other symbols of belonging to a larger mission and meaning system. Individual life matters to others.

Community/Congregation Work:
• Many people can have moral injury, esp those who work under emergency life or death conditions (medical care givers, EMTs, law enforcement officers, prison guards, gang members, people in natural disasters, etc.)
• Preach on moral injury and educate your entire community about it
• Encourage all in the community to reflect on their relationship to war, moral injury, and military service, including what they can learn from veterans.
• Prepare a welcoming context by
  ✓ Offering ministries of presence through open hearted acceptance
  ✓ Practicing deep listening (see details below)
  ✓ Attending to ways to create safe gathering spaces for those struggling with post-traumatic stress symptoms and moral injury
  ✓ Not expecting all veterans who participate in programs to attend worship or join the church
• Think creatively about how people can be in your community, if they are not interested in or are unable to be in regular worship services
  ✓ Singing groups with rituals
  ✓ Ministry through animals (equine therapy, service dogs, and pets)
  ✓ Sports or Festivals that help restore playfulness, relaxation
  ✓ Prayer/meditation groups
  ✓ Rituals specifically for veterans and friends
  ✓ Hosting a Moral Injury Recovery Group (see Center website for booklet under “Resources”)
• Organize groups that facilitate telling personal stories (stories need to be told multiple times for a person to get control of their story)
  ✓ Discussion groups to study memoirs, war novels, poetry, or essays (six week study guide for the book Soul Repair at the Center website, under “Resources”)
  ✓ Moral injury Recovery Group
  ✓ Writing groups using writing prompts to create poetry or personal stories
  ✓ Art creation groups, visual, kinesthetic, musical, literary, etc.
• Develop ritual practice groups to learn and sustain embodied calming processes, reflection, spiritual disciplines
  ✓ Meditation
  ✓ Contemplative Prayer
  ✓ Yoga
  ✓ Labyrinth Walking
• Go to Stand Downs sponsored by VA in your community
• Offer opportunities for Service to Others and Ways to Interact while restoring balance of good in the world (Tikkun Olam, repairing the world)
• Work with campus ministers and employers to educate their entire communities about moral injury and how to support recovery—don’t treat veterans as a special needs population, but as people who contribute to the community.
• Encourage theological schools to teach courses on moral injury (a sample syllabus is at the Center website, under “Resources”)
Self-care for Caregivers:

- Factors in Burnout
  - Stressful job (High Stakes, Lack of Control)
  - Constant need for documentation
  - Hostile or incompetent authority environment
  - Reduced Sense of Personal Accomplishment
  - Inadequate down time or rest
  - Lonely or isolated by rank and/or job
  - Family Pressures

- Strategies for Self-Care
  - Learn a spiritual practice
  - Take time to reflect and process
  - Keep a journal or spend a few minutes a day talking to yourself in second person (“You need to rethink what you said to X today,” “You handled that tough one well today.”)
  - Get enough sleep, at least 8 hrs a day. Learn good sleep hygiene habits.

Remember that moral injury is not a disorder, but a normal human response to extremity and the disruptive impact on the human soul of violence and moral failure. Respect for veterans means we must be willing to listen and learn from them, to accept our responsibility for what they were asked to do on our behalf (whether or not we agreed with it) and to befriend them, rather than thinking that we are taking care of or saving them. It takes a long journey for all of us to recover, but recovery is possible.
Resources

Visit the resources page at www.brite.edu/soulrepair

You will find an annotated bibliography of books, both fiction and nonfiction, as well as news articles, essays, blogs, films, and videos. There are resources for congregations, for scholars, and for the general public.

If you find a useful resource that is not listed, please let us know about it by emailing Dr. Brock at r.n.brock@tcu.edu.

References for this powerpoint:
Ways of Deep Listening


In *The Sacred Art of Listening*, Kay Lindahl writes:

> There's something beyond technique when two or more people are deeply listening to each other. It is an awareness that not only are we present to each other, we are present to something that is spiritual, holy, sacred.

Such "deep listening" goes against the cultural grain. Lindahl cites research studies by the International Listening Association: we spend about 45 percent of our time listening, but we are distracted, preoccupied, or forgetful about 75 percent of that time. The average attention span for adults is about 22 seconds. Immediately after listening to someone talk, we usually recall only about half of what we've heard; within a few hours, only about 20 percent.

Here are some approaches for deep listening.

1. Start with a ritual. At the beginning, light a candle or sound a gong, for ex., to signify that this is a time for focused attention. The ritual marks the space as special and heightens the feeling of intimacy during a conversation.

2. Listen for understanding, not judgment or evaluation. Give your full attention to the speaker. This is easier to do when you are not distracted by planning what you want to say, your opinion, or how you should respond. Knowing there will be no questions and asking people to sit in silence after someone speaks allows what is said to settle into our hearts and be received. You are not there to analyze, judge, or try to fix another’s experience, just to be fully aware of them and to be present to them. Lindahl writes: "You do not have to agree with or believe anything that is said. Your job is to listen for understanding.”

3. **Listen and speak from your heart.** This means you must be open and vulnerable, willing to describe your yearnings and admit your failings. The listening space is less safe place if we are not hearing with open minds and loving hearts -- and more anxious if listeners respond by evaluating and judging—these are ways of keeping others out of our hearts.

4. Respect the power and difficulty of speaking and ask first if you want to share someone's story (this agreement of whether or not comments need to be confidential should be decided ahead if the group is closed and private).

This style of listening without comment is not always appropriate. Obviously, there are occasions when you need to be engaged in dialogue and your responses are expected. But try this approach to listening at least some of the time. Be truly present to the speaker. Don't be distracted by your plans, assumptions, judgments, or need to respond. Experience the deep communion that is possible as you deeply listen to another.

2. Classroom Attentive, Receptive Listening: http://www.contemplativemind.org/practices/tree/deep-listening

   Deep Listening is a way of hearing in which we are fully present with what is happening in the moment **without trying to control it or judge it.** We let go of our inner clamoring and our usual assumptions and listen with respect for precisely what is being said.

   **For listening to be effective, we require a contemplative mind:** open, fresh, alert, attentive, calm, and receptive. We often do not have a clear concept of listening as an active process; we often see listening as a passive, static activity. In fact, **listening and a contemplative mind is open and vibrant yet spacious**, and it can be cultivated through instruction and practice.

   As a classroom practice, deep listening requires that students witness their thoughts and emotions while maintaining focused attention on what they are hearing. It trains them to pay full attention to
the sound of the words, while abandoning such habits as planning their next statement or interrupting the speaker. It is attentive rather than reactive listening. Such listening not only increases retention of material but encourages insight and the making of meaning.

In conversation, we are often so focused on projecting our opinions and defending our agenda that we fail to hear the voices of others. This tendency is why deep listening practices challenge the way we normally engage in conversation. Deep listening practices rely on a commitment to self-control and self-and-other-awareness.

3. General resource: http://www.selfgrowth.com/articles/what_is_deep_listening.html

From "Slowing Down to the Speed of Love"

From Joe Bailey, a licensed psychologist.

Deep listening occurs when your mind is quiet. Your thoughts are flowing rather than crowding your mind with distractions, interpretations, judgments, conclusions, or assumptions. Your mind is open, curious, interested -- as though you were hearing this person for the first time.

- Deep listening is listening intently and openly, we aren’t analyzing or figuring out -- we are simply letting the feelings and sounds affect us.
- Deep listening is not defensive, argumentative, or intrusive. It is not about struggling to analyze or interpret. It is a purely receptive state of mind. In a state of deep listening, we realize our oneness.
- We realize that we are not separate, but truly one spirit -- we are connected.
- When we listen deeply, we let go of any beliefs we have about the other person. We let go of our prejudices and past memories of him or her.

Preparation via Meditation:

- Try to sit stable and still, like a mountain. Be relaxed and alert.
- Listen to what you hear.
- Do not imagine, name, or analyze what you hear. Just listen with wide-open awareness.
- As thoughts, emotions, memories, associations arise in your mind, notice them, gently let them go, and return to the speaker.
- Radar that goes out looking for something and a satellite dish with a wide range just sits in the backyard, waiting. Be a satellite dish. Stay turned on and receive.
- If there are no sounds, listen, and rest in the silence.

Deep listening applies not only to communication with another, but also to listening to ourselves and to life in general. The goal of deep listening is to hear beyond the words of the other person and yourself, to the essence of what the words and feelings are pointing to. Your mind and heart are joined in union -- you are listening wholeheartedly.

The goal of deep listening is to be touched by the other person, embrace his or her story and truth, and to hear the essence of what he or she is saying. Deep listening is based on empathy and respect.

Information provided here may be used with citation.