

**MAROONING MORAL
INJURY**
**AN ETHICAL INQUIRY INTO
THE TERM**

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The term moral injury has gained traction within the military and veteran health research communities. This conceptual analysis integrates literature from across academic traditions to explore what moral injury as a construct offers military members and veterans. An evaluation of the negative implications of current multidisciplinary research reveals that moral injury holds no enduring value as an official clinical diagnosis. Yet interdisciplinary research in the short and long-term human experiences of war could explore the impact of communal healing rituals as a means of engaging the broader polis in an exploration of the moral implications of war and warfare.

Since the late 1990s, the term moral injury has gained traction in traumatology, a specialized subdiscipline of clinical psychology, particularly within the military and veteran health communities. The genesis of this term is Jonathan Shay's 1994 book *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, in which he forwards the notion that combat trauma, in some instances, may be related to a betrayal of "what's right" by a legitimate authority figure in a "high-stakes situation."¹ His captivating and insightful exploration into the lived experiences of Vietnam veterans with posttraumatic stress disorder (PTSD) initiated interest in evaluating moral injury as a new clinical construct.

More recently, moral theologians, philosophers, and political theorists have taken an interest in moral injury.² These humanities scholars investigate morality in relationship to the values of the military, the character of military service members, and

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1. Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994), 208.

2. Mark A. Wilson, "Moral Grief and Reflective Virtue," in *Virtue and The Moral Life: Theological and Philosophical Perspectives*, ed. William Werpehowski and Kathryn Getek Soltis (New York: Lexington Books, 2014); Willie James Jennings, "War Bodies: Remembering Bodies in a Time of War," in *Post-traumatic Public Theology*, ed. Stephanie N. Arel and Shelly Rambo (Cham, Switzerland: Springer, 2016); Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (Oxford, UK: Oxford University Press, 2015); and Tine Molendijk, "The Role of Political Practices in Moral Injury: A Study of Afghanistan Veterans," *Political Psychology* 40, no. 2 (2019).

the experience of warfare. In so doing, they highlight the complex worldviews in which war-related moral tensions are situated and help provide a nuanced understanding of the complexity of defining moral injury as a concrete clinical construct.

At least two questions concerning the current trajectory of multidisciplinary discourse emerge when considering the conceptual and clinical ambiguity of moral injury across disciplines: First, is moral injury a construct of enduring value as an official clinical diagnosis? Second, what is to be learned from the interest in moral injury research across disciplines? The goal of such an inquiry is to establish that there is an important human phenomenon being described by the moral injury construct and investigated through multidisciplinary research.

Yet an evaluation of the negative implications of this research challenges the enduring value of moral injury as an official clinical construct. This article thus argues the current multidisciplinary research trajectory should turn toward interdisciplinary research focused on the development of communal healing rituals. These rituals, including personal narratives, would engage the broader political community in helping service members and veterans process and integrate moral concerns emerging from lived experiences of war while simultaneously providing a source of political wisdom.

These communal healing rituals could begin to address the broad ways in which trauma manifests in the aftermath of military service without placing the majority of suffering for defending national security objectives on service members and veterans. Communal healing, instead of privatized and medicalized moral pathology formulated in medical-social narratives, acknowledges that civilian society shares in the political culpability associated with war and warfare, and that the political community should own a share of the suffering involved in healing those wounds.

Key Terms and Assumptions

Multidisciplinary research is focused on a complex, real-world problem in which each discipline makes a separate contribution. Interdisciplinary research is research that involves a collaborative team that integrates information, data, techniques, tools, perspectives, concepts, and theories from multiple disciplines to advance knowledge of complex, real-world problems.³

This article uses the following definition of psychological trauma: suffering that remains in the form of invisible wounds causing a veteran, or any human being, to experience a persistent sense of severed belonging—personal, interpersonal, and/or communal—in the world.⁴ Relying on a broad definition of trauma is important because it provides a foundation from which fruitful interdisciplinary work can occur without eliminating

3. National Academy of Sciences, National Academy of Engineering, and Institute of Medicine, *Facilitating Interdisciplinary Research* (Washington, DC: National Academies Press, 2004), <https://doi.org/>.

4. Tara Brach, *Radical Acceptance: Embracing Your Life with the Heart of a Buddha* (New York: Bantam, 2004); Victoria M. Follette et al., *Mindfulness-Oriented Interventions for Trauma: Integrating Contemplative Practices* (New York: Guilford Press, 2015); and Arel and Rambo, *Post-traumatic Public Theology*, 6.

insights from specialized understandings of human suffering that exist beyond the boundaries of psychological diagnosis.

Political pain refers to moral tensions and complexities of war and warfare that individuals—service members, veterans, and civilians—experience because of a broader political agenda. As with trauma, political pain broadly captures human suffering linked to war and warfare-related tensions that cause individuals and communities to experience distress. While political pain need not be limited to war and warfare, this article will be focused on these societal elements as political realities that cause service members, veterans, and the civilian community distress. As such, political pain does not look to the individual service member or veteran who is experiencing moral confusion, tension, or suffering, but to the broader political system that they serve for the good of the civilian political community.

To be precise, this article uses the term war to describe a complex set of political conditions and decisions made between political actors, including civilians, who are involved in the political community. In contrast, warfare describes the complex set of activities executed within a military organization at the strategic, operational, and tactical levels. This important distinction helps to highlight how the entire society takes part in the morality of war and warfare, whether or not that reality is explicitly acknowledged. Use of the term combat will be avoided—though combat may be a part of any given service member’s or veteran’s experience. War and warfare are morally complex phenomena that cause distress to service members and veterans regardless of whether someone was directly engaged in combat activities.

The following analysis is built on three assumptions: 1) current multidisciplinary interest in moral injury is driven by a heartfelt desire to support service members and veterans who are struggling to make meaning from their experiences of war and warfare; 2) moral injury has descriptive force in service members’ and veterans’ lived experience because multidisciplinary research has seriously considered their narratives of suffering; and 3) despite conceptual and methodological differences, interdisciplinary collaborations are beneficial and necessary when attempting to investigate the complex human experience of war.

As one expert on trauma healing and PTSD aptly notes about the collective positive impulse that drives this discourse, “Our concern is the invisible wounding from war. . . . Our challenge is this: how do we turn war’s inevitable wounding and suffering into wisdom and growth that truly brings warriors home and in a way that benefits us all?”⁵

Problematizing the Language of Moral Injury

As mentioned, moral injury first entered the veteran and clinical consciousness through Shay’s book. Relying on clinical narratives of veterans being treated for PTSD, Shay noted the *Diagnostic and Statistics Manual of Mental Disorders* (third edition)

5. Edward Tick, *War and the Soul: Healing Our Nation’s Veterans from Post-Traumatic Stress Disorder*, 1st ed. (Wheaton, IL: Quest Books, 2005), xi.

diagnostic criteria was too narrowly constructed to include the moral quality of suffering expressed by the veterans he was treating.⁶ In other words, if a discrete traumatic stressor was moral in nature, then veterans could not gain access to or coverage for clinical care.

Additionally, research and treatment modalities did not focus on the moral quality of their suffering. Originally, moral injury emerged in clinical research as one of the many critiques of PTSD's narrow diagnostic criteria that linked psychological trauma to a specific triggering event. Within this period clinical research became focused on concerns about trauma, and the subfield of traumatology developed.

In general, clinical research in the field of traumatology operates within the biomedical model. Definitions of psychological pathology work on the assumption that human behavior operates within a range that can be statistically captured in order to identify extreme deviations between what is deemed normal and abnormal. Healing interventions focus on clinical therapies that function through the establishment of a dyadic relationship between therapist and patient. Healing within the clinical framework centers on individuals—the person who can relieve the suffering and the person suffering—without reference to a broader context in which the suffering took or takes place. Said differently, the political nature of trauma and healing is not a central concern within the biomedical model of clinical research and therapy.

In name, moral injury explicitly claims to be a pathology relative to a service member's or veteran's morality. The subtitle of Shay's book, *Combat Trauma and the Undoing of Character*, lends credence to the idea that moral injury is something that leads to moral failing in relationship to a service member's or veteran's individual character.

More concerning is Shay's explicit purpose: "My principle concern is to put before the public an understanding of the specific nature of catastrophic experiences that not only cause lifelong disabling psychiatric symptoms but can *ruin* good character [emphasis in original]."⁷ Implicit in any psychological diagnosis is a moral statement about good and bad relative to normative human behavior.⁸ Diagnoses and their concomitant labels are not value neutral concepts; they circumscribe normality and abnormality, suggesting that something is right or wrong with a person.

While often taken as amoral, clinical terminology is rife with values that suggest what constitutes appropriate human social behavior, which is also the domain of morality. Hence clinical notions of statistical normativity are not simply empirical or descriptive terms, they also imply what should be—the basis of what constitutes ethical normativity. As such, these clinical notions cannot be divorced from social-cultural narrative forms of moral description of individuals.

6. Shay, *Achilles in Vietnam*.

7. Shay, xiii.

8. Warren Kinghorn, "Moral Engagement, Combat Trauma, and the Lure of Psychiatric Dualism: Why Psychiatry Is More Than a Technical Discipline," *Harvard Review of Psychiatry* 23, no. 1 (February 2015): 28, <https://doi.org/>.

Claims made with speech acts have both normative and descriptive elements. In specific, one medical historian's comment on the normativity of medical language highlights this point: "Medical knowledge is frequently privileged as more accurate and more important than other forms of understanding or experience."⁹ If psychological research pushes for moral injury as a separate pathology, and those who are moral experts in the humanities develop taxonomies that map to this diagnosis, then moral injury could be seen as a stain on the service member's or veteran's moral character.

The story of Colonel Theodore Scott Westhusing's death by suicide provides a haunting example of how moral-medical expertise in conjunction with the term moral injury could be incredibly problematic. Westhusing, a military ethicist concerned with the topic of honor in warfighting, worked under the command of General David Petraeus in Iraq:

While carrying out his duties, Colonel Westhusing found himself regularly in conflicts with contractors, primarily over fraudulent expenses and the participation of mercenaries in the killing of Iraqi civilians. . . . Westhusing became convinced that the values of the military that he prized, such as duty and, especially, honor were replaced in Iraq by the values of unfettered capitalism.¹⁰

Although those who knew Westhusing suggested he was a man of good character, his high standards of morality were deemed pathological by the Army psychologist who performed his death review.¹¹ She suggested Westhusing was an overachiever displaying overly rigid moral thinking demonstrated by his unwillingness to alter the belief that business profits should not motivate war and warfare. Furthermore, the psychologist's report stated Westhusing should give up his notion of what constituted "the right" way of engaging war and warfare and accept that profiteering was part of it.¹²

In contrast to the idea that a healthy moral character is indicated by having a clear, logically reasoned moral stance and abiding by one's moral convictions of what constitutes honorable warfighting, this clinical assessment fostered the notion that a healthy moral character is one that would be open to the idea of war crimes and human rights abuses. Instead of looking to the political critiques Westhusing was decrying or his academic work on honor to engage in serious reflection that might offer "illumination

9. Brandy Schillace, *Death's Summer Coat: What the History of Death and Dying Teaches Us about Life and Living* (New York: Pegasus Books, 2016), 36.

10. Ted Westhusing, "A Beguiling Military Virtue: Honor," *Journal of Military Ethics* 2, no. 3 (November 1, 2003), <https://doi.org/>; Theodore S. Westhusing, "The Competitive and Cooperative Aretai within the American Warfighting Ethos" (PhD dissertation, Emory University, 2003), <https://philpapers.org/>; and Peter A. French, *War and Moral Dissonance* (New York: Cambridge University Press, 2010), 42.

11. Peter S. Fosl, "American Despair in an Age of Hope," *Salmagundi: A Quarterly of the Humanities and Social Sciences*, no. 176 (2012); and French, *Moral Dissonance*.

12. T. Christian Miller, "A Journey That Ended in Anguish," *Los Angeles Times*, November 27, 2005, <http://articles.latimes.com/>.

on the public life and political order,” profiteering was deemed as the central virtue that should drive military decision-making in warfare.¹³

In other words, a clinical psychologist reduced the morally courageous thinking of a military philosopher highly skilled in making moral assessments concerning the ethics of warfare to the moral vice of rigid thinking. In his death, the very character and honor by which Westhusing attempted to live and even die was sullied by an “expert” clinical psychologist. Westhusing’s story highlights the possibility of good conscience and moral reservation being maligned as clinically pathological. Moral thinking can be rigid—in a positive sense—if one has reasoned that the stance is right and one cannot, in good conscience, act contrary to one’s belief.

French philosopher Paul Ricoeur suggests justice as a political and personal virtue demands a person with a morally formed conscience be able to draw a line in the sand when deliberating what course of action would uphold one’s strongly held moral convictions in the political community and reinforce one’s self-determining moral character.¹⁴ While service members and veterans can experience an extreme form of guilt or pain in relationship to their moral experiences of war and warfare, it does not necessarily indicate a moral failing or even a psychological symptom indicating a possible pathology. In fact, it might just indicate a proclivity to mourn justice—an ability to grieve and deliberate the complexities of war and warfare.

Unfortunately, relying on a term like moral injury explicitly connects service members’ and veterans’ political pain to an inferior moral category, namely that of “injured.” Furthermore, service members and veterans may describe and thematize their pain as moral in nature; if these stories were to be further connected to clinical assessment and interpretation, it is the psychologist who labels the service member or veteran morally injured. The power dynamics of being able to label a service member or veteran morally injured shifts the focal point away from the service member’s or veteran’s narrative and toward the official clinical diagnosis as a pathology—in other words, a moral pathology.

The term berserk further illustrates how language can have destructive power if misused or misappropriated—in this case, in casual conversation. The idiomatic definition given for going berserk is to “erupt in furious rage and become crazily violent.”¹⁵ As such the colloquial understanding of berserk connects it to a psychological pathology. Yet “berserk fury” was a Viking martial virtue. It filled the warrior with a

13. Robert D. Gibson, “Virtue under Fire: Leadership Attributes Required in 21st Century Combat” (PhD dissertation, Penn State University, 2008); Westhusing, “Cooperative Aretai”; and Peter S. Fosl, “A Reply to Stewart Justman,” *Salmagundi* 176 (2012).

14. Richard Kearney, “Paul Ricoeur and the Hermeneutics of Translation,” *Research in Phenomenology* 37, no. 2 (2007): 147.

15. *American Heritage Dictionary of Idioms*, s.v. “go berserk,” accessed June 26, 2023, <https://www.dictionary.com/>.

sacred force that transported the warrior to a state that existed beyond ego and pride.¹⁶

Shay connects the berserk state of being to the ruination of service members' and veterans' characters, saying that "once a person has entered the berserk state, he or she is changed forever."¹⁷ Language connecting martial virtue to psychopathology plays a strong role in the collective consciousness of a society creating a medical-social narrative surrounding the reintegration of service members and veterans into civilian society.

Problematizing the Medical Moral Injury Narrative

Constructing a medical-social narrative that clinically associates the moral injury construct to the military and veteran communities is also problematic. Moral injury was originally narrated in research, civilian journalism, and academic scholarship as a phenomenon directly linked to warfare.¹⁸ In some instances, such as Shay's works, it is directly linked to participation in combat. Yet, moral injury is broadly defined as experiencing a betrayal of what one believes is right or betraying one's deeply held beliefs through action or omission. Such a definition is not limited to combat or warfare.

Although the use of the moral injury construct has somewhat expanded in the aftermath of the COVID-19 pandemic, the vestiges of this connection of moral injury to warfare cannot be easily uncoupled in the medical-social narrative even though the concept has expanded to other populations beyond the military and veteran health community.¹⁹ One study, for example, explains how moral injury came from the military and veteran research community and has only during COVID-19 expanded to the healthcare community. Yet in describing its genesis, it continues to link the moral injury construct with service members and veterans, reinforcing a medical-social narrative that attributes this phenomenon as one socially and historically bound to military personnel.²⁰

A similar construct, moral distress, emerged in the field of nursing and has promulgated a large body of research, especially within end-of-life care. The term mental distress was first coined in 1993 to describe pain resulting from a situation where a person is faced with a decision in which they have a moral judgment about the right action, are constrained from taking that action, and participate in what is perceived to

16. Rick Fields, *The Code of the Warrior: In History, Myth, and Everyday Life* (New York: Harper Perennial, 1991).

17. Shay, *Achilles in Vietnam*, 99.

18. Sheila Frankfurt and Patricia Frazier, "A Review of Research on Moral Injury in Combat Veterans," *Military Psychology* 28, no. 5 (2016); Warren Kinghorn, "Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury," *Journal of the Society of Christian Ethics* 32, no. 2 (2012); Brett Litz, "Moral Injury in Veterans of War," *Research Quarterly* 23, no. 1 (2012); and David Wood, *What Have We Done: The Moral Injury of Our Longest Wars* (New York: Little, Brown and Company, 2016).

19. Shay, *Achilles in Vietnam*; Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribner, 2002); and Shay, "Moral Injury," *Psychoanalytic Psychology* 31, no. 2 (2014): 182.

20. Stacey Litam, Stacey Diane Arañez, and Richard S. Balkin, "Moral Injury in Health-Care Workers during COVID-19 Pandemic," *Traumatology* 27, no. 1 (2021): 14.

be immoral action.²¹ Moral distress, like moral injury, is related to the betrayal of a person's deeply held beliefs either in action or omission. In fact, moral injury has often been conflated with moral distress in much of the common clinical discourse.²²

A 2016 book on moral injury implies a similar understanding of mental distress (moral distress) in the title of its first chapter, "It's Wrong, but You Have No Choice."²³ As such, moral injury and mental distress are phenomena related to living with the consequences of making a moral decision and taking moral action in a less than perfect situation. In other words, moral injury and mental distress are the result of acting amid a moral dilemma that, in turn, leads to distress. Yet mental distress was originally a construct that was defined as phenomenon related to the field of nursing. Thus it seems moral injury and mental distress have something important to establish about human suffering in connection with the experience of moral deliberations or living a moral life.

Moreover, neither of these constructs are limited to war, warfare, and/or end-of-life medical decision-making. Both constructs highlight that decision-making in a hierarchical system of governance, military or medical, may bring about consequences that are undesirable to individuals. Living with those consequences is not a moral failing unless one is a consequentialist who believes the outcomes determine the moral merit of the action taken.

Although researchers may, in principle, agree that moral injury is not a construct fundamentally limited to service members and veterans, the medical research community has, until COVID-19, narrated a story about moral injury that links it to service members' and veterans' experiences of war and warfare. Furthermore, this narrative influences the political community into which service members and veterans return.

Framing moral injury as a signature wound of war plays into a subtle and yet divisive understanding of the experience of war and warfare.²⁴ It does not unite service members and veterans to the civilian society they serve nor does it seek to find common understanding of morally challenging situations while still honoring the particularities of these experiences. This medical-social narrative suggests the complications of war and warfare are more damaging than any other form of morally complicated reality in which civilians might find themselves. Ironically, the expansion of moral injury in applicability as well as the conflation of moral injury with mental distress indicates the need to take a closer look at how moral experiences across many professional domains share similar qualitative attributes.

Validating moral injury as an official clinical diagnosis could foster implicit power dynamics that hold sway over veterans' reintegration into civilian society. It could also

21. A. Jameton, "Dilemmas of Moral Distress: Moral Responsibility and Nursing Practice," *AWHONN's Clinical Issues in Perinatal and Women's Health Nursing* 4, no. 4 (1993).

22. See, for example, R. D. Williams, J. A. Brundage, and E. B. Williams, "Moral Injury in Times of COVID-19," *Journal of Health Service Psychology* 46 (2020), <https://doi.org/>.

23. Wood, *Moral Injury*.

24. Wood.

potentially foster an us (civilians) versus them (service members and veterans) understanding of who is responsible for the human costs of war and warfare such that service members and veterans are the only people viewed as being morally responsible for their consequences. Setting up rigid boundaries between who is at risk for moral injury and who is immune further establishes an implicit in-group and out-group.

This division could have severe consequences for the civilian-military relationship, especially considering how prejudice slowly develops through the use of subtle linguistic maneuvering known as antilocution.²⁵ This type of speech act is subtle because it casts the powerful in-group as the helper while allowing that same in-group to inflect negative and hostile images onto the out-group, which is cast as vulnerable and needy. Seemingly innocuous commentary on the needs and capabilities of an out-group are normalized as concern but set the stage for more harmful and severe forms of prejudicial speech acts.²⁶

Shay's 2002 follow-up book on veterans transitioning to civilian life, *Odysseus in America*, illustrates this use of antilocution by supporting the importance of understanding moral injury while blatantly saying that the very things that make service members admirable during times of war also make them unfit to be "good" citizens when they become veterans.²⁷ The tendency to move toward more hostile forms of prejudice can also be seen in research suggesting moral injury might be linked to sociopathy and in popular press stories about veterans being "natural killers" due to their inherent sociopathic qualities that make them adept at the military mission.²⁸ This medical-social narrative of moral injury paints a picture of psychologically traumatized service members and veterans who lack a moral compass and cannot be contributing members of a civilian society.

This medical-social narrative also obfuscates a deeper understanding of the complex experience of participating in warfare. Vietnam veteran Karl Marlantes explains this challenge in his memoir *What It Is Like to Go to War*:

Warriors . . . perform their heroic acts with full consciousness of the often painful consequences for everyone, including themselves. Many heroic acts of this kind will go unnoticed by society—if not actively denigrated. There will be no medals. This makes such acts far more difficult to do, and therefore even more heroic.²⁹

25. Gordon Allport, *The Nature of Prejudice* (Reading, MA: Addison-Wesley, 1954).

26. Allport.

27. Shay, *Odysseus in America*.

28. Kent D. Drescher et al., "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans," *Traumatology* 17, no. 1 (2011), <https://doi.org/>; William P. Nash and Brett T. Litz, "Moral Injury: A Mechanism for War-Related Psychological Trauma in Military Family Members," *Clinical Child and Family Psychology Review* 16, no. 4 (2013); Sulome Anderson, "Do Sociopaths Make Better Soldiers?" *Vice*, July 21, 2015, <https://www.vice.com/>; and David Pierson, "Reddit/Military," *Natural Killers Turning the Tide of Battle* (blog), December 22, 2014, <https://www.tacticalshit.com/>.

29. Karl Marlantes, *What It Is Like to Go to War* (New York: Atlantic Monthly Press, 2011), 153.

Claiming warfare is unlike any other experience also fails to appreciate the work-a-day reality of service members and veterans. Furthermore, moral injury glorifies them in their woundedness, as one trauma health expert contends:

Many caring professionals, citizens, and institutions strive to respond to the needs of troops and veterans. In spite of these sincere attempts . . . we hear constant disturbing reports of ongoing, increasing, and abject suffering. . . . Warriors are meant to be strong, noble, beautiful, and able to serve for protection, enlightenment, and guidance all their days. Yet, the American landscape is littered with victims suffering traumatic wounding we do not know how to deal with.”³⁰

The point is not that psychological wounds inflicted by war and warfare are not real. Yet singularly identifying service members and veterans with “wounding” may be that which thwarts the needed connection to the civilian community.

Moral injury researchers have clarified that the deepest wounds of war and warfare often relate to service members’ sense of justice and morality. War and warfare are both pregnant with morality, but so too is life. Acknowledging this point could be a movement toward bridging the gap between the military and civilian communities. There is no way to get beyond framing a story if it is to be told. All interpretations and taxonomies of another person’s lived experience—clinical, theoretical, thematic, moral—do violence in some capacity because no story can ever be fully articulated in language. The question becomes “Does the name of moral injury and medical-social narrative in which this construct is embedded do more violence than is necessary in trying to capture the quality of the human lived-experience of war and warfare?”

Despite the best intentions of researchers, it does. Moral injury cuts service members and veterans off from their deeper identity as “citizen-warriors” and sets up a medical-social narrative wherein the wounds of war and warfare are potentially irreconcilable with reintegration into civilian community. As such, it is not a construct with enduring value as an official clinical diagnosis for the military and veteran health communities.

Ritual Healing: Embodied Communal Practices

What is the good impulse in moral injury research? How might clinical and ethical applied researchers use what has been learned from this research to encourage healing political pain born from war and warfare and promote service members’ and veterans’ reintegration into civil society?

Returning to the definition of trauma as severed belonging to self, others, and/or community, moral injury research hints at the need for forms of healing that address all aspects of severed belonging, not just private-individualized aspects addressed through a dyadic clinical encounter in the medical model. Interestingly, the proliferation of moral injury and moral distress into domains beyond their origin story suggests

30. Edward Tick, *Warrior’s Return: Restoring the Soul after War* (Boulder, CO: Sounds True, 2014), xi.

there are common moral experiences that can unite civilians who have not experienced war and warfare to service members and veterans who have lived experience with the same. In other words, there may be a broader source of common need for grieving embodied healing.

Current medicalized healing modalities focus on the strength of therapeutic alliance, but this leaves out broader community participation in healing, and it ignores the needs of a civilian community that has participated in the prosecution of war and warfare through the political community. As such, social healing modalities could envelope individual therapeutic modalities and open a broader medical-social discourse directly informed by service members' and veterans' lived experiences of war and warfare.

Interestingly, *Achilles in Vietnam* also points out ways to address healing the broader wounds of war and warfare that predate modern clinical medicine.³¹ Looking to premodern modalities of healing and reintegrating warriors can be insightful when helping researchers explore options for research on the moral impact of war and warfare on individual service members and veterans as well as the collective civilian society.

In discussing the classical warrior, Shay writes about the unfortunate loss of ritual in modern medical and social contexts.³² Although not specifically addressing war and warfare, another scholar also suggests when ritual public lamentation is replaced with individualized modes of positive thinking, the political order becomes focused on reinforcing and consolidating the political status quo. Without communal rituals to lament political pain there can be no genuine interaction between a powerful political authority and its subordinates. Communities obsessed with ignoring grief and the public process of mourning "may also unwittingly endorse unjust systems about which no questions can properly be raised."³³

Similarly, one investigative study on moral injury describes a military chaplain who used a baptismal font to cleanse himself and his warriors because he knew "the symbolic cleansing of warriors after battle was an ancient ritual familiar to the Greeks, the Crusaders, Native Americans, and many others."³⁴ Following the logic of Shay and others points to a need for embodied mourning activities that communalize healing through rituals that can transfer understanding of the service members' and veterans' lived experience of war and warfare.

Embodied communal rituals that engage sounds, smell, touch, and movement have been used throughout history to help warriors with the gradual process of social reintegration. They have also called on the entire community to participate in the warrior's painful process of reintegration through the process of group mourning and healing.³⁵

31. Shay, *Achilles in Vietnam*.

32. Shay.

33. Walter Brueggemann, "The Costly Loss of Lament," *Journal for the Study of the Old Testament* 11, no. 36 (1986): 67.

34. Wood, *Moral Injury*, 3.

35. B. J. Verkamp, "Moral Treatment of Returning Warriors in the Early Middle Ages," *Journal of Religious Ethics* 16, no. 2 (1988).

Many of these communal healing rituals involved elements of warrior and community expiation for the morally saturated experiences of war and warfare.

Writing in the late fourth and early fifth centuries, St. Augustine did not believe a warrior was necessarily morally injured as an individual-privatized citizen upon returning home. Yet he did believe all warriors needed to experience embodied mourning to heal the embodied aspects of their human experience, due to the toxicity of war and warfare. These rituals allowed the community and returning warriors to build a shared understanding of the experiences of war and warfare, while collectively mourning to process moral tensions that impacted both warrior and society.³⁶

In previous historical periods, “warriors were reintegrated into civilian life with elaborate rituals that involved the whole community and imparted transformative spiritual wisdom.” Although “modern society has made such ancient beliefs and practices anachronist,” such rituals are indispensable because they help warriors and societies move through the political pain resulting from war and warfare.³⁷ Through embodied mourning made possible in communal rituals, the service member’s and veteran’s lived experience of war and warfare can be integrated in the collective consciousness of a political society.

If, as Marlantes suggests, warfare is a spiritual experience that takes place in the mystical “temple of Mars”—a “wartime sacred space” where, as he writes, “not only were humans sacrificed, including me, but I was also the priest”—then spiritual practices such as rituals are essential to healing political pain and to the reintegration of service members and veterans, augmenting purely narrative and rational forms of individual therapeutic intervention.³⁸

While Marlantes notes many people do not want to think of war as spiritual, his argument is apt in that military training, like almost all spiritual traditions, teaches service members to maintain a “constant awareness of one’s own inevitable death, total focus on the present moment, the valuing of other people’s lives above one’s own, and being part of a larger religious community such as *Sangha*, *ummah*, or church.”³⁹ Spiritual traditions engage the mind, body, and spirit in a way that addresses aspects of trauma that are frozen in the body and occlude service members’ and veterans’ ability to move through their lives in community.⁴⁰

Reinitiating service members and veterans into civilian society requires engaging in meaningful actions that address the mystical-spiritual nature of war and warfare, which is beyond the scope of clinical diagnosis and response to the individual as privatized citizen. Appreciating and understanding the spirituality fostered in the temple of Mars requires an approach that includes key elements.

36. Mark A. Wilson, “Moral Grief and Reflective Virtue,” in *Virtue and the Moral Life*; and Richard B. Miller, “Augustine, Moral Luck, and the Ethics of Regret and Shame,” *Journal of Religion* 100, no. 3 (2020).

37. Tick, *Warrior’s Return*, 3.

38. Marlantes, *War*, 3, 5, 7.

39. Marlantes, 7.

40. Peter A. Levine, *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory* (Berkeley, CA: North Atlantic Books, 2015).

Such actions—rituals—must appreciate how military training (1) forms a warrior identity focused on enduring, managing, and inflicting violence on oneself, others, and objects in support of national security; (2) develops meaningful, intuitive ways of behaving that primarily focus on achieving the aforementioned military mission; (3) engenders moral conflict, tension, and confusion; and (4) in some instances, results in psychological and physical destruction of service members and veterans.⁴¹

Communal rituals must address severed belonging as a human phenomenon that manifests as more than negative cognitions, disruptive mental imaginations, or rigid high-order thinking. In fact, trauma as severed belonging can exist as deeply held and intractable somatic blockages that reinforce a service member's or veteran's separation from self, family, and community.⁴² As such, moral injury beckons beyond the structural constraints of modern medical research to ritual "embodied in specific communal practices."⁴³

A study on reintegrating warriors found the development of three communal rituals—initiation, restoration, and reintegration—help service members and veterans move through their lived experiences of war and warfare. These three rituals trace the spiritual life of the warrior from their introduction to the temple of Mars to their return home. In the initiation ritual, a person's civilian identity transforms and a warrior identity evolves in its stead. The military performs this ritual through various phases of basic, advanced, and ongoing military training.

The restoration ritual brings back "the energies, beliefs, motivations, commitments, and loves of those who have been to war and may be depleted or disillusioned to the point of despair and brokenness."⁴⁴ This ritual—limited to the clinical space—is currently performed within the clinical encounter and includes an official clinical assessment and interpretation of pathology. The reintegration ritual brings service members back into the civilian community honoring and respecting their military experiences and identities as warriors. Rightly practiced, such rituals will "fill our communities with honorable noble, wise elders who in turn serve and mature the society."⁴⁵ The second two rituals should be more broadly explored through communal mourning and healing rituals.

41. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (New York: Open Road Media, 2014); Ann E. Jeschke, "Postdeployment Reintegration: The Ethics of Embodied Personal Presence and the Formation of Military Meaning," *Annual Review of Nursing Research* 34, no. 1 (2016); Erin P. Finley, "Fields of Combat: Understanding Post-Traumatic Stress Disorder among Veterans of Iraq and Afghanistan" (PhD dissertation, Emory University, 2009); and Zoë H. Wool, *After War: The Weight of Life at Walter Reed* (Durham, NC: Duke University Press, 2015).

42. Peter A. Levine, *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences* (Berkeley, CA: North Atlantic Books, 1997).

43. Kinghorn, "Combat Trauma," 57.

44. Tick, *Warrior's Return*, x.

45. Tick, x.

Opportunities for Ongoing Interdisciplinary Research

The recent expansion of moral injury and moral distress beyond their communities of origin suggests that trauma rooted in moral dilemmas and leading to a sense of severed belonging is a salient human phenomenon that needs to be addressed. Moreover, it also suggests broad healing across the military, veteran, and civilian political communities is needed. Multidisciplinary research has performed an incredible task in unearthing this reality, addressing it from inside and outside the medical model.

How, then, might applied researchers across multiple disciplines work together to more deeply explore moral challenges of war and warfare? To begin, those involved in moral injury research could set aside the current linguistic convention of moral injury and move beyond biomedical/biobehavioral research to interdisciplinary research that expands the horizons of how trauma is generally understood within the medical model.

Since ritual studies is a new and interdisciplinary academic research area, it could provide a space in which clinicians working within the medical model can research in consortium with other disciplines that understand morality and trauma in new and interesting ways. This emerging field of research seeks to conceptualize, describe, interpret, explain, and develop rites, ceremonies, and ritual processes.

Ritual studies research relies on a traditional behavioral science model of investigation of indigenous and constructed rites. In other words, programs of research exploring the development, meaning, interpretation, and importance of ritual engage in the process of observation, induction, deduction, testing, and analysis.

Ritual studies also integrates humanities inquiries working with theology, philosophy, social science, and performance theory—the latter an interdisciplinary area of research that seeks to explain what motivates human beings to act and engage with the world.⁴⁶ Although the applied world of traumatology research within the biomedical model does not have a long-standing relationship with this new field of inquiry, ritual studies would be a perfect match to exploring communal healing in the context of trauma as severed belonging because it allows for the inclusion of disciplines invested in moral injury and mental distress research. As such it is a way to integrate wisdom gained across the development of these clinical constructs.

Furthermore, ritual studies often works in consortium with dance and movement theory in the form of movement therapy, since ritual often includes systematic movements to address felt-sense experiences that are prelinguistic and expressed through physical communication.⁴⁷

This article is not against research activities that explore and explain the moral quality, complexity, or description of war and warfare, but the ways in which language

46. Hans Schilderman, *Discourse in Ritual Studies*, vol. 14 (New York: Brill, 2007).

47. Laurice D. Nemetz, "Moving with Meaning: The Historical Progression of Dance/Movement Therapy," in *Creative Arts Therapies Manual: A Guide to the History, Theoretical Approaches, Assessment, and Work with Special Populations of Art, Play, Dance, Music, Drama, and Poetry Therapies*, ed. Stephanie L. Brooke (Springfield, IL: Charles C. Thomas Publishers, 2006); and Jessica Young and Laura L. Wood, "Laban: A Guide Figure between Dance/Movement Therapy and Drama Therapy," *Arts in Psychotherapy* 57 (2018).

can become “entrenched in the public’s vocabulary and in clinical communications.”⁴⁸ Expanding avenues of research to include communal ritual healing should include engaging ethnolinguists who could develop a natural military—warrior ethos and identity—language used to describe psychological trauma.

Historians could excavate various warrior codes and reintegration rituals performed throughout history to gain a more complex understanding of how virtue, warrior identity, and communal healing work together to address trauma in a common ecosystem of healing. Sociology, anthropology, and performance theory experts also could explore ways in which military rites, ceremonies, and rituals have developed an implicit understanding of the service member’s and veteran’s moral identity in relationship to communal symbols, action, and narrative.

Finally, service members and veterans must be involved because many military rituals were themselves traumatizing.⁴⁹ In trying to create communal healing, it would be antithetical to the goal if the rituals created were simple reenactments of military ceremony, rites of passage, and ritual in a civilian setting.

Conclusion

In evaluating the negative implications of the current trajectory of multidisciplinary research, it is clear moral injury lacks sufficient value as an official clinical diagnosis. The positive desire to research the moral complexities of warfare requires interdisciplinary research that could develop communal healing rituals for political pain that emerges as severed belonging. If we as a political society are to care about the collective human cost of war, such a cost cannot and should not be limited to service members and veterans but must be shared across the entire political community. We have collective responsibility for the political systems that support our social good, including that of the military in support of national defense.

Instead of individual pain being privatized and medicalized, we need to resurrect the value of public lamentation related to political consequences of war and warfare. Without communalizing grief associated with the collective political pain of war and warfare, service members and veterans cannot confront the powerful political systems that created medical-social narratives of their lived experiences. Furthermore, wisdom gained by war and warfare cannot be applied to evaluating the just and ethical use of the military. We also forfeit our ability to engage in a meaningful moral-political confrontation with the human costs of war. Instead, we will continue to medicalize and moralize the private pain of individual service members and veterans while forfeiting any political wisdom for future generations. Æ

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48. Morton M. Silverman et al., “Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors. Part 1: Background, Rationale, and Methodology,” *Suicide and Life-Threatening Behavior* 37, no. 3 (2007): 150.

49. Jennings, “War Bodies.”