

Understanding Moral Injury From a Character Domain Perspective

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Within the past decade, the emerging field of moral injury has focused mostly on the clinical dimension of a traumatic event (Griffin et al., *Journal of Traumatic Stress*, 2019, 32, p. 350). This article will present a character dimension of moral injury and briefly introduce a dual pathway model of moral injury reflecting clinical and character dimensions. The investigation of the character domain borrows from the theoretical and empirical bases of moral philosophy, moral psychology, character psychology, and social psychology. Hence, this multidisciplinary understanding of moral injury encompasses: (a) moral failure, or the failure to adhere to a virtue as prescribed by a group or institution, (b) suffering or death as a direct result of moral failure, (c) unethical marking on a person's character, and (d) experience of identity negotiation between the real self and the undesired self. This character framework attempts to advance a broader theoretical foundation for moral injury that has wider applicability to the varieties of human experience, and reflects a deeper understanding of the self-concept that is not defined by and does not necessarily reflect clinical impairments.

Public Significance Statement

This article discusses how moral injury arises when the experience of suffering caused by moral failure (i.e., the lack of human goodness) is reflected onto one's character and identity. Moral injury is defined as a less than virtuous state of being (in the Aristotelian context of character and identity) arising from suffering or even death brought about by one's own or another person's moral failure.

Keywords: moral injury, virtue, character, self, identity

This article was published Online First April 29, 2021.

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Some of the ideas in this manuscript were discussed in a 2017 Lima Charlie podcast on Moral Injury, presented in a poster at the 2019 Western Positive Psychology Conference, in an article at the 2020 Military Transition Research Summit, and written as part of a research brief published in the April 2020 online version of *Military Behavioral Health*.

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Overview

In *Achilles in Vietnam*, a seminal work on moral injury, Shay (2003) plays the part of a present-day Homer illuminating the psychological and moral suffering of Vietnam veterans by tracing their warrior lineage back to the ancient heroes of the *Iliad*. In Shay's retelling, Agamemnon's betrayal of Achilles, Achilles' rage over the betrayal, Hector's mistaken killing of Patroclus (Achilles' confidante and comrade), and Achilles' subsequent revenge killing of Hector are echoed in the stories of Vietnam veterans. While the *Iliad* has been regarded as "the story of the undoing of Achilles' character" (Shay, 2003; p. 26), to date, hardly any work has been conducted on the nature and function of character in the context of modern veterans' experiences of psychological and moral suffering. While Shay and Homer agree that both psychological and moral suffering in war involve character, the contemporary formulation and investigation of moral injury have been narrowed in scope.

Moral injury as a line of scientific inquiry primarily started and continues to revolve around the experiences of combat veterans receiving care for Post-Traumatic Stress Disorder (PTSD; Litz et al., 2018) as defined by the Diagnostic Statistical Manual (5th ed.; DSM-5; American Psychiatric Association [APA], 2013). The relatively few studies that have examined the concept of moral injury outside of the military context have also focused on psychiatric symptoms (e.g., PTSD, depression) experienced by professionals working in child welfare systems (e.g., Haight et al., 2017), law enforcement officers who killed or injured another in the line of duty (Komarovskaya et al., 2011), teachers exposed to violence (Currier et al., 2015), and refugees and asylum seekers (Nickerson et al., 2015). After almost a decade of research (see Griffin et al., 2019 for a review), the lexicon of moral injury is predominantly clinical, which can obscure its non-clinical etiology and impact. By clinical approach, we refer to the medical model framework for assessing, diagnosing, and treating mental health disorders through medical (e.g., psychopharmacology) or psychological (e.g., CBT; cognitive behavior therapy) intervention. This preference for the clinical perspective has led to the use of PTSD treatments for moral injury, even though these interventions have been found to have relatively high non-response rates (Steenkamp et al., 2015).

The relative lack of a goodness of fit between moral injury and PTSD treatments suggests a need to

reconceptualize moral injury to account for its components beyond the clinical domain (e.g., social domain, Senecal et al., 2019). Only then can we hope to measure, target, and intervene effectively to treat moral injury. To do so, we take a step back and ask, what has happened to the *moral* component of moral injury? How is this related to the undoing of *character*? Could the undoing of *character* reflect a domain that is distinct, but perhaps related to that of the clinical component of moral injury? In raising these questions, we begin to advance an alternative conceptualization and approach to the study of moral injury; one that includes both moral and character-based dimensions in addition to a clinical dimension.

Proposed Multidisciplinary Approach to Moral Injury

Our approach is informed by both theoretical insights and empirical findings of disciplines concerned with understanding moral failure and moral suffering. From moral philosophy, we rely heavily on the writings of a founding father of moral philosophy and virtue ethics. In the *Nicomachean Ethics* (*NE*; trans. 2006), Aristotle presented his ideas on virtue (*arete*), excellence in character (*ethike arete*), and a flourishing life (*eudaimonia*). Similar to others (e.g., Peterson and Seligman (2004) work on positive psychology), we borrow from this Aristotelian line of thinking to lay the groundwork for a virtue-based conceptualization of moral injury. As noted philosopher Sherman (2015) astutely pointed out in her work with combat veterans, "... many [veterans] are engaged in Socratic *elenchus*, a cross-examination of the self to know if one served honorably and with excellence. In processing their war, they are doing philosophy" (p. 21). From moral philosophy, we move to psychology to inform our understanding of self and identity. For example, from moral psychology (see Haidt, 2013) we borrow the notion of the true-self (e.g., Strohlinger et al., 2017) and identity integrity (e.g., Blasi, 2005); from character psychology,¹ a framework for understanding the conditions by which character changes (e.g., Lapsley & Stey, 2014); and from social psychology, the

¹ We refer the reader to Lapsley and Power (2005) edited book on character psychology that discusses the theoretical underpinnings of the field (e.g., moral philosophy, personality psychology, developmental psychology, education) and its direct link to character education.

understanding that various identities co-exist within individuals (e.g., personal and social identities, Brewer, 1991) yielding a more complex sense of self (Roccas & Brewer, 2002), and raising the possibility that the loss of important identities can alter the self (e.g., when active duty personnel end their military service and transition as veterans in civilian communities; Atuel & Castro, 2018). This multidisciplinary framework offers a broader foundation for understanding moral injury, one with wider applicability to the varieties of human experience. We argue that this framework allows for a deeper understanding of the character component of moral injury neither defined by nor reliant on clinical impairment. In the final analysis, we address the questions of character that confront those who suffer with moral injury: “What have I done/What was done to me?” and “Who am I in the aftermath of this moral failure experience or in the midst of moral suffering?”

The multidisciplinary terrain is organized in several sections. Firstly, we will briefly review the clinical domain of moral injury—its components and causal pathways. Secondly, we discuss a virtue-based definition of the character domain together with a causal pathway from this domain to moral injury. Thirdly, we briefly introduce a dual pathway model of moral injury reflecting the character and clinical domains. Lastly, we provide directions for future research.

A Brief Review of the Clinical Domain

Originally, Shay (2003, 2014) defined morally injurious experiences as “a betrayal of what’s right, by someone who holds legitimate authority, in a high stakes situation” (p. 183). Shay’s working definition is notable in its particular emphasis on unethical behavior by a military leader and may largely reflect his work with Vietnam War veterans who were placed in untenable ethical positions by their military and civilian leaders. Litz et al. (2009) went on to expand the definition of morally injurious experiences to include the actions of oneself and others more broadly: “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 695), mirroring the trauma components that comprise the diagnostic definition of PTSD. Much of the literature to date has focused on morally injurious events where the individual was either a betrayer,

a victim, or witness (e.g., Bryan et al., 2014, 2016). While differences between conceptualizations of moral injury remain, what both Shay and Litz highlight is the importance of considering events beyond the traditional fear-based conceptualization of trauma and PTSD.

Clinical Symptoms Associated With Moral Injury

For the most part, moral injury is postulated to result from the dissonance that exists when a perceived transgression is profoundly incongruent with one’s moral or ethical beliefs (e.g., Litz et al., 2009), which may produce severe distress. Owing to the moral basis of this distress, one can even refer to it as moral distress (cf. Jameton, 1984; Epstein & Hamric, 2009). Several emotions are thought to be characteristic of experiencing a moral injury, namely anger, disgust, guilt, and shame (Frankfurt & Frazier, 2016; Litz et al., 2009). Associated negative cognitions may relate to oneself or others (e.g., “I am a terrible person”), and, behaviorally, individuals may isolate themselves or act very much out of character (e.g., recklessness). Some will experience an emergence of mental health problems, including PTSD, suicidality, alcohol use disorders, and depression (Litz et al., 2009; Frankfurt & Frazier, 2016; Williamson et al., 2018).

Individuals who experience a moral injury also exhibit symptoms compatible with Complex PTSD (C-PTSD). As initially described by Herman (1992) and developed in the C-PTSD literature (e.g., Cloitre et al., 2009; Herman, 1995; Wilson, 2004), C-PTSD encompasses a more holistic view of the effects of prolonged, repeated exposure to traumatic experiences, particularly during childhood, as well as coercive control associated with captivity or imprisonment. The C-PTSD diagnosis as defined by the World Health Organization (WHO; 2018) includes both traditional PTSD symptoms as well as affective dysregulation, negative self-concept, and interpersonal problems. This distinction between the traditional PTSD and C-PTSD symptom presentations is supported in the research literature, with C-PTSD demonstrating associations with early childhood maltreatment but also substantial overlap with symptoms of borderline personality disorder (Cloitre et al., 2013; Jowett et al., 2020). While C-PTSD theoretical models

extend beyond traditional fear processing models of PTSD to include developmental effects and the domains listed above, we nevertheless view these models as fundamentally descriptive of a psychopathology distinct in both etiology and expression from moral injury. As is the case with PTSD, we argue that it is possible to have both symptoms of C-PTSD and moral injury, but the etiology and subjective experience of these symptoms, as we will argue, are distinct. It may also be possible that C-PTSD domains, for example, negative self-concept, may reflect undiagnosed or unexamined moral injuries. This latter point is, as yet, an unexamined empirical question that merits future investigation.

Clinical Approaches to Moral Injury

According to the National Center for PTSD's 2019 annual report on psychotherapy for PTSD (National Center for PTSD, 2019), gold-standard treatments for PTSD include Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), and Cognitive Processing Therapy (CPT). While these are distinct modalities, they are all derived from a fear processing and avoidance-based theoretical model of PTSD. In each modality, feared and avoided trauma memories and associated emotions are discussed in detail in therapy, physiological relaxation skills are taught, and in-vivo behavioral practice of exposure to feared and avoided situations outside of therapy is implemented to some degree in order to induce habituation to feared memories and circumstances. While these treatments appear to be effective for veteran populations with PTSD (but see Steenkamp et al., 2015), it is not clear why they would be effective in ameliorating symptoms associated with moral injuries, which are not rooted in a disruption of fear processing to be remedied with exposure, but in violations of values that impact character domains.

Given the range of psychological problems found in individuals who have experienced morally injurious events (e.g., self-harm, alcohol abuse, low mood; Bryan et al., 2014, Maguen et al., 2011) that require professionally delivered support, the use of typical treatments for PTSD (e.g., EMDR) alone may not be sufficient to address the complexity of symptoms or negative sequelae present (Maguen et al., 2017). In fact, it is argued that some treatment approaches, such as PE, could potentially be harmful in cases of moral

injury by exacerbating patient reactions of shame, disgust, and guilt (Maguen & Burkman, 2013). As of yet, there is no definitive psychological intervention for moral injury-related difficulties. Emerging U.K. evidence suggests that treatment providers report that they approach moral injury-based disorders using an amalgamation of non-PTSD specific approaches alongside PTSD treatments, including compassion-focused treatment, responsibility pie charts, and imagery re-scripting (Williamson et al., 2019). Interventions, such as Impact of Killing (Maguen et al., 2017), which uses a CBT approach focusing on self-forgiveness, spirituality, and atonement, have yielded promising findings. Thus, our rationale for separating moral and clinical dimensions in our analysis follows from the logic of diagnosis itself: the purpose of accurate diagnosis is to point toward effective treatment, and the principles guiding effective treatment for moral injury may not be the same as those guiding the effective treatment of PTSD, which chiefly follow an exposure-coping strategy.

Spiritual Approaches to Moral Injury

Breaches of morality and ethical codes may have intrinsic religious or spiritual connotations, and the concept of moral injury and the amelioration of moral injury-related distress has also been discussed in theological contexts (Brock & Lettini, 2012; Kinghorn, 2012). Spiritual counseling or retreats for morally injured veterans have been advocated, such as Soul Repair (Brock & Lettini, 2012) or Soldier's Heart Retreats (Tick, 2014), where a sense of purpose is redeveloped through acts of service and veterans are encouraged to confess their morally injurious experience and receive forgiveness (Antal & Winings, 2015) akin to confessions and prayers of forgiveness practiced in most religions. Nonetheless, the effectiveness of this method remains poorly understood. As organized religion is in decline in many contexts (e.g., Houtman & Aupers, 2007), a means for the non-religious to experience forgiveness may potentially be beneficial to foster wellbeing in cases of moral injury. Adaptive Disclosure Therapy developed by Litz et al. (2009, 2017), where an imaginal dialog is held with a forgiving, compassionate moral authority, has produced promising early findings (Gray et al., 2012) and may be a middle ground approach between theological and clinical methods. In short, if forgiveness is a meaningful concept to the

individual, then a framework for being forgiven may have some utility in the context of a holistic approach to treatment. But even in a secular context, the goal of treatment can be understood to include integrating experiences and behaviors into a coherent sense of self which allows the individual to experience relief from suffering. A treatment approach to moral injury may align with forgiveness if that concept holds value and meaning to the individual, but may also align with acceptance and values grounded in other perspectives (e.g., secular humanism).

Unpacking the Character Domain

“When a veteran says he ‘lost it’ what did he lose? What did Achilles lose? I believe that the veterans and Homer shared similar views on this subject. In the veterans’ own words, they lost their humanity” (Shay, 2003, p. 82).

So, what is character? The early use of the term can be traced to the ancient Greek word *kharakter* which referred to an engraved mark, a stamping tool, or an inscription. For example, Greek coins reflected characters (i.e., pressed mark) considered to be minimonuments of the empire’s leaders, cities, or events (Shell, 1993). Characters were carefully chosen to serve the dual purpose of communicating and commemorating the greatness of people, places, or events. As applied to human behavior, character continues to connote a type of marking. In particular, Aristotle infused meaning into the word with his reference to *ethike aretai* or “excellence in character.” In describing this special type of excellence, Aristotle clothed character in virtues. To talk of a person’s character is to point to a unique virtue or set of virtues that the person possesses, exhibits, or demonstrates.

Virtues, Character, and Identity

In describing human goodness, Aristotle proposed two types of excellence: Excellence of thought and excellence of character (trans. 2006). Throughout this manuscript, we will direct our attention to the latter excellence. This excellence of character is not innate, but is cultivated as a habit (*ethos*) through trial and error or repetitive action in similar situations. In other words, people deliberately engage or pursue excellence throughout the course of their lives. What constitutes this notion of excellence? The virtues, more specifically, the moral virtues of courage, temperance, generosity, munificence (i.e., noble

giving of large sums of money), magnificence, honor, good-temperedness, friendliness, truthfulness, wittiness, and justice (trans. 2006).

For Aristotle, virtue “is a state concerned with choice, in a mean in relation to us, a mean determined by reason, namely the reason by which the person of practical wisdom would determine it” (p. 10; trans. 2006). Let us unpack this multidimensional definition of virtue. First, it is a “state” (*hexis*), a condition, disposition, or mode of being. A virtue describes who a person is or prescribes who a person should be. Second, it is “concerned with choice.” A person can choose (or not choose) to exercise a virtue. This alludes to alternatives co-existing with virtues, bringing us to the next point. Third, it is “in a mean in relation to us.” Mathematically, a mean is the average of some number of observations and, typically, is in a modal position flanked by less or more. In excellence of character, it is a qualitative mean that is in between two vices—the vice of deficiency and the vice of excess. For example, the virtue of courage is a mean in between cowardice (deficiency) and rashness (excess). Here, one can see that courage as a mean is really not an average, but reflects human goodness (or excellence) in between two undesirable extremes. The shape and form that courage takes, however, varies between individuals; hence, only the person in pursuit of courage can attest to whether the behavior is a display of courage. (We will come back to this point when we provide real-life examples of people who were publicly lauded for a virtuous act, but privately did not consider the act to be virtuous.) Fourth, it is “a mean determined by reason, namely the reason by which the person of practical wisdom would determine it.” Virtues are not based on abstract reasoning, but on practical reasoning that guide people’s actions, desires, or emotions, in their daily lives. The practical reasoning involved here is a type of intellect (*nous*) that yields a logical way of navigating through life (see also Darnell et al., 2019). Taken together and in simpler terms, virtue is a person’s choice to engage in what is good as determined by their practical reasoning.

Even in antiquity, Aristotle was keenly aware of differences among people when it came to applying virtues in their lives. Hence, he developed a typology of character (virtuous, continent, incontinent, vicious; see Fowers et al., 2017) reflecting this variance based on the convergence or divergence between people’s private adoption

and public demonstration of virtues. For our purposes, we will confine our discussion to virtuous character because, as we will argue, it is this character type that is at stake in moral injury. From an Aristotelian perspective, a person with a *virtuous* character is described as having a unified self or possessing integrity (from the word *integer* meaning whole). The virtues have been both incorporated privately in cognition and emotion, and are demonstrated publicly in speech and actions. Words and deeds flow voluntarily from the same wellspring of thoughts and feelings.

Social Bases of Virtues

Where do virtues or these standards of excellence come from? Recall that virtues are not innate, but learned and enacted through social processes (Aristotle, trans. 2006). Toward the end of the *NE*, Aristotle urged city-states to enact laws that would cultivate a virtuous life among their citizens. Similar to Plato's *Republic* (trans. 1991), Aristotle considered the political apparatus of the State as the ultimate lawgiver whose responsibility is to create rules that will instill and uphold the virtues. Across the centuries, various institutions have taken on this function in addition to the State. For example, religious institutions through their catechisms and sacraments have introduced and encouraged the faithful to lead a virtuous life (e.g., Catechism of the Catholic Church). Educational institutions through the breadth and depth of their teachings impart virtues to their students (e.g., character education). In addition, military institutions, from their initial basic training onward, aim to inculcate codes of honor that the military wishes service members and veterans alike to live and die by (Castro, 2006).² The family, as the most basic institution, passes on virtues through its traditions and narratives across generations (Lambert et al., 2012; also see Piaget's Moral Development in Patanella, 2011). Virtues are not created in a vacuum; rather they are shaped and formed within the context of a group (Yearley, 1990).

Emotions Related to Virtues

One of the ways people know that something needs to be corrected is through their feelings. Aristotle in the *NE* (trans. 2006) proposed that virtues are related to pleasure, while vices (of deficiency and excess) are associated with

distress. As applied to character, this means that a person with a *virtuous* character experiences pleasure from living a virtuous life. Aristotle equated this pleasure to *eudaimonia*, the end goal of a virtuous life, which is frequently translated as happiness. In modern times, this has been translated to human flourishing and refers to people who are doing well and living well (Fowers et al., 2017; Peterson & Seligman, 2004). Research on *eudaimonia* has identified affective elements such as contentment, pride, compassion, and gratitude (Barrett-Cheatham et al., 2016), as well as cognitive elements that include self-acceptance, personal growth, purpose in life, and autonomy (Ryff & Singer, 2008).

For the most part, people are motivated by the good or an attraction to excellence (i.e., virtue) that functions to guide people toward *eudaimonia*. However, in some instances, the path to *eudaimonia* has been argued and shown to be guided by the experience of pain as well. In other words, *eudaimonia* can sometimes result after learning from painful experiences and emotions. For example, Higgins (2015) analysis of the critical role of the Aristotelian quasi-virtue of shame suggests that while the retrospective aspect of shame brings about remorse, it is the prospective aspect of shame (i.e., not wanting to be perceived by others as dishonorable) that enforces and reinforces a particular virtue. From a different perspective, shame can be an appropriate response that serves the dual purpose of making known what one has become (retrospective) and what one ought to be (prospective) in the aftermath of moral failure. And it is the prospective aspect of shame that redirects or steers an individual back toward *eudaimonia*.

Virtues and Identity

Aristotle believed that internally held and externally demonstrated virtues were constituent elements of the soul, which we are operationalizing as identity. By identity, we take a social

² It has been argued and shown that the military as a value-based institution engenders destructive idealism (Senecal & McDonald, 2017) or combat veteran paradoxes (Castro et al., 2015) whereby service members find themselves in missions or situations that make it nearly impossible to uphold military values, which results in the experience of reported failure (in the case of destructive idealism) or inconsistencies in thoughts/feelings/behaviors (in the case of combat veteran paradox).

psychological approach to mean who the person is as a unique individual (personal identity; Brewer, 1991) and as a member of different groups (social identity; Brewer, 1991), as well as their role within a particular group (role identity; Owens et al., 2010). Unlike other forms of knowledge, ethical knowledge (i.e., virtue) has been argued to be potent enough to change the nature of the person who acquires it (Kupperman, 2005, p. 215). People are good and become good because they come to know what goodness is primarily from the social groups they belong to, ranging from formal institutions to informal networks. The introduction to virtues starts at an early age and is initially learned from parents or older siblings (e.g., Lambert et al., 2012). It is within the home that children acquire the first “we” and learn the virtues (e.g., truthfulness) that the family abides by. When children leave the home and go to school, they may encounter the same (e.g., truthfulness) or a new set (e.g., courage in the playground) of virtues that will help guide their thoughts and behavior with their student peers and teachers. Children in school gain a second “we” and learn the virtues that the educational institution adheres to. When they become young adults and enter the workplace, they become part of another “we” where previously learned virtues are reinforced (e.g., truthfulness, courage) and new ones are introduced (e.g., honor). If they are part of a religious community, they may acquire an additional virtue (e.g., generosity) as a member of this “we.” Finally, on their own (“me”), they may discover a compassionate side attuned to various kinds of

inequities (e.g., poverty, discrimination). In alleviating disparities, they learn about another virtue (e.g., justice).

Across people’s lifetime, the virtues people acquire become the moral thumbprint or ethical markings of their character (see Figure 1). In turn, their character is brought to bear on their identity, who they are as unique individuals and as members with various roles in different groups. This is a critical point because we are not advocating for a moral identity that resides in a separate “we” (e.g., Aquino & Reed, 2002). Rather we are situating the character domain across the personal, social, and role identities (e.g., Hardy & Carlo, 2011; Hitlin, 2011). In other words, people manifest the same character in the “me” and the “we.” Regardless of place or time, or the saliency of a particular identity within a social context (e.g., Social Categorization Theory; Turner, 2010), or the various roles people hold in their groups (e.g., Role Identity Theory; Stets & Burke, 2000), character is embedded or attached, or, in the original Greek meaning, stamped onto a person’s identity. This line of reasoning aligns with what has been called identity integrity (Blasi, 2005) or the internal consistency of the self (Lapsley & Stey, 2014). When people acquire virtues and ethical markings of character, it changes not just a part of who they are, but who they are as a whole. This is what Kupperman (2005) described as the potential of ethical knowledge to change the nature of a person. As each virtue is developed and etched on the character, the whole person is reshaped.

Figure 1
The Relationship Among Virtues, Character, and Identity



Note. See the online article for the color version of this figure.

The final point on the virtue-character-identity link we would like to make pertains to self-representations that involves the self and others. Virtues, as the building-blocks of character, inform the development of a moral compass (Bennett, 1995). Character, as a reflection of the unique set of ethical markings that is brought to bear on identity, functions as a social compass. What we mean by social compass is a conscious and continuous appraisal of the self (e.g., reflexive consciousness, Baumeister, 2010) that includes who the person considers the self to be (see real self or actual self; Higgins, 1987) and in relation to others (see Looking Glass Self; Cooley, 1902). The need for a social reference is a human propensity that has already been empirically verified (e.g., Festinger, 1954). As Cooley (1902) noted, “The thing that moves us to pride or shame is not the mere mechanical reflection of ourselves, but an imputed sentiment, the imagined effect of this reflection upon another’s mind” (p. 152). People look to others as a mirror into the self. And it is people’s perception of how others perceive them that provides this self-validation. Another way of saying this is that identity reflects not only the internal reliability of character, but also the external validity of this character as perceived through the eyes of another.

The Application of the Character Domain to Moral Injury

By experience, we know that we often fail to uphold the Aristotelian virtues. At some point in our lives, we have missed the mark of the Aristotelian mean, voluntarily or involuntarily. This is what we consider to be moral failure. It is the experience of falling short of human goodness or excellence. But the shape and form of moral failure vary. When we talk about moral injury, we are often referring to a type of moral failure that has detrimental and, in some cases, lethal effects on ourselves and/or others. Unlike the most widely cited definition of moral injury by Litz et al. (2009), “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 695), we suggest that *moral injury results when a moral failure event leads to suffering that threatens one’s character and identity*. To impact an individual’s character and identity, an event has to be of deep significance,

often involving profound suffering or perhaps even death. Let us consider real-life scenarios to illustrate this point.

Betrayer Perspectives

Military Veterans

A section in *Achilles in Vietnam* (Shay, 2003, pp. 77–99) recounts stories of brutal killings by American soldiers. Some of these soldiers even received high decorations for individual valor as a result of their actions. Yet, in hindsight, they viewed their past actions as morally wrong and suffered shame and remorse.

Keenan et al. (2014) have used letter writing as an intervention in their group therapy for veterans diagnosed with PTSD and suffering from moral injury (Litz et al., 2009; Shay, 2003). Some of these letters have been compiled in *Soldiers’ Hearts* (2011), and we provide excerpts to illustrate our point. A Vietnam War Veteran writes,

My dear brother Duke—It’s been 40 years since we served together in Vietnam, but you are still with me—in my thoughts, and in my dreams. But the terror of your death remains with me, and I’m filled with grief, remorse, and guilt . . . I want to remember our friendship, my brother, closer than blood. I want to think of you, without the tears, and dream of you, without the night terrors.

Meanwhile, an OIF Veteran writes,

To the People of Iraq, please allow me to express my sorrow for all that I have contributed to as an occupier of your country . . . I became something furthest from what I wanted or set out to be—something vile and disgusting—something I hate . . . [I] now am sorry and ashamed of the murderer I became . . . I do have blood on my hands. And it is hard to wash off.

Bob Cousy

Cousy, legendary Hall of Fame point guard for the Boston Celtics, played professional basketball in the 1950s. Growing up with very little exposure to African-Americans, he played alongside Bill Russell, a legend on his own right and regarded as one of the best players in the sport’s history, as well as Chuck Cooper (the first African-American to be drafted in the NBA) KC Jones, and Sam Jones. As a white man living in a racially segregated society, Cousy described his younger self as self-absorbed and focused on doing what was best and right for him. At 90 years old, he expressed guilt and regret for

doing nothing to alleviate the racial prejudice and discrimination faced by his African-American teammates outside the basketball court (MacMullan, 2018).

In an interview, Cousy credits getting older, and by implication perhaps wiser, for recognizing his moral failure at being apathetic about the racial prejudice and discrimination directed at his African-American teammates. He describes how he was reminded of more meaningful and bigger concerns that his Jesuit mentors (at the College of the Holy Cross) posed repeatedly, “What it’s all about is giving back” (MacMullan, 2018). He has attempted to make amends with Bill Russell.

Michael Cohen the “Fixer”

Michael Cohen, President Donald Trump’s personal attorney before ascending to the Oval Office, received a 3-year sentence in prison for his guilty pleas in political and financial crimes. One can argue that Cohen’s moral failure influenced the 2016 U.S. presidential elections. As he contemplated his forthcoming prison time, he said, “This may be hard to believe, but today is one of the most meaningful days of my life. Today I get my freedom back.” Cohen described living in “personal and mental incarceration . . . that led me to choose a path of darkness, not light.” He ended with the following, “Owning this mistake will free me to be once more the person I am” (Lucas & Ewing, 2018).

The TRUE Program

The TRUE (Truthful, Respectful, Understanding, and Elevating Success) Program at Cheshire Correctional Institution is a pilot program aimed at prisoner rehabilitation (Whitaker, 2019). Patterned after some German prisons, younger prisoners (ages 18–25) are mentored by older prisoners, and programming is focused on the emotional growth of the mentees (e.g., how their feelings led them to make decisions that harmed others, charting a different path once released from prison). Isschar Howard, a mentor who is serving a life sentence, when asked of his motivation for participating in the program replied, “Redemption. My life doesn’t have to be a waste . . . They [the mentees] don’t need to end up like us [the mentors]” (Whitaker, 2019). On the other hand, Shyquinn Dix, a mentee, credits the

program to helping him find himself and giving him the passion for what he wants to do. As of this writing, Dix is a sophomore in college and plays on the school’s basketball team.

Victim/Witness Perspectives

The Madoff Ponzi Scheme

Bernie Maddoff, an investment broker, pulled off a \$20 billion (it was originally reported close to \$65 billion) Ponzi scheme defrauding an estimated ten thousand investors ranging from corporations, foundations, celebrities, and ordinary people who wanted to grow their life savings for a comfortable retirement (Zaroli, 2018). Two years after turning in his father to the Securities Exchange Commission for fraud, Mark Maddoff’s second attempt at suicide by hanging himself led to his death. During his first attempt via drug overdose, a suicide note was found and read: “Bernie, now you know how you have destroyed the lives of your sons by your life of deceit. Fuck you” (Kaplan, 2011). Stephanie Madoff described the shame the family went through and her husband Mark Madoff’s personal torment and pain prior to his suicide (Cuomo et al., 2011). She reports that one of Mark’s last texts to her read, “I’m doing my best to hold it together. I need your help.”

In 2018, a decade after the scam was uncovered, investors were able to recover half of their monies (Youn, 2018). However, within that decade, lives have already been drastically changed with reports of suicides (e.g., Cox, 2017), strained marriages (e.g., Zaroli, 2018), and even foundation endowments dwindling to almost nothing (Gose, 2009).

Nassar and USA Gymnastics

Larry Nassar, the former national medical director of USA Gymnastics, sexually molested at least 250, mostly underage, athletes for over 25 years. Despite numerous complaints, Nassar was able to carry out the sexual molestation under the guise of routine medical examination or treatment.

In the week-long sentencing hearing of Nassar, one hundred 56 women came forward to provide statements of their sexual abuse experience and how it affected them. Kyle Stephens, who was the first to publicly testify in court, looked at Nassar

and said, “little girls don’t stay little forever. They grow into strong women who return to destroy your world” (Moghe & del Valle, 2018). To this day, Stephens is convinced that her father, who was a good friend of Nassar, took his own life in 2016 after realizing that she was telling the truth. Rachel Denhollander, who was the first to publicly accuse Nassar and the last to provide a statement said, “. . . The cost, emotional and physical, to see this through has been greater than many would ever know . . . I did it because it was right. No matter the cost, it was right . . . ” (Cable News Network [CNN], 2018).

In summary, the aforementioned examples illustrate how moral failure results in one’s own suffering and the suffering of others. From the betrayers’ perspectives, remorse, regret, shame, and guilt are emotions commonly reported. In some cases, stories of changed perspectives invoke virtues (e.g., perhaps wisdom for Cousy) in making right a wrong, and an affirmation of what one views as the “true” self. Among those who were victimized by others’ less than virtuous behavior, in some cases, there appears to be a change in their character, and by extension their identity. For now, perhaps this sense of inner “badness” (e.g., Isely et al., 2008) reflects a dimension of shame that reflects a loss of face, self-worth, virtue, and moral integrity (Wilson et al., 2006).

A Character Definition of Moral Injury

Regardless of a person’s role (betrayer, victim, witness), to experience suffering that results from the lack of human goodness per se, is a necessary, but not sufficient condition for moral injury to occur. *Moral injury arises when the experience of suffering caused by moral failure is integrated within and reflects one’s character and identity. Moral injury, then, is a less than virtuous state of being (in the Aristotelian context of character and identity) arising from suffering or even death brought about by one’s own or another person’s moral failure.* Because moral injury is context and role-dependent, we recognize that among betrayers, this less than virtuous state stems from their own moral failure; whereas among victims and witnesses, self-evaluation processes result in an awareness of a less than virtuous state. In some cases, victims or witnesses will perceive this to be no fault of their own, while in other cases, they could blame themselves.

Virtues: Bases of Moral Failure

In moral injury, virtues become the basis for identifying where the failure lies. Recall that Aristotelian moral virtues pertain to a qualitative mean that is tantamount to excellence in human behavior. Anything less or more is considered to be reflecting the vice of deficiency or vice of excess. If we expand the list of virtues to include those found in other institutions such as the church, military, or academia, we can begin to identify the basis of moral failure in the aforementioned examples. Madoff exhibited greed; Cousy’s admission of self-absorption can be considered as selfishness; some military veterans engaged in cowardliness or rashness in the battlefield; and, Cohen confessed to lying.

Defining moral failure as virtue-based allows for an external standard of human excellence that is defined by a group or institution. We come to know of moral failure because of the specific name given by those who enforce the virtue. It is a crime when it violates civil or military laws (e.g., Shay, 2003) or academic integrity (e.g., Bruhn et al., 2002), a sin when it defies a divine law (e.g., Hodgson & Carey, 2017), or a taboo when it disregards implicit cultural laws (e.g., norms within a family). Either way, moral failure pertains to less than virtuous behaviors prescribed by a certain group.

Distress: Suffering

Our real-life examples offer no shortage of distress. Shame, regret, humiliation, guilt, or anger are commonly reported emotions. However, we qualify the suffering associated with moral injury as unjustified or reprehensible. Why? Again, recall that Aristotle explicitly described virtue as a choice determined by practical reasoning. This means that engaging in either vice (deficiency or excess), voluntarily or involuntarily, was the chosen path. Clearly, we take exceptions to instances of mental illness when people’s intellectual capacity is diminished. Here we are concerned with people who willfully or, in some circumstances, were pressured to do something wrong and, as a direct consequence, caused their own and others’ suffering or death.

The distress or suffering we are concerned with pertains to emotions that arise in the aftermath of moral failure. We extend earlier discussions on

the relationship of moral emotions and moral injury (e.g., Farnsworth et al., 2014; Litz & Kerig, 2019) to include the role of a person within a morally injurious event. As shown in Figure 2, we advance a framework that accounts for specific moral emotions associated with each role, and the potential overlap of moral emotions between two roles. In doing so, we propose that the experience of suffering varies as a function of a person's initial role within a morally injurious event, and the additional role that accompanies rumination in the aftermath of the event. In other words, a person can be an actor-observer of the same event. This is especially true for negative episodes in life that have personal relevance (e.g., preserving integrity; Steele, 1988), motivating a person to wonder why it happened (Malle & Knobe, 1997).

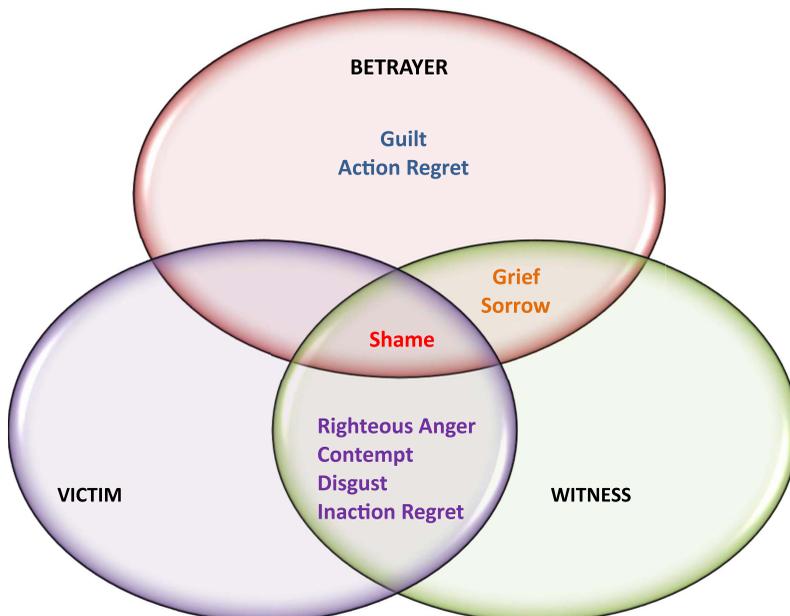
The Moral Emotion Common Among Betrayers, Victims, and Witnesses. We propose that a betrayer (who has committed and admitted moral failure), victim, and witness will experience the moral emotion of *shame*. It is the common denominator among the various roles in a morally injurious event. This is because shame is a self-conscious emotion argued and found to have direct implications for how a person sees the self and how they think others perceive them

(Turner, 2006). Stated simply, shame affects a person's identity (Stets, 2006) and global self-evaluation (Lewis, 2003). As mentioned earlier, from an Aristotelian perspective, shame has been argued to be a quasi-virtue that is linked to one's reputation (i.e., how one is perceived by others) and functions to inhibit less than virtuous behaviors from occurring in the future (Higgins, 2015).

The Moral Emotions of a Betrayer. In addition to shame, we propose that *guilt* (Tangney et al., 2007) and *regret* are moral emotions that often occur among betrayers. By regret we mean action regret (Gilovich et al., 1998) because a betrayer can link the emotion to a particular behavior. That is, a betrayer can trace back moral failure to their own action. In some cases, disgust can be experienced particularly when the moral failure is tied to a divine moral code (e.g., Rozin et al., 1999). Grief and sorrow (Gharmaz & Milligan, 2006) set in because the rumination process compels a betrayer to witness repeatedly their own moral failure and the consequences of this action.

The Moral Emotions of a Victim. On the other hand, we propose that *anger*, *contempt*, *disgust*, and *regret* (Gilovich et al., 1998; Tangney et al., 2007; Turner & Stets, 2006) are moral emotions

Figure 2
Moral Emotions by Roles in a Morally Injurious Event



Note. See the online article for the color version of this figure.

often arising from being a victim. Again, disgust can be experienced when the moral failure is associated with a moral code (Rozin et al., 1999). By anger we mean righteous anger stemming from the violation of a moral standard (Tangney et al., 2007). Righteous anger is similar to Shay (2003) description of indignant wrath leading up to rage or the berserk state. Like a betrayer, a victim becomes a witness of the moral failure experience through the rumination process. It is during this rumination process that regret, specifically inaction regret (Gilovich et al., 1998), sets in because a victim begins to identify a particular behavior or a course of action that could have been taken to prevent the moral failure from happening.

The Moral Emotions of a Witness. Meanwhile, we propose that a witness, having observed the betrayer's actions, and in some cases the immediate effects of these actions on the victim, can potentially experience the moral emotions of both the victim and the betrayer. The extent, however, to which a witness will report similar emotions depends on intra-individual (e.g., empathy and/or perspective-taking; Leith & Baumeister, 1998), interpersonal (e.g., friend, stranger; Barsade, 2002), and intergroup (e.g., member of the same unit, enemy; Mackie et al., 2008) factors. A caveat: even though we postulate moral emotions to be similar between a victim and a witness, we acknowledge differences in intensity with a victim often reporting greater emotional distress than a witness (e.g., Pynoos & Nader, 1990).

In some instances, a person can report several morally injurious events over a period of time. This is the case for combat veterans whose war-time experiences position them as a betrayer in one event, a victim in a second event, and a witness in a third event (e.g., Shay, 2003). However, even though there is a cumulative effect of these moral emotions, research has shown that victimization (as opposed to perpetration and witnessing) is related to the greatest clinical distress (Litz et al., 2017).

Character: Unethical Markings

Like the proverbial mark of Cain, moral failure is arguably engraved onto a person's character.³ Borrowing from studies on attitude formation and change (e.g., Crano & Prislin, 2006), it becomes part of a character constellation that contains

other virtues acquired by the person. For a person who has experienced moral failure, we assume their character to reflect both unethical and ethical behaviors. However, when the newly acquired unethical marking changes the integrity of the identity (Blasi, 2005), a person will strive to realign their character to that of a virtuous state. In moral injury, this assessment requires an appraisal of the moral failure as internally inconsistent with both self-perceptions (Lapsley & Stey, 2014) and other-perceptions (Cooley, 1902).

Identity: Real Self and the Undesired Self

To change an aspect of one's history is to change the person (Hitlin, 2011, p. 519). As applied to moral injury, this means that in the aftermath of moral failure, a fundamental shift occurs in what the individual understands as his/her/their real, true, or authentic self.

We will utilize additional theories of the self to provide deeper insight into the effects on identity. In particular, we will borrow from Sullivan (1953) initial work on the concepts of a "Good-Me" and "Bad-Me" and, building on this earlier line of thinking, Ogilvie (1987) subsequent research on the real self and the undesired self. The real self is synonymous with the concept of the true self, which is conceived as positive and moral (Strohmingner et al., 2017). Meanwhile, the undesired self is postulated to reflect images of undesirable traits, unfortunate circumstances of others and contain memories of dreaded experiences, fearsome events, and unwanted emotions that actually occurred in an individual's past (Ogilvie, 1987, p. 380). In other words, the undesired self finds its anchor in past negative experiences and becomes a standard by which an individual judges their present well-being.

In moral injury, the undesired self threatens identity integrity. The unethical marking of a person's character leads to the emergence of an undesired self that is then brought to bear on the person's real self. This social comparison occurs at the level of the personal identity, social identity, and role identity. In other words, the undesired self is pitted against the real self as a unique individual, as a member of various groups, and

³ In some instances, we note that the moral failure experience could also include somatic markings as demonstrated in the trauma studies that have shown the neurobiological effects of PTSD (van der Kolk, 2000).

in relation to others within the group. Another way of stating this point is the sense of “badness” permeates the various identities comprising the global sense of self. Hence, there ensues a process of identity accommodation and negotiation (Breakwell, 1986; Ethier & Deaux, 1994) between the undesired self and the real self. Or, an inner tug of war between who the person has become in the aftermath of moral failure and who the person considers their true self to be.

A Brief Introduction to the Clinical and Character Pathways to Moral Injury

Having reviewed the clinical domain and offered a virtue-based definition of character, we introduce a dual pathway model of moral injury (see Figure 3).⁴ Here we describe the pathways through which moral failures can result in moral injury, in distinction to the pathways through which traumatic events can lead to traumatic injury and PTSD. We argue that while both moral injury and traumatic illness can follow from the same event and can exist simultaneously, their pathways of influence are independent, resulting in a continuum of subjective experience characterized by varying intensity of moral injury and traumatic illness.

As has been described in the behavioral health literature (e.g., Litz et al., 2009; Weathers et al., 2018), traumatic events can lead to traumatic illness by provoking disturbances in cognitive, emotional, and physiological processes. These disturbances are described as symptoms of traumatic illness, and according to the DSM-5 (APA, 2013) encompass re-experiencing, avoidant, arousal, and cognitive/emotional domains. Pathways of moral injury, rather than proceeding through these cognitive, emotional, and physiological symptoms, lead from a moral failure event to disturbances in virtues, character, and identity. As described previously, individuals can occupy multiple positions in moral failure events (e.g., victims, witnesses, and betrayers), but regardless of their role or position in the event, moral failure provokes a crisis of character. In this crisis, virtues, the building blocks of character, are damaged, either by the individuals’ own actions (betrayal), their passive presence when others violate those values (witness), or when trusted representatives or members of the social order by which virtues are derived betray those virtues and

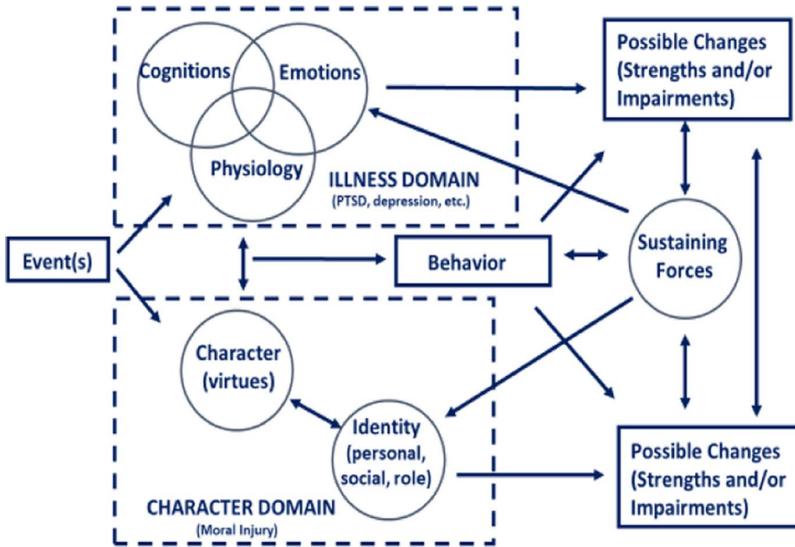
cause harm to the individual (victim). In each of these cases, the virtues that the individual perceives to be foundational elements of their character are challenged with a discontinuity, provoking discrepancy between the individuals’ true self-narrative and their actual experience. This crisis of character in turn results in a destabilized identity. Recall that earlier we described virtues as the building blocks of character and character as the foundation of selfhood and identity: For example, a soldier might value honor, and the enactment of honor on the battlefield would thus represent virtuous behavior core to the individual’s identity as an honorable person and thereby a good soldier. In this account, a failure of self-concept by witnessing or committing a dishonorable act, or violating the value of honor, would in turn destabilize the soldier’s true identity, resulting in moral injury.

Both traumatic illness and moral injury can be expressed in changed behavior. Indeed, we argue that the outward behavioral changes associated with moral injury can mirror those associated with traumatic illness. For example, the individual who suffers from moral injury as a result of a destabilized identity caused by damage to virtues may withdraw socially and avoid contact with group members in a similar way to the individual suffering from traumatic illness. But in the case of moral injury, these behaviors are rooted in disturbances in virtues, character, and identity, rather than in disturbances in the cognitive, emotional, and physiological domains associated with traumatic illness. For the individual suffering from a moral injury, the experience of pain is rooted in a problem with virtues, character, and identity, not a problem with memory and fear processing that characterizes traumatic illness.

In both traumatic illness and moral injury, changed behaviors can lead to the development of both strengths and impairments. In the case of posttraumatic growth following traumatic experience, we posit that this development occurs in the character domain. Virtue, after all, was argued to be a habit (*ethos*) that is cultivated through trial and error, or repetitive action in similar situations (NE; trans. 2006). The pursuit of excellence in character requires deliberate engagement in virtues throughout the course of people’s lives.

⁴ This dual pathway model—its elements, processes, and outcomes—will be fully discussed in a forthcoming manuscript.

Figure 3
Dual Pathway Model of Moral Injury



Note. See the online article for the color version of this figure.

Similarly, we argue that moral injury can lead to growth in the sense of strengthening commitment to virtues which further cements a stable identity congruent with the real self. But behaviors that develop following moral injury can also lead to further impairments if they reflect maladaptive or ineffective coping strategies (e.g., substance abuse, suicide; Bryan et al., 2014). Sustaining forces are bi-directionally related to behavior, and can be both positive and negative. These forces exert influence and are influenced by individual behaviors and associated strengths and impairments. Sustaining forces can include supportive leaders, social networks, and access to care, as well as organizational policies and practices that encourage individuals to engage in virtuous acts. In cases when individuals acknowledge moral failure, sustaining forces could reflect restorative policies that correct rather than punish.

In sum, this dual pathway model of moral injury reflects a clinical domain and a character domain that is posited to have different etiology, manifestations, and outcomes. Within the clinical domain, a traumatic event leads to clinical symptoms that are directly related to PTSD. On the other hand, within the character domain, the experience of moral failure produces distress that is associated with the emergence of an undesired self.

Directions for Future Research

The character domain and pathway of moral injury merit their own line of investigation. As a field in its infancy, future research includes developing assessments and conducting exploratory studies.

While almost all the current assessments of moral injury are focused on the clinical pathway (e.g., Shay, 2003; Litz et al., 2009), some have measured violation of moral beliefs, in a general sense (e.g., Nash et al., 2013), but none have measured character and identity. We propose a set of measures that will determine the basis of the moral failure and its related effects on how a person perceives the self and their well-being. In most domains, existing measures can be adapted; whereas, in other domains, new measures will need to be developed. For example, to measure the *moral mirror* (or *ethical and unethical markings on the self*), the Selves Questionnaire (SQ; Higgins et al., 1985), which was developed to assess self-discrepancies as outlined in Self-Discrepancy Theory (Higgins, 1987), could be adapted to compare the personal, social, and role identities before and after the moral failure experience. To measure *suffering* (or *the lack of eudaimonia*), potential scales that could be adapted for moral injury include the Experience

and Perception of Suffering Scales (Schulz et al., 2010).

Future exploratory studies might include mixed-methodology to compare the experiences of betrayers, victims, or witnesses to capture unique and shared moral emotions as well as psychological impairment and well-being. In addition, future studies could adopt a narrative identity approach (McAdams & McLean, 2013) to explore how betrayers, victims, and witnesses contextualize the moral failure experience as life-story constructs (e.g., agency, communion, redemption, contamination, meaning making, exploratory narrative processing) in their life development. Other studies could examine the trajectory of both the clinical and character pathways among people with various traumas (e.g., combat-related, sexual assault).

Conclusion

Generally speaking, moral injury, in its current state as a field of scientific inquiry, has been limited to the clinical domain. Its applicability as a clinical construct has also been narrowed, for the most part, among combat veterans diagnosed with PTSD. We have introduced the character domain as a separate pathway in moral injury. From a character domain perspective, moral injury entails:

1. Moral failure or the failure to adhere to a virtue as prescribed by a group or institution, either voluntarily or involuntarily.
2. Suffering or perhaps even death as a direct result of moral failure.
 - a. Suffering involves various moral emotions that are unique or common among a betrayer, victim, or witness.
3. Unethical marking on a person's character.
4. Experience of identity negotiation between the Real Self and the Undesired Self.

We introduced and regard this dual pathway model as sufficiently broad to encompass the occurrence of moral injury in a variety of settings (e.g., home, school, university, government, corporations, military, church). However, the robustness of the proposed theoretical considerations can only be assessed after they have been applied in diverse contexts.

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Received May 2, 2020

Revision received February 5, 2021

Accepted February 24, 2021 ■