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WAR *and*
MORAL INJURY

A Reader

DOUGLAS A. PRYER

What We Don't Talk about When We Talk about War

For the past four years, I've read and written about Moral Injury, a process akin to a difficult, perilous passage at sea. The stories I've read of veterans whose identities were broken or lost in the storm-tossed waters of war have troubled and threatened to capsize the ship that is my own soul. I may not have witnessed as much violence as some of them experienced, but I've endured enough. After all, as William Styron unforgettably describes in his novel, *Sophie's Choice*, the greater horror often lies in our choices rather than in actual acts of violence.

Harder than opening myself up to the stories of broken warriors has been bringing myself, in these turbulent waters, to make landings on the nightmare-shrouded shores of sometimes suppressed memories. Better it would be, I've often felt, to keep such memories at a distance, as if they were islands with submerged, dangerous reefs safely viewed only from afar.

There has been no real choice for me in this matter, though. I must learn to live with painful memories. If not, I feel in my bones that I will someday find my ship caught up in such strong currents of moral dissonance that it could be broken upon hidden reefs that I had thought—had wished—were far away.

What We Don't Talk about Wh

The Shades of Abu

In July 2003, the Abu Ghraib prison reopened as a modernized interrogation facility in Iraq. I was on a team managing interrogation operations for the military. I visited the prison almost daily, asking interrogators to bring back the prison's former prisoners from the prison's general population to their "hard site" for questioning.

My division never received a single prisoner back from the prison. Those guys must be dead, I thought. But in war, especially a counterinsurgency war, any stone unturned in the search for intelligence is a stream of requests.

The lack of any useful intelligence from the prison led to the belief that something terribly wrong was happening. I saw theater policy memos that endorsed such interrogation techniques. However, perhaps because my division was strongly against such techniques, it never occurred to me that at Abu Ghraib were being abused. This thought, like with the rest of the world, I viewed shocking practices such as electrocution, and dogs raging at nude prisoners, as not just the war, "I" felt suddenly lost.

For long afterwards, I wondered if any of the prisoners whom I had asked Abu Ghraib interrogators to bring back had photos. Then I learned that nearly all the detainees were criminals rather than insurgents. A group of detainees, at least partially undone by a command climate that pulled reputed criminals out of the prison's general population for late-night fun.

But this fact made me feel only slightly better. I learned that there were photos of worse abuses that I had to release, photos that reportedly involve crimes against suspected insurgents. I learned, too, that Abu Ghraib routinely directed such approved techniques

The Shades of Abu Ghraib

In July 2003, the Abu Ghraib prison reopened as the US military's consolidated interrogation facility in Iraq. I was an Army captain then, part of the team managing interrogation operations for all of Baghdad. Once open, I called the prison almost daily, asking interrogators there to pull my division's former prisoners from the prison's general population and take them to their "hard site" for questioning.

My division never received a single piece of actionable intelligence back from the prison. Those guys must be the worst interrogators ever, I thought. But in war, especially a counterinsurgency, you can't afford to leave any stone unturned in the search for intelligence. So, I kept up a steady stream of requests.

The lack of any useful intelligence from Abu Ghraib was an indicator that something terribly wrong was happening there. Other indicators were theater policy memos that endorsed so-called "enhanced" interrogation techniques. However, perhaps because my immediate leaders spoke so strongly against such techniques, it never occurred to me that our prisoners at Abu Ghraib were being abused. This thought didn't dawn on me until, with the rest of the world, I viewed shocking photos of naked pyramids, faux electrocution, and dogs raging at nude prisoners. When I saw those photos, not just the war, "I" felt suddenly lost.

For long afterwards, I wondered if any of the suspected insurgents whom I had asked Abu Ghraib interrogators to question were in those photos. Then I learned that nearly all the depicted prisoners were alleged criminals rather than insurgents. A group of soldiers—their characters at least partially undone by a command climate gone awry—had randomly pulled reputed criminals out of the prison's general population for some late-night fun.

But this fact made me feel only slightly better, since I also learned that there were photos of worse abuses that President Obama elected not to release, photos that reportedly involve crimes like rape and may depict suspected insurgents. I learned, too, that Abu Ghraib interrogators had routinely directed such approved techniques as "Forced Nudity," "Stress

Positions,” and “Use of Military Working Dogs” on suspected insurgents—practices I consider torture and profoundly wrong.¹

Many American soldiers feel tainted by what happened at the prison. I suspect I feel tainted more than most. It makes me nauseous to think that, by making calls to that prison and asking for certain prisoners to be interrogated, I was probably part of a causal chain that led to the torture of other human beings. How could I have not understood what was happening?

I’ve forgotten the names of the Iraqis whom we sent to Abu Ghraib. It’s possible that I could remember some of their names under hypnosis and then, perhaps, look for and find a few of them. Or—and this thought haunts me—it’s possible that I may someday meet them in the afterlife, as Odysseus in Hades met the accusatory shades of warriors he once knew.

What would I say to them? It wasn’t my fault? I’m sorry?

Beyond PTSD

After my tour in Iraq, I was awarded a Combat Action Badge for having received enemy fire. Years later, explosions still cause me minor discomfort. The sound of fireworks, gunfire, and engines backfiring are unsettling. But was I traumatized by enemy fire? No, at least not deeply. My most affecting combat experiences are sewn together with a thread other than life-threatening violence. This thread is moral dissonance. It’s clear to me today that my leaders and I sometimes failed to make wise choices. To our shame, we should’ve done better.

“Post-traumatic stress disorder” (PTSD), a psychological injury born out of adrenalin and fear for one’s own life or the lives of others, isn’t the best description of my injury. Yes, I feel fear, but it is a fear akin to learned helplessness: I fear that I will fail to prevent terrible harm from happening to those I need to protect. Hypervigilance, flashbacks, and anxiety are rarely a problem for me, but other symptoms associated with PTSD are, like “re-occurrent, involuntary, and intrusive memories,” “sleep disturbance,” “distress

1. As I’ve discussed elsewhere, in a September 14, 2003 memo, Lieutenant General Ricardo Sanchez, the commander of US military forces in Iraq at the time, approved “Stress Positions,” “Use of Military Working Dogs,” and other so-called “enhanced” techniques. “Forced nudity” was one of the techniques that Donald Rumsfeld, the US Secretary of Defense, had approved for use at Guantanamo Bay, Cuba (Gitmo) and had been approved for use by subordinate military leaders at other facilities. LTG Sanchez did not approve its use at Iraq. Later investigators determined two main sources for this technique’s regular usage at Abu Ghraib: (1) interrogators who had worked elsewhere such as Gitmo informally brought the technique with them, and (2) Abu Ghraib interrogators misinterpreted a statement in doctrine calling for them to control “the food, clothing, and shelter” given prisoners (Pryer, *The Fight for the High Ground*, 47).

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2. National Center for PTSD, “T

3. Litz et al., “Moral Injury and

4. Maguen and Litz, “Moral In
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5. Ibid.

6. Ibid.

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after exposure to traumatic reminders," "avoidance," "negative beliefs and expectations about oneself or the world," "anger," "guilt," and "shame."²

A growing number of mental health experts argue for the existence of a condition that better accounts for both my symptoms and these symptoms' sources. This condition is called "Moral Injury." Moral Injury, one seminal article argues, can occur after "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations."³ PTSD, these experts contend, is physical in origin, while Moral Injury is a "dimensional" problem.⁴ Physically stressful experiences can cause PTSD, but nonthreatening events may still serve as a source of moral trauma.⁵ Some physically traumatic events serve as a source of both PTSD and Moral Injury, and some symptoms associated with PTSD are more properly aligned with Moral Injury.⁶ PTSD sufferers can be helped via physiological remedies like drugs, acupuncture, and Rapid Eye Movement treatment, but the morally injured require therapies designed to help them find forgiveness and regain faith in themselves and others.

Although these experts continue to collect data to refine the causes and effects of Moral Injury, exactly what Moral Injury *is* remains elusive. What some experts call a "dimensional" problem, psychoanalysts view as poor "ego" functioning, philosophers consider an "identity" issue, and theologians and clergy (as well as those of a literary bent) see as the damaging of the "soul." No other inner malady depends so much for its diagnosis on how its prescribers view the universe.

It is tempting to argue that these profound ontological differences only exist because of the relative newness with which science has begun examining the condition. Yes, the phrase "Moral Injury" is at least 300 years old, and its symptoms have been described by poets for thousands of years.⁷ Science, however, did not begin studying Moral Injury in earnest until this century, and it is not yet listed as a syndrome in the *Diagnostic and Statistical*

2. National Center for PTSD, "PTSD and DSM-V."

3. Litz et al., "Moral Injury and Moral Repair," 700.

4. Maguen and Litz, "Moral Injury in Veterans of War," 1. In the mental health field, "dimensional" problems are those that involve quantitative rather than qualitative differences from a normal personality. They consist of heightened, maladaptive levels of normal reactions.

5. Ibid.

6. Ibid.

7. Bishop Joseph Butler referred to injuries that were moral in sermons in the 1720s in England. See Bishop Butler's Sermon VIII, "Upon Resentment and Forgiveness of Injuries" in *Fifteen Sermons*. Jonathan Shay and Robert Emmet Meagher are among those who have pointed to evidence of warriors' moral injuries in ancient heroic verse. See Shay's *Achilles in Vietnam* and *Odysseus in America*, and Meagher's *Herakles Gone Mad*.

Manual of Mental Disorders (DSM), the standard reference of the mental health profession. As with any new idea, it is tempting to say, any unscientific approach will lose value as relevant scientific knowledge about it grows.

We must avoid this temptation, though. Worldview uniquely impacts both the causes and cures of Moral Injury. One empirical study, for instance, showed that the “primary motivation of veterans’ continuing pursuit of treatment may be their search for a meaning and purpose to their traumatic experiences” and raised the possibility that “spirituality should be more central to the treatment of PTSD [Moral Injury].”⁸ There will probably always be depths of understanding to be gained about Moral Injury from a wide range of professional expertise, to include the humanities and, especially, religion.

The Warrior’s Eternal, Internal Battle

The psychiatrist Jonathan Shay popularized the term “Moral Injury” in his 1994 book, *Achilles in Vietnam*. At the heart of Homer’s *The Iliad*, Shay says, is a story of sullied honor.⁹ Agamemnon, the Greek army’s commander, “betrays ‘what’s right’ by wrongfully seizing Achilles’ prize of honor,” the captured princess Briseis. Achilles is outraged, withdraws from the Greek army and the war, and “cares about no one but a small group of combat-proven comrades.” When the Trojan hero Hector kills Patroclus, Achilles “is tortured by guilt and the conviction that he should have died rather than his friend,” and “he goes berserk and commits atrocities against the living and the dead.”

“Moral injury,” Shay writes, “is an essential part of any combat trauma that leads to lifelong psychological injury. Veterans can usually recover from horror, fear, and grief once they return to civilian life, so long as ‘what’s right’ has not also been violated.”¹⁰

The classics are rife with examples of warriors suffering grievously from moral distress. Another Greek warrior, Ajax, is driven temporarily insane by a perceived insult and slays a herd of sacred animals. When he recovers, he “is doubly humiliated, religiously defiled, and kills himself by

8. Fontana and Rosenheck, “Trauma,” 583. Although this study doesn’t explicitly mention Moral Injury, for those familiar with the term, it’s clear from the context what is meant.

9. Shay, *Achilles in Vietnam*, xx-xi. My paragraph here summarizes Shay’s passage.

10. *Ibid.*, 20.

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14. Maguen et al., “The Imp

15. Alpert and Kent, *Warto*

16. Mitchell, “Remembering

falling on his own sword."¹¹ Many of Shakespeare's warriors—driven mad by guilt—kill themselves, including Othello, Cassius, and Brutus.

Literature's most famous sufferer of Moral Injury may be Kurtz in Joseph Conrad's *Heart of Darkness*. Initially an idealistic imperialist, Kurtz witnesses and perpetrates atrocities in the name of civilization. His soul becomes as afflicted as his body. Succumbing to jungle fever, he cries in a whisper at Life: "The horror! The horror!"¹²

In our era, many mental health studies have concluded that warriors' moral distress can cause enduring problems. Studies of Vietnam veterans linked guilt to PTSD, depression, violent actions, and such self-handicapping behaviors as drinking and suicide.¹³ A study involving Gulf War veterans found that guilt over killing others is a significant predictor of PTSD symptoms and problem alcohol use.¹⁴

Such studies are supported by a staggering amount of anecdotal evidence. Some stories have gained media attention. There is, for instance, the poignant story of Noah Pierce. A young infantry soldier during the US invasion of Iraq, Pierce became distressed by several incidents, to include his accidentally crushing an Iraqi child under his Bradley. After Pierce committed suicide in 2007, his mother said that "he couldn't forgive himself for some of the things he did" and that the kind of wound he had "kills you from the inside out."¹⁵

There is also the sad tale of Alyssa Peterson, a young intelligence analyst who committed suicide in 2003 after being reprimanded for refusing to participate in "enhanced" interrogations.¹⁶ Peterson's case points to an important truth about Moral Injury: unlike PTSD and Traumatic Brain In-

11. Ibid., 76–77. The story of Ajax as told by Shay comes from a play by Sophocles.

12. Conrad, *Heart of Darkness*, 64.

13. A 1991 study (Hendin and Haas, "Suicide and Guilt") concludes that combat guilt is the most significant predictor of both suicide attempts and preoccupation with suicide. A 1997 study (Kubany et al., "Development and Validation") finds that about three-fourths of a sample of Vietnam veterans with PTSD had multiple sources of severe war-related guilt. A 1998 study (Beckham et al., "Atrocities Exposure in Vietnam Combat Veterans") links exposure to atrocities with PTSD symptom severity. A 2009 study (Maguen et al., "The Impact of Killing in War") reports that killing is associated with post-traumatic stress disorder symptoms, dissociation, functional impairment, and violent behaviors. A 2010 study (Marx et al., "Combat-Related Guilt") associates guilt from abusive combat violence, such as harming prisoners and civilians, to PTSD and MDD (Major Depressive Disorder) among combat-deployed veterans. For a summary of other related studies, see Maguen and Litz, "Moral Injury in Veterans of War."

14. Maguen et al., "The Impact of Killing," 25.

15. Alpert and Kent, *Wartorn 1861–2010*.

16. Mitchell, "Remembering the US Soldier."

jury (TBI), it is sometimes preventable. If Peterson had not felt tormented by what she had been ordered to do, she might not have felt so distressed as to take her own life.

Moral Injury is real. It causes mental torture to the troops whose care is entrusted to America's leaders. It leads service members to drown their sorrows in alcohol or drugs, to be involuntarily separated from the service due to disciplinary action, or to voluntarily leave the service—or the world, by killing themselves. It greatly burdens the US military and civilian healthcare systems. It hurts the ability of veterans to positively contribute to society. It distresses and may lead to the physical harm of those who interact with afflicted soldiers.

Of these adverse effects, the role that Moral Injury may play in the US military's high suicide rate has attracted the most attention.

A Long Winter's Night

My deepest Moral Injury occurred when I was deployed, but it has nothing to do with combat. On Winter's Solstice 2011, while I was in Afghanistan, my oldest daughter Desiree took her own life.

Eight years earlier in Iraq, a few weeks before I saw the photos from Abu Ghraib, I had learned that someone Desi's mother and I trusted had impregnated our daughter. Desi said that this boy, who was nearly seven years her senior, had molested her for years. Since it wasn't her first suicide attempt, Desi's suicide wasn't entirely unexpected. This fact didn't make the news any less devastating.

When her mother and I had been together, Desi had been very much "Daddy's Little Girl." She had been happy-go-lucky, vivacious, and intelligent. She had been artistic, often drawing, painting, and writing poetry. For me, winter's longest night that year didn't last just one day. It lasted twenty-four hours a day, seven days a week. It followed me to America for Desi's funeral and then back to Afghanistan. It filled me, enveloped me, dulled my senses. When I wasn't numb, I felt crazed with grief.

As much as her death, it was the injustice of the way her life ended that devastated me. Desi didn't deserve what had happened to her. For a few weeks, when walking around Kabul and Bagram with a pistol and ammo, I considered ending my own life: I hadn't done enough to protect or help my little girl. And, like the titular protagonist of *Sophie's Choice*, the thought that I had too much chosen my other children (those by my new wife) over my oldest child left me guilt-stricken. But it was not just self-censure that seized me. There was a desperate need to see Desi again and comfort her. I

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wanted to hold her, to talk to her, to tell her how much I loved her, and to apologize for my not having done enough to keep her safe and feeling loved.

I frequently fantasized about meeting Desi in the afterlife. Sometimes, I travelled to a shadowy place in Hell to see her, and I would, like Orpheus, lead her to the bright surface above. Other times, I was trapped there with her, but found solace in seeing her, talking to her, sharing her torments with her, holding her hand, comforting her as I had failed to do adequately when she lived. Usually, I dreamed that I met Desi in a place of beauty and light, somewhere we could share smiles and laughter and hugs. Despite my Christian upbringing and this religion's severe injunction against suicide, Heaven, I knew, was where she deserved to be.

Two thoughts kept a bullet from my brain. The first thought was that, even if there were an afterlife, I couldn't be sure I would see Desi again. Perhaps we are, as the Buddhists and Hindus say, reborn when we die, or, perhaps, Desi went to a better place than I will go. A second thought proved even more important: I couldn't do that to my other loved ones, especially my new wife and two much younger children. They needed me, and they would be traumatized if I were to kill myself.

If for just a few seconds those two thoughts had abandoned me, I wouldn't have returned home. As it was, they were barely enough.

Before Desi died, she had been diagnosed with PTSD and dissociative (depersonalization/derealization) disorder. When I called her on the phone, she often sounded depressed. Near the end, she wrote two despairing emails in which she told me that she wasn't the same little girl she used to be and that she never would be this girl again. "Damaged" is how she described herself. I believe today that Moral Injury was what lay at the root of her symptoms. At bottom, she believed in neither herself nor trusted the world anymore.

Her poetry increasingly focused on death and escaping to a better place:

Just another Cloudy Day

A home of white walls and no pictures to frame,
The cries of the darkness calling my name,
A plant almost dead—dead today,
I clean up the blood, and it all falls away.
I leave in a dream to mangoes and peaches,
To sunshine and smiles and castles on beaches,
I walk on the sand, dreaming it all:
The tide pulls me in, and I drown in white walls.

The fifth and sixth lines of this poem I had inscribed on her tombstone at a cemetery in Lawrence, Kansas.

Losing Desi amplified the ill-effects of the inner conflict I've felt regarding morally-charged combat experiences. It's as if Abu Ghraib and other experiences were the taps of Poe's raven, weakening the window pane of my soul, and Desi's death was what finally shattered the glass. It's no wonder PTSD symptoms can take years to surface, for when this occurs, it may not be PTSD but Moral Injury that is the underlying problem, and it can take years for your sheltering identity to finally break under the accumulating weight of moral dissonance.

Carl Jung's idea of the self's "shadow"—a collection of seemingly random, destructive thoughts, impulses, and feelings that your cultivated ego serves to buffer you against—aptly describes what happens next. Without a strong protective identity, you can flounder in a hurricane of wild thoughts and feelings. You can be at a loss on how to cope with impulses that once you could easily manage. When confronted with such impulses, you fear your inability to do what's right—or, as in my case, enough of what's right. This fear can unnerve you, causing you to seek refuge by withdrawing from others—or to decisively protect yourself from self-censure and others from harm by killing yourself.

Endless War and Military Suicide

Since the 9/11 terrorist strikes, America has been in a state of seemingly endless war. It is impossible to accurately gauge how many cases of Moral Injury current wars have created, since the data that might tell us has not been collected. The potential for Moral Injury is certainly great. The 2006 and 2007 mental health surveys of US Marines and soldiers in Iraq and Afghanistan, for example, found that 10 percent believed they had mistreated noncombatants or damaged property "when it was not necessary."¹⁷ How distressed today are these veterans by their own harsh self-judgment? We don't know, and this group may be only the tip of the iceberg, for mistreating noncombatants or unnecessarily damaging property are only two potential sources of Moral Injury in war.

Prior to these long wars, the active-duty suicide rate of each US military service remained steady at about 10 suicides per 100,000 service members.¹⁸ From 2003 to 2012, this rate doubled for the Navy and Air Force, making it comparable to the rate among US civilians of like age and

17. Office of the Surgeon, "MHAT IV," 4; Office of the Surgeon, "MHAT V," 32.

18. Ritchie, "Army's Former Top Psych Doc."

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gender.¹⁹ This rate, though, is among soldiers.²⁰

Some American researchers have pointed out the irony of the inherent tension with which US service members serve. Moral injury cannot possibly appear unless you miss the point. It's not what you do that matters; it's what these soldiers think. It's clear that many American soldiers are wrong downrange, some

Moral injury cannot be measured by suicide rate. Other factors, such as the tempo of all units, including the tempo can damage service members who depend upon for emotional support.

Still, it is troubling that moral distress can lead to a massive amount of anecdotal evidence. This is exactly what is happening. Collecting suicide-related data are rightly considered essential. We know, for instance, some things, but we rarely know what

Until deeper causes are identified, we reduce or prevent such suicides.

Prevention

Shay writes, "Simply, ethically, Shay, I've become convinced that impractical restraints. Rather than capacity for seeing other

19. Kube and Mikaszewski, "House Report 112-111," 11. Active-duty service member suicides end strength of

20. Pryer, "Moral Injury and the Math for this Conclusion are

21. Shay, *Odysseus in America*

gender.¹⁹ This rate, though, more than doubled among Marines and tripled among soldiers.²⁰

Some American military leaders—perhaps having overly convinced themselves of the inherent rightness of America's causes and the correctness with which US service members always fight—protest that Moral Injury cannot possibly apply to US service members in large numbers. They miss the point. It's not what they think about service members' actions that matters; it's what these service members themselves think that does. And it's clear that many American troops believe they did or witnessed something wrong downrange, sometimes even terribly wrong.

Moral injury cannot be the sole reason for the US military's growing suicide rate. Other factors include PTSD, TBI, and the increased operational tempo of all units, including recruiting, training, and test units. This high tempo can damage service members' relationships with the very people they depend upon for emotional support.

Still, it is troubling that our military rarely even acknowledges that moral distress can lead to suicide, as literature, empirical studies, and a massive amount of anecdotal evidence overwhelmingly indicate that it does. This is exactly what is happening, though. Millions of dollars are spent collecting suicide-related data, but this data largely involves misbehaviors that are rightly considered effects of psychological injury, not root causes. We know, for instance, some suicide victims drank too much before they died, but we rarely know what drove them to drink.

Until deeper causes are understood, it is impossible to meaningfully reduce or prevent such negative outcomes from psychological injury as suicide.

Preventing and Healing Moral Injury

Shay writes, "Simply, ethics and justice are preventive psychiatry."²¹ Like Shay, I've become convinced that Ethics doesn't consist of purely academic, impractical restraints. Rather, Ethics is firmly rooted in human biology. Our capacity for seeing others as beings like ourselves who should be treated

19. Kube and Miklaszewski, "Military Suicide Rate," and US House of Representatives, "House Report 112-110." According to this news report, the Navy had 60 active-duty service member suicides in 2012, the Air Force 59. This house report gives a 2012 active forces end strength of 328,700 for the Navy and 332,200 for the Air Force.

20. Pryer, "Moral Injury and the American Service Member," 35. The sources and math for this conclusion are laid out here.

21. Shay, *Odysseus in America*, 242.

as we want to be treated is an important reason our species dominates the planet. Indeed, without innate moral forces, homo sapiens would not be able to live in groups, let alone in large, powerful nations.

Adopting a morally focused approach to war promises to reduce inner dissonance by encouraging service members to align our actions with whom we say we are. To the US military's credit as an institution, it works hard to ensure service members' actions are legal. However, just because an action (such as an "enhanced" interrogation technique) can be construed as legal doesn't mean the action is right, and during my training and combat deployments, I never once witnessed a staff debate the perceived justice of a legal act. Unless a lawyer says a tactic is clearly illegal, the average US military leader believes they have the moral "green light" to do it.

Will our nation and military learn to see morally justifiable actions as the crucible on which the psychological cost of war to America's warriors is lessened and redeemed? The answer to this question is unclear. Human beings are creatures of passion, and war displays this passion at its noblest and cruelest extremes. It stands to reason and experience that our nation will not always choose only just wars to wage, and that service members will not always perform just combat actions. However, human beings are also governed by moral forces. The great strategic and personal cost of underestimating these forces—especially within the connected world of the information age—is surely too great to go long unnoticed and inadequately addressed. Our nation will not always be able to wage just wars justly, but we must try much harder to do so.

However, even in the best of circumstances—a just war fought justly—some service members will be afflicted with Moral Injury. Consider my case. Yes, if one presidential administration had not condoned prisoner abuse, much of what has bothered me about my own combat experiences would've been diminished. My greatest source of distress, however, stems from what happened to my daughter, an unprosecuted crime that no military law or policy could've prevented.

Just as Moral Injury lay at the heart of my daughter's troubles, I believe that Moral Injury is the condition that I've been afflicted with, not Major Depressive Disorder (MDD) or PTSD. I can, for example, point to the precise time when I began to suffer from bouts of depression—a four-month period in Iraq when I learned what someone had done to my daughter, I saw the Abu Ghraib photos, my friend Captain Rob Scheetz was killed from a roadside bomb while on a futile mission for an infantry battalion commander, and a group of my soldiers were severely injured by bombs on a different futile mission for this same commander. Someday, I hope, Moral

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22. See Eric Newhouse's
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Injury's connection with syndromes other than PTSD (such as MDD) will be better explored.

For me, healing has finally begun via religious concepts like "penance," "forgiveness" (especially self-forgiveness), and "redemption"—this, despite my lack of religious faith as an adult. After years of penance and struggling to find forgiveness, I finally feel in my heart that I can forgive others and myself for our inadequate choices—and do so in such a way that I give due honor to those whom we failed. I have finally, as Eric Newhouse writes, given myself permission to move on and "enjoy life again."²²

My finding answers in the religious concepts of my youth rather than in modern medicine doesn't dissuade me from my belief that, at least on the shallow level of observable phenomena, Moral Injury can and must be medicalized. Until Moral Injury becomes an accepted mental health category or syndrome, therapists will continue to incorrectly mischaracterize cases of Moral Injury. Such misdiagnoses mean that patients receive prescribed, often drug-based treatments that are at best, unhelpful, and at worst, destructive. Just as disastrously, until Moral Injury is blessed off by psychiatrists as an authentic condition, political and military leaders will look for ways to ignore this condition—and societies will continue to find ways to forget about this most essential consequence of the wars they choose.

Building a New Self

Every few weeks for the past year, I've had versions of the same dream.

In this dream, I live with my wife, son, and daughter in a large, white Victorian house with a columned portico. It sits on a busy intersection in my small, Midwestern hometown. The building is not in great shape—the paint is visibly peeling everywhere—but it conveys a sense of decaying grandeur.

My family and I live in this house much as we live in our current home. Our furniture, paintings, and knickknacks are familiar, and we do the same things at the same times that we do now. Although my wife and kids are mostly happy, for me, a sense of dread underlies everything. I fear some outside danger imperils them, and I won't be strong enough, or alert enough, to protect them.

In a closet, I discover a door that opens into hallways and rooms. This secret space in our home's interior is much larger than the rooms we live in. Most of these hidden rooms are clean, well-organized, and well-appointed with somewhat antique furniture. There is a kitchen with stainless steel

²² See Eric Newhouse's essay in this volume (selection 24), "Recovering from Moral Injury."

appliances, a well-outfitted island, and everything my wife might wish or need to cook. There are bedrooms, guest rooms, toy rooms, exercise rooms, a study, libraries, and an incongruously timbered porch with a view of a green, sunlit forest. The timbered porch is an idealized version of the patio of the Wisconsin house we once lived in, while the burbling sound of a trout stream outside comes from a cabin we stayed at in Vermont. Objects of fond memory populate the rooms, such as kids' bikes, fishing rods, basketballs, and baseball gloves and bats.

Deeper inside this hidden realm, though, are dusty, cobwebbed rooms, either empty or holding scant pieces of threadbare furniture. It is in these rooms, mostly, that invisible ghosts reside. Some I recognize without seeing. There is my friend Rob Scheetz. There are my injured soldiers in Iraq. There are my unit's prisoners at Abu Ghraib. And there is, of course, my daughter Desiree. Her presence is everywhere.

At the decrepit center of this hidden dimension is a room that frightens me—a dark basement with a raging furnace. Near the furnace, I see golden treasure, enough to make my family fantastically rich. But there is also real danger. There are demons here. When I enter this room and walk toward the treasure, strong invisible hands grab me, pull me, try to rip me apart.

I escape their violent clutches and flee. Rejoined with my family, I internally debate whether to show them these secret rooms. The first few times I had this dream, I chose to keep the existence of these rooms a secret. In more recent versions, I show my wife the nicest rooms. She loves the way they look, but she is uneasy: she senses even in the well-furnished rooms the presence of ghosts. I try to convince her that we should move in anyway and that we can block off access to the cobwebbed rooms and, especially, the furnace room.

Upon waking, it has been obvious to me what this house is: it is my "self" or "soul." There are the visible places that anyone can see. Then there are the secret rooms that belong most truly to me alone. Many of these secret rooms are well-appointed with happy wishes and fond memories. Other rooms consist of derelict dreams and ghosts that I can't let go of. And the fiery furnace is where my dark, Jungian shadow burns and thrives—and the demons reside with their terrifying, incredibly strong, rending grips.

After my most recent dreaming, when I awoke, I had an epiphany: I can't expect my family or me to live in a house with hidden chambers, benign ghosts, and dangerous demons. I must build a new home, something sunlit with open spaces and fresh air, a place where we needn't be afraid.

With that realization came a sense of relief. I now knew that I must move on. I also felt ready, finally, to do so.

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What will my new house look like? I no more know that than how long my physical body will live. One thing I do know is that this essay is how I'm choosing to honor and preserve the memory of Desiree and my other ghosts, living and dead. It's the marker that I'm leaving outside the old decaying house in which I've spent most of my life.

I will never forget my ghosts. (Desiree, your Daddy will always love you!) But they are now memories, more fondly remembered than not. And my demons? They will never again seize and tear me with their iron grips.

"I" won't allow that.