Value-oriented Psychotherapy for Soldiers with Moral Injury and Operational Experience

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Introduction

Participating in a military operation abroad is for many soldiers an experience that will shape their lives. During the months spent outside Germany, soldiers gain many different impressions, for example as a result of the close bonds that form in the camps – not least with soldiers from other nations – but also through contact with the local culture and population. These encounters can be extremely enriching and may lead to processes of psychological maturation that open up new and positive perspectives on life and the surrounding environment. For example, the advantages and unique aspects of life in Germany are often perceived much more intensively and more appreciatively.

This can be accompanied by changes in a person's value system. Military personnel take on the personal challenge of deployment, while at the same time being influenced by attitudes and values they have learned through a process of socialisation characterised by family, society and, not least, the military in their home country over many years. These attitudes and values constitute a moral foundation that partly determines the way military personnel think and act when on deployment and that also provides stability in stress and crisis situations. Values serve as a system of coordinates that offers orientation and inner stability.

However, personal values can also play a role in the development of deployment-related stress or even illnesses. Studies by the Psychotrauma Centre of the Bundeswehr (PTC) have shown that a strong and conscious value system can help protect soldiers against the development of depression in the course of deployment. An awareness of tradition and conformity are particularly important values among soldiers (Zimmermann et al., 2018). On the other hand, values derived from a deep sense of altruism and camaraderie, such as focusing on the well-being of others (benevolence and universalism), can contribute to increased subjective suffering, e.g. in the case of posttraumatic stress disorder (Zimmermann et al., 2014). People with these values are no more psychologically vulnerable -in a sense of

weakness - than their fellow soldiers. However, due to their ability to feel compassion, they perceive the suffering of their fellow soldiers and fellow human beings more as a burden of their own when they witness such suffering while on deployment.

The influence of an individual's own value system on mental health is particularly evident when moral injury occurs. This refers to an injury that does not produce a physical or psychological condition, but which questions moral experience.

Moral injury can be caused by *other people*, for example when violence is inflicted on women and/or children in the local population. This often causes deep anger towards the persons responsible, which can cause persistent brooding and reduce the quality of life for years. However, moral injury can also be caused when an individual's *own behaviour* during deployment comes into conflict with his or her values and moral sentiments (Hellenthal, 2017). Participation in combat can be accompanied by feelings of guilt that may become chronic in the course of time. This can result in shame, which may be associated with the permanent feeling of not being likeable or valuable as a person. Shame, however, often results in the need to withdraw from one's social environment or even from oneself. Affected persons literally hide from their lives and become lonely. This can lead to depression and even aggression (Alliger-Horn et al., 2018).

In recent American studies (Bryan et al., 2018), moral injury could be differentiated from the key symptoms of PTSD by means of factor analysis. It appears to be a separate symptom complex where the focus is more on guilt and shame, but also social alienation and social withdrawal as well as anhedonia, than on symptoms of tension and anxiety or intrusions/flashbacks as in the case of PTSD.

Manual on the Treatment of Moral Injury

In the medical treatment of post-traumatic mental illnesses, the moral aspects of an operation are becoming increasingly important. Since 2014, traumatised soldiers are not only treated with trauma therapy techniques at the Psychotrauma Centre, e.g. by using the EMDR method ("Eye Movement Desensitisation and Reprocessing"). Additionally, a new treatment module

is used where the moral conflicts outlined above and the changes in value systems are dealt with in a group setting of 5 to 8 affected persons. The prerequisite for participation is a deployment-related mental illness (PTSD, anxiety, adjustment disorder, etc.) of active or former soldiers. The participants should have previous therapeutic experience, e.g. in the context of inpatient stabilisation or even initial therapeutic trauma confrontation.

When indication has been clarified, patients are assigned to a group that meets three to four times a year. This group therapy is carried out over a period of one week on an inpatient or semi-outpatient basis by the Psychotrauma Centre and can be appropriately combined with other trauma-related group modules (e.g. cognitive-behavioural approaches or social skills training).

As regards content, individual value systems and their significance for daily life are discussed first. The focus is on changes that individuals have experienced in the course of deployment(s) abroad, with the associated consequences in the individual's working and private life. In the next step, examples are used by the group as a whole to discuss how an individual's own values can be violated (moral injury). This can result from one's own alleged misconduct or from observing the behaviour of others (such as that of the civilian population) (see above).

Feelings such as anger or guilt are addressed, the group setting having a supportive and stabilising effect as most patients share similar experiences and strong group cohesion can thus develop. If the financial resources are available (e.g. due to support from the ASEM pastoral care project of the German Armed Forces, see below), parts of the module can be carried out as seminars outside the hospital. This gives patients a feeling of being valued, which can have a positive effect on their attitudes towards themselves.

This work is carried out at the Psychotrauma Centre with support and assistance from the chaplaincy service (pastoral care project of the Office of the Protestant Church, ASEM). Interdisciplinary group conduction (psychiatrists, psychologists, military chaplains, psychiatry nursing staff) has proved to be particularly suitable for ethical issues. For example, if patients suffer from strong feelings of guilt or shame, offering pastoral care services such as prayers, confession or blessings can be extremely helpful if those affected are open to them.

A first scientific evaluation of the module showed that essential dimensions of the experience of shame can be improved with this approach. For example, the Compass of Shame scale (Webb, 2012) has shown significant positive changes in three of four subscales, which were also stable in terms of patient catamnesis (Alliger-Horn et al., 2018).

To support the therapeutic work, a graphic novel was developed in 2017, which illustrates the psychosocial changes associated with moral injury in an easily understandable form. This graphic novel can be requested free of charge from the Psychotrauma Centre (bwkrhsberlinpsychotraumazentrum@bundeswehr.org).

Module 1

Introduction to Value Systems

Preliminary remarks

- This programme should be implemented with groups of 5 to 8 participants that are as homogeneous as possible (e.g. operational forces with post-traumatic disorders).
- A closed setting (i.e. a common start/completion for all participants) should be chosen, if possible on an inpatient basis (psychotherapeutic ward, seminar facility, etc.), in order to ensure appropriate familiarity in a conducive environment. Showing that patients are valued (e.g. by providing a comfortable and conducive atmosphere in a hotel for the treatment) creates a positive impression, which is particularly appropriate if participants suffer from severe shame.
- The therapeutic team should be interdisciplinary (psychiatry, psychology, religious care, nursing, etc.) in order to be able to consider the subject from various perspectives.
- Basic principles and rules for group work should be discussed and agreed upon at the beginning (confidentiality, openness, protection); in particular, the risk of special psychological strain associated with the discussion topics should be pointed out and the reactions of the participants and the team should be discussed (leaving the room, a team member follows, etc.).
- There should be the possibility of one-on-one conversations in the course of the programme (topics and conversation partners can be freely chosen, spiritual conversation, confession, etc. is also possible).
- Prior to the therapeutic work, the graphic novel "Verwundet" ("Wounded") should be handed out to the participants to raise their awareness (available at the Psychotrauma

Centre of the Bundeswehr (bwkrhsberlinpsychotraumazentrum@bundeswehr.org). Participants discuss how the graphic novel has affected them.

Management of tension

When addressing mission- or service-related values as well as moral injuries, the participants may experience considerable inner tension and increased feelings of anger, guilt and shame.

To facilitate management of such emotions, a number of techniques can be useful (depending on the experience of the therapeutic team) and should be discussed and practised right at the beginning, for example:

- Tension and Trauma Release Exercises – TRE (especially suitable for psycho-physiological relief of tension in persons with post-traumatic disorders)
- Nature meditation
- Breathing relaxation techniques
- Body meditation / mindfulness exercises (see example below)

- Meditation walk
- Introduction to the "compassionate self" as imagination exercise (e.g. "compassionate inner image" exercise)
- Including alternatively or as required: "loving kindness"; "wisdom, strength and commitment" and "accepting one's feelings" (Gilbert 2013)

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Exercise: Body meditation

With guidance, the participants start by standing up straight, their legs shoulder-width apart and their arms and shoulders relaxed.
They are asked to feel the contact of their feet with the floor and to feel that they are standing firmly. Then they stretch their calves and spine and imagine their thoughts extending upwards. The head is bowed slightly, the participant looking straight ahead or slightly down.
The participants should then bob slightly forward and backward while remaining straight. The knees can be bent slightly. Subsequently: Swinging to both sides, preferably in the form of an "8". Every participant chooses the range with which he or she feels comfortable, but can also increase it.
While the participant is concentrating, he or she may at the same time focus on the centre of the body, e.g. by imagining an energy field in the abdominal region below the navel.

Alternatively or in addition, a breathing exercise can help to regulate the participant's breathing.

Appreciation cards

At the beginning, each participant is instructed to write down one sentence (no more!) about each other group member in the course of the programme, describing what he/she appreciates or finds valuable about them. The supervisors summarise the resulting short portraits for each participant on a card in DIN A6 or DIN A5 format, which may have been prepared in advance by the participants in occupational therapy, for example. This card will be handed out at the end of the seminar (as a "reminder"). The group will be asked about the effect, and participants usually express surprise and relief at the many positive responses.

Significance of value systems

In this thematic block, value systems are first addressed in general terms. Frequently, however, mission-related changes are already mentioned here, but a discussion of such changes should be postponed to the following blocks in order to prevent a too early outbreak of strong emotions.

- What are values and why are value systems important for people? (According to Israeli researcher Schwartz, values are concepts of desires and ideals that determine and control the way we act and make judgments). (Schmidt, 2007)
- What is the difference between objectives and values? (The latter can be illustrated using the picture of a lighthouse, which is far away, but nevertheless points the way).
- How are value systems formed? (e.g. education, experiences in later life).

How can values and (mental) health be related?

- The conscious perception and active shaping of the way in which existing values are reflected in daily actions can promote a positive self-reference: being and acting in harmony with oneself (Discuss examples: positive, non-performance-related human characteristics, e.g. attentiveness, helpfulness, etc.).
- In this way, the individual becomes more clearly noticeable and perceptible to him- or herself ("self-awareness") and also to others, and relationships become more intensive.
- Values provide stability in crisis situations (Example: stabilisation through inner values in the case of duty-related conflicts. If performance is not the only source of self-esteem, these conflicts can be managed more easily).

Examples to deepen the discussion:

How can positive patterns of behaviour/virtues such as...

- consideration
- thoughtfulness
- leniency
- kindness
- sympathy
- striving for harmony
- selflessness

...promote well-being/health?

What consequences can result if value systems are poorly developed or do not take sufficient effect?

- Individual consequences: Lack of self-confidence/disorientation among affected individuals.

- Compensatory urge to degrade other people in order to increase one's own feeling of importance.
- Consequences in the social context: Weakening of the community if the individual members lack sufficient reference values.

What can be the consequences if values are upheld too rigidly?

- Restriction of thinking and behaviour – up to and including compulsive behaviour patterns
- Intolerance/striving for dominance
- Resulting tendency towards conflicts, resentment, aggressive/fanatical attitude to life
- Social isolation

Strong value systems are generally to be assessed positively and constitute a resource, but they should also be combined with tolerance towards the values of others.

Possible summary/learning objective of the participants:

- Making the participants aware of values as an expression of personality, discussing them and associating them with growth or "mental stagnation".
- Explaining to the participants how daily activities are related to the participants' own values.
- Discussing with the participants the possibility of a general change of values in their personal development, for example as a development opportunity for improved personal awareness.
- Practising the use of imaginative processes (e.g. body meditation) to make the participants aware of personal values.

Module 2

Individual Value Systems and Change of Values

This section deals in more depth with individual value systems and their connection to the deployment setting.

Which values are of particular importance for the individual participant in the following areas?

- Private life/family/friends
- Occupation/duty at home
- Occupation/duty on deployment abroad
- What is the individual meaning and importance of "service"?

In the process, participants' common ground, but also individual differences, should be identified.

Change in individual value systems

Discuss why there may be differences and change in individual value systems. Values can be shaped and changed by educational experiences, but also by environmental influences such as role models or military socialisation. What examples can the participants provide from their own lives?

Change in values due to deployments abroad

Participating in an operation abroad, but also experiencing psychological borderline situations at home, can trigger mental processes in which an individual reflects more intensely on his or her own value system and, in some cases, promote a change in attitudes, views and values.

- Which individual value systems have changed due to deployment?
- In which work-related and private spheres of life have consequences arisen as a result?

  Examples:

  – "Stranger in one's own country?" due to changes in everyday values (appreciation of immaterial goods, higher demands on reliability, integrity, etc.).

  – Conflicts that arise from dealing with hierarchies/authorities (due to the experience of flat hierarchies during deployment or failure of superiors).

  – Has this perhaps caused the individual to question his or her identity as a soldier?
- What are the psychological and/or health effects of this change (social withdrawal, anxiety, separation/divorce, substance abuse)?

Dealing with the change in values

- What general conclusions do the participants draw from the above-mentioned advantages and disadvantages of the change in values? Frustration/resignation about negative consequences or pride in positive change? (Possible beneficial cognition: one is usually not possible without the other; would participants hypothetically do without the positive change in their own personality if the negative effects could thus be reversed? This question is mostly answered in the negative).

- How can the changes be communicated to others? For example, can others be expected or required to accept an affected person as a human being with (or in spite of) such changes?
- Note: Negative effects of addictive substances on dealing constructively with value changes.

Short presentation

Which values have been proven by research to be protective or stress-inducing when it comes to operations abroad and mental health?

- **Schwartz' value model (Schmidt, 2007)**

  Protective effect of hedonism, stressful effect of benevolence, universalism and tradition (see introductory text). (Literature: Scientific Reader of the Psychotrauma Centre 2017, available at bwkrhsberlinpsychotraumazentrum@bundeswehr.org).

- **Value model based on the hardiness concept**

  – Commitment (feel responsible for oneself and one's environment)

  – Control (belief that one can influence one's own experiences)

  – Challenge (change is seen as an opportunity for further development, not as a threat).

  A high degree of hardiness protects against deployment-related mental disorders.

Value-related exercises

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Exercise 1: Attention-based meditation/ nature experience

Discussion:

+ What does experiencing nature mean to the participants? Have the participants had any important experiences in nature before? + What inner responses did these experiences of nature cause? (Tendency: feelings of awe, smallness of self) + What effects can awe have? (Improvement of social thinking/feeling/behaviour (e.g. solidarity with/benevolence towards other people and generosity), increase in parasympathetic tone/lower stress level, improvement of mood, concentration, emotional balance, etc. (Spitzer 2015)).

Setting:

Time: e.g. shortly before or after the lunch break; place: at the lake, near an old tree, in a semi-circle with a view of the lake and tree, etc.

Exercise:

+ Body check; + Turn your attention to the lake: think about the surface, imagine diving into the depths/floating, imagine the calm, peaceful underwater world; + Focus your attention on a tree: imagine yourself touching the thick firm bark with both hands; imagine the roots reaching deep into the earth and taking everything they need from the moist, nutrient-rich soil; imagine the branches spreading out, sway back and forth in the wind and feel the warmth and power of the sunlight; + Turn your attention to the tree and the lake: both were there long before us and will continue to be there long after us; feel a sense of awe.

Reflection:

(walk silently away from the lake, so that thoughts can be observed) + once back in the seminar room: + Was there a feeling of awe/smallness of self? + Were there any emotional, mental or physical reactions? + How can this exercise be integrated into a daily routine where appropriate?

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Exercise 2: Imaginative value affirmation

A situation is discussed in which, by way of example, a participant's important (duty-related or private) values were shown to their fullest advantage, and this situation is reproduced using the imagination (images, sensory perceptions, thoughts, feelings, physical sensations). Subsequently, the participant is encouraged to frequently practise imagining this situation, coupled with a symbolic gesture representing the positive experience (e.g. a hand gesture). In this way, thought processes are trained to establish a quick and effective, almost reflexive association with positive characteristics and thus a positive self-reference. This can be especially helpful for individuals who tend to engage in frequent self-critical brooding (Hauke, 2013).

Possible summary/learning objective of the participants:

- Discussing and thereby making the participants aware of value changes in connection with deployment abroad (before, during and after deployment).
- Identifying the advantages and disadvantages of the change in values and relating them to one's own personal life and learning history.
- Working on imaginative and body-oriented processes (including TRE) to improve self-reflection on values and value changes.

Module 3

Moral Injury Caused by Others

General aspects

While the analysis of value systems and their changes still belongs to the level of "normal" adjustment reactions to duty- or deployment-related experiences and stressors, the issue of moral injury usually involves the dimension of stress disorder or illness.

Post-deployment mental disorders

Psychological disorders frequently occur among Bundeswehr soldiers both with and without operational experience (Wittchen et al., 2013). According to a study on the ISAF contingent (2010/2013), such disorders are grouped as follows:

- Posttraumatic stress disorder (PTSD): 2.9%
- Anxiety : 10.8%
- Depression: 8%
- Somatoform disorders: 2.5%
- Alcohol abuse: 3.6%

The manifestations and treatment of these disorders should be briefly explained in order to facilitate the assessment of specific symptoms and the differentiation from moral injury.

Definition of moral injury

Moral injury is defined as an experience in which deeply rooted moral beliefs and expectations are shaken by participating in or failing to prevent inhumane, violent or cruel acts. To be a witness to such acts or to gain knowledge of them indirectly can be enough to trigger the injury (Litz 2009).

***Precondition:** Having a well-developed sense of morality intensifies the process of dealing with what has been experienced and possibly also increases the resulting distress.*

Variants of moral injury

- Moral injury *during deployment:* caused by superiors, fellow soldiers, observations in the civilian population (violence against women and children, etc.).
- Moral injury *after deployment:* insufficient recognition for what has been achieved (including recognition in terms of pension and benefit claims), lack of interest or understanding among fellow soldiers or among friends and family, but also in society, with regard to the experience gained, which leads to feelings of estrangement.
- Moral injury through observation/experience of the *misconduct of others*.
- Moral injury through one's *own misconduct*.

Characterisation of moral injury caused by the behaviour of others

An introduction to the subject should be based on examples:

- An armoured infantry platoon has been able to arrest an assassin at considerable personal risk – but the next morning this assassin is released "for political reasons".
- An Afghan woman dies in spite of treatment in a field hospital – a medic remarks on this audibly with the words: "Doesn´t matter, it's only an Afghan".
- A patrol passes an accident site with seriously injured Afghan soldiers, but is not allowed by order to help due to the security situation. Note: in this case, moral injury can also be caused by the individual's own behaviour (failure to help).
- After returning from deployment, soldiers feel the need for recognition of their achievements, and possibly also to pass on lessons learned. However, no interest is shown by the parent unit and instead there are even derogatory remarks ("How was your holiday?").
- Ask the participants to provide their own examples, if this does not happen spontaneously (but it should be avoided to trigger patients´ acute symptomatology.

Key questions for the discussion of examples

- Which personal values of the patient were injured by the observed misconduct and why?
- Does it make a difference to the experience whether the morally dubious behaviour occurred within the local population or was committed by superiors or fellow soldiers?
- Why did the perpetrator engage in such conduct? (As a therapist, take a clear and critical position ("That was a very bad thing to do"), but, if appropriate, also qualify your judgment. Was the perpetrator perhaps also in a situation in which he could not cope?)

Possible assessments and psychological consequences of the moral injury experienced

- Disappointment with the civilian population, fellow soldiers/superiors/the Bundeswehr/the rationale behind the operation can be accompanied by anger.
- Helplessness/feelings of guilt about not having intervened (an overlap with moral injury caused by the patient's own behaviour is possible).
- Doubts about one's own role/identity as a soldier.
- Intensification of distinctive character traits in the months or years after deployment (accuracy, perfectionism, reduced tolerance of perceived misconduct by superiors/subordinates).
- Are these processes influenced by earlier (stressful) life experiences (also in childhood or adolescence)? (Example: Neglect by parents in childhood/youth can reinforce the adverse inner response to disinterested/uncaring superiors).
- Possible positive effect: Strengthening of group cohesion by the perpetrator (civil population/superior) as a "common enemy".

Therapeutic advice for dealing with anger

- Observe thoughts and fantasies that are triggered by anger (violent fantasies?).
- Observe all physical sensations caused by anger.
- Make yourself aware of the negative changes and of how positive feelings are reduced.
- What are the consequences of anger for relationships with close family members and friends (long-term anger apparently for no specific reason, aggressiveness within the family, relationship conflicts, separation)?
- When considering these changes, is anger still attractive to you?
- The perpetrators "win twice": by their misconduct in the situation they impair (mostly unpunished) the well-being of those around them and later they create negative,

destructive after-effects for the stressed soldiers (the perpetrators are literally "memorialised" by anger).

Further possible mental and emotional consequences of moral injury caused by the misconduct of others

- Frustration, resignation
- Exhaustion/burnout
- Anxiety (no confidence in the safety of the environment etc.)
- Physical symptoms
- Substance abuse

Additional therapeutic aspects

- What positive characteristics of the patient are reflected in the strong inner response to the injury of values? (Injuries can only occur if sufficiently strong values have been ingrained. Which of these positive values should be preserved despite the injury?).
- Has the patient learned from the misconduct of others and, if necessary, changed his/her own behaviour? What are the positive and negative consequences of this change?
- Can, for example, moral injury and the associated changes in values and attitudes lead to new priorities in one's lifestyle (e.g. greater importance of civilian life, family, hobbies, voluntary work)?
- Does it make sense to get in contact with the perpetrator (e.g. superior)? What can this achieve for the patient or for the perpetrator? (Regarding an effect on the perpetrator, the therapist should encourage realistic expectations and, if necessary, prevent any false hopes ("He will certainly understand")). Contact can be established in person, by letter, or even symbolically (by a letter that is not sent) or by using the

imagination (creating an inner image of the perpetrator and communicating with it or modifying it).

Forgiveness: What is forgiveness and how can it be dealt with in a therapeutic context? This question is closely related to the religious/spiritual dimension and therefore a chaplain should be involved, if available. The following suggestions could be useful in helping to change a person's mental approach to this subject:
– Can the responsibility for evaluating and "judging" the misconduct committed be transferred to a higher authority (whatever this may be called)?
– Why is forgiveness important for the person forgiving? It prevents the consequences of anger and can reduce the inner representation of the perpetrator ("perpetrator introject"), thus creating space for positive aspects (family, positive feelings, constructive activities).
– Many soldiers are not only witnesses/victims, but also "perpetrators" themselves through acts or omissions (see the following module). Only those who can forgive others can forgive themselves. The ability to forgive is a basic human attitude or basic need.

Special field: Moral injury caused by the reactions of fellow soldiers, family and friends, and society after returning from deployment:

- How do I cope with a lack of understanding or disinterest? What can be the reasons for this? (Contacts, especially family members, friends, etc., perhaps want to protect themselves from very distressing accounts).
- How offensively should I deal with my experiences? Should I use them actively and proudly as a means to educate society/my fellow soldiers without operational experience?
- Discussion about the need for a veterans' culture might be helpful at this point.

Supplementary exercises

- Thought-stopping technique (especially for individuals with a tendency to ruminate / brood)
- Anger management (see below)
- "Accepting emotions" as an exercise for the imagination

E Anger management (Walsh, 1999)

1. Recognise the effects of anger

- Concentrate on a situation in which or about which you are angry
- Observe all the physical sensations caused by anger
- Observe your thoughts and fantasies that are triggered by anger (violence?)
- Make yourself aware of the negative changes and of how positive feelings are erased. Is anger still attractive to you?

2. Talk/write about your anger

- Talk about your anger with the person who provoked it or with a friend (in reality or imagination)
- Do not accuse or attack, but do it to forgive
- Alternatively, you can write a letter

3. Make yourself aware of your own mistakes

- Make yourself aware of your own mistakes
- In particular, the mistakes that resemble those of the person who has hurt you
- When did you make mistakes similar to the one that has now hurt you?

4. Think of positive things

- Think of the good deeds of the person who has hurt you
- In particular, the deeds that were good for you
- This awakens gratitude and counteracts anger

5. Think of loving people

- Think of a particularly loving, kind person (either a person you know or a more abstract role model)
- Imagine how this person would react in your place in the current conflict situation

6. Give a present as a way of forgiving the person

- Give a little present to the person who treated you unfairly (in reality or imagination)
- This can help you to release the anger
- It is difficult to be angry with someone to whom you have given, or from whom you have received, a present

Possible summary/learning objective of the participants

- Define moral injury with the participants and illustrate it with personal examples from the period of deployment abroad (before, during and after deployment), focusing initially on moral injury caused by others.
- Discuss the participants' ways of dealing with moral injury, the consequences of such injury for health and personal growth and the change in values (e.g. using the example of anger).
- Discuss intrapersonal and interpersonal forgiveness and think about possible opportunities for forgiveness; value and appreciate the current status of participants in the personal process of forgiveness (Note: do not establish a moral dogma that forces the participants to forgive).

Module 4

Moral Injury Caused by Oneself

This form of moral injury can be caused by...

- An individual's own morally questionable actions.
- Failure to take necessary action, which has morally relevant consequences.

An introduction to the subject should be based on examples:

- Witnessing violence against women/children without being allowed to intervene.
- A patrol passes an accident site with injured soldiers of the Afghan National Army, but is not allowed to help due to the security situation (Note: in this case, too, a moral injury can also be caused by the behaviour of others).
- Combat involving injuries to others (Note: symptoms can be triggered by talking about the incident).
- If appropriate, ask the participants to provide their own examples.

Key questions for the discussion

- Which personal values of the patient were injured by his/her own misconduct and why?
- Why did the patient act this way in the given situation?

Psychological consequences, using the examples of guilt and shame

Guilt

- Guilt primarily includes thoughts and/or feelings that are specifically related to the corresponding trigger situation ("I made a mistake in the situation involving...").
- Guilt can be compensated by appropriate thoughts or actions (e.g. through remorse, apology, compensation, compensatory activities such as volunteer work, etc.), in other words: guilt activates.

Shame

- Shame includes the entire personality in the assessment system, not merely the situation.
- Shame disrupts/destroys the way a person sees himself: e.g. "I am a good person" becomes "I am no longer likeable" *(intrapersonal shame*).
- This can lead to reduced self-care and self-acceptance; the image of the "inner coach" can be introduced at this point: which inner coach do the affected persons perceive in the dialogue with themselves, how does the coach behave, what demands does the coach make, how does the coach deal with praise and criticism? (Let the participants give examples from their daily life).
- Weak self-esteem can lead to insecurity, vulnerability and withdrawal, but the denial of shame through arrogance, sarcasm, etc. is also possible.
- Shame disrupts/destroys social relationships through feelings of inferiority and a lack of social attractiveness: the relationship with one's partner as well as social ties at work/among friends (*interpersonal shame*).
- Trauma is also understood as the consequence of a threat that persists after the traumatic situation, e.g. through conditioned fear (see Ehlers and Clark, 2000). Shame can take the form of such a threat, being detrimental both to the image an individual has of himself or herself and also to social integrity.

What changes are caused by guilt and shame psychologically and socially?

"Modesty only begins with the knowledge of evil" (J.J. Rousseau)

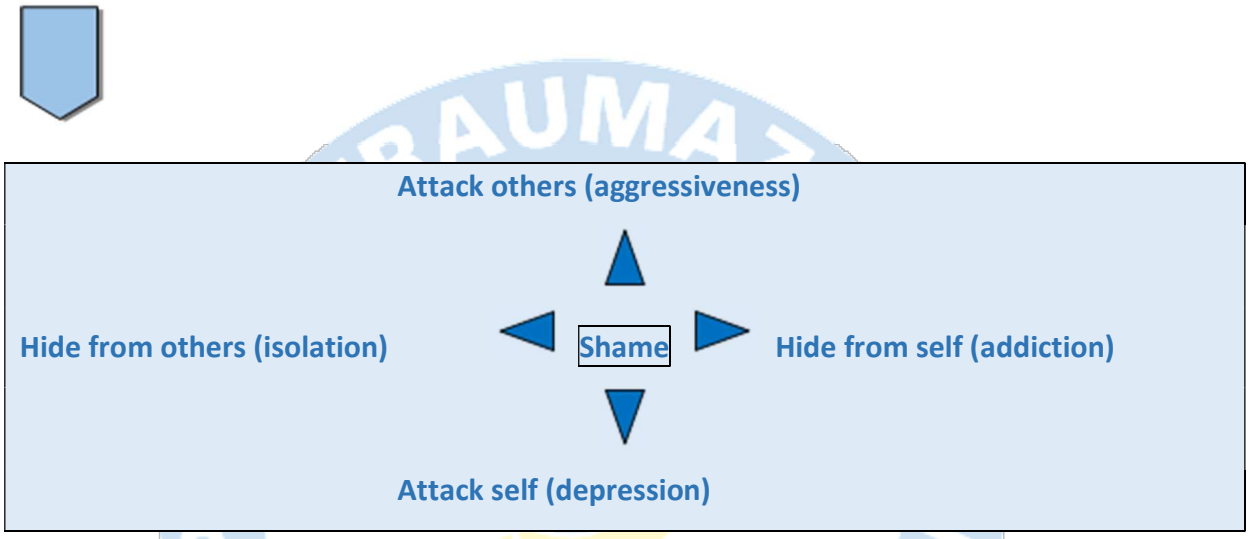
"A man is quite impoverished if shame embraces harm" (J.W. von Goethe)

- There is a close connection between posttraumatic shame and anger. Traumatised people feel shame, they are ashamed of and angry about their shame; aggression is often a direct result of shame.
- In addition, substitute feelings such as anxiety (e.g. social anxiety due to loss of trust) or compulsiveness are possible.
- Disappointment with oneself and doubts about one's role as a soldier, about one's integrity as a "good person", etc.
- Propensity for persistent rumination / brooding (similar to intrusions), including the constant presence of shame-related thought patterns in everyday situations.
- Intensification of distinctive character traits (accuracy, perfectionism, reduced tolerance of misconduct by superiors/subordinates).
- Are these processes influenced by earlier (stressful) life experiences (also in childhood or adolescence)? (Example: previous failure in an important situation and feelings of guilt, e.g. failure to protect siblings from violence in the family etc.).
- Consequences for relationships with close family members and friends: withdrawal, feeling of being "worthless", relationship conflicts, separation, (exaggerated) care, guilt-inducing communication, envy, (exaggerated) politeness.
- Estrangement from children.
- Shame inhibits activity and thus, among other things, prevents those affected from doing good.
- Guilt and shame can be expressed physically in posture and muscle tone, skin colouring, etc. Guilt is associated with activation and increase in sympathetic tone

(higher body tension, heart rate), while shame is associated with low tone, pallor, redness of shame, "the man turned in on himself" (Martin Luther).

- Affected persons "lose twice": due to their misconduct in the situation and due to the subsequent negative, destructive consequences for them as soldiers and for those around them (the guilt is "memorialised").

- Explain **Webb's Compass of Shame** (2010) (draw on a flip chart, if appropriate).



Possible positive effects of shame:

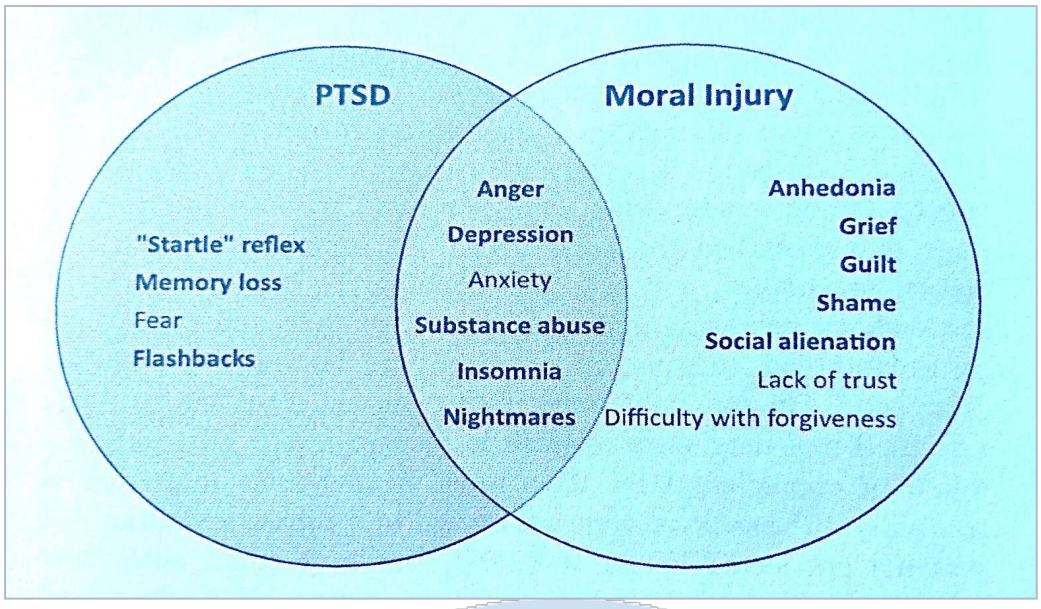
– People with feelings of shame often have a higher sense of community, empathy for others, and are perceived as particularly social and caring.

– This also provides the opportunity to develop one's personality.

Further mental and emotional consequences of shame (particularly in the longer term)

- Pessimistic world view
- Exhaustion/burnout
- Substance abuse

Relationship between moral injury and PTSD



(Bryan et al., Psychol Trauma 2018)

Risk factors for moral misconduct in the country of deployment

- "The enemy is everywhere", often not recognisable as such at first.
- The enemy is not considered to be human.
- Deployment in a war zone where moral coarsening has been going on for years ("Men who do not expect to receive mercy eventually lose their inclination to grant it").
- Lack of authority on the part of young, overtaxed leaders (resulting in a tendency towards regression, especially among younger soldiers, who, from a developmental psychology point of view, would require a supportive, regulated environment).
- The frustration of war can lead to taking action simply for the sake of it ("Shoot first and ask questions later").

Therapeutic advice

Basic attitude in processing moral misconduct

The therapist and the client jointly accept that the client has committed moral misconduct and incurred guilt. There should be no reproaches/derogatory comments on the part of the therapist, but also no "well-meant" words of reassurance/comfort. Instead, it should be made clear that personal acceptance and joint therapeutic work are possible in spite of guilt.

The experience of group cohesion in the context of therapy can be very useful !

- What do feelings of guilt and shame say about the person affected? That he/she has moral standards and a conscience – that he/she faces the experience (does not repress it, somatise it, etc.).
- What measures could be taken to compensate for the moral misconduct, or how can the client make it clear to himself (and others if necessary) that he/she has learned from the events? (For example, voluntary work, sharing of experience, changing attitudes or habits, etc.).
- This approach, referred to as constructive transformation, also counteracts any desire of the client to undo or repress what has happened. This desire can intensify the defence mechanism, which may be accompanied by somatisation.
- Forgiveness (see above), in addition: forgiving oneself also means being able to let go.
- Is it also possible to find aspects in traumatic events or in their processing that evoke pride?
- The "compassionate self" exercise can be applied or repeated; possibly also "loving kindness" as a complementary imaginative exercise – in this case, too, regular practice strengthens the development of a conciliatory and positively verbalising introject (ego-state part etc.).

E Imaginary dialogue (Reddemann, 2011)

An imaginary dialogue with a benevolent moral authority, being an expression of the compassionate inner self, can be a step in the healing process. Morally stressful events and their psychosocial consequences are discussed and evaluated in an imaginary dialogue with this authority. (What does this person say/think about the behaviour? Example: "Are human beings also allowed to make mistakes?"). By linking the imagined answers with the personified, compassionate part of the personality, this part is strengthened and at the same time rigid/auto-destructive parts are weakened.

This dialogue should be practised daily, e.g. in combination with the thought-stopping technique. It should begin automatically whenever negative assessments start to emerge.

Examples of such an authority:

– family members (also deceased)

– friends (if appropriate also with role reversal: what if it had happened to a friend who then asks the client for advice?)

– the inner child/former self

– imaginary characters (inner helpers)

Emergency plan for acute feelings of guilt or shame

- Breathe deeply and get some distance by changing the position of your body.
- Make yourself aware of the triggering thought/situation.
- To which phase of life does the thought lead? What triggers my feelings?
- Reality-check/get some distance (Where am I right now? I am not my shame and guilt – I can behave differently).
- What are the differences between today's situation and that of the past? What is different about me today, what can I trust?
- Zur Vertiefung: Lammers: Mit Schuld, Scham und Mehode. Balance-Verlag, 2017

Further objectives of processing

- To give meaning to the events as a whole, to integrate them into one's own life and biography.
- How can important and supportive personal relationships be re-established (the patients should not expect too much of themselves)? Supplementary social skills group training might also be helpful in this case.
- Emphasise the importance of the private life of the participants in relation to their role as a soldier and a tendency to (over-)identify with this role.
- Practise self-care (care is given only to those who are worth it), transition rituals, self-praise; practise caring for others (e.g. social commitment).
- What external and internal resistances exist in this context?
- How can the client communicate his needs to others when it comes to dealing with the moral injury?
- Regular "compassionate letter-writing" to oneself, from the perspective of a benevolent self/authority.

Possible summary/learning objective of the participants:

- Talk with the participants about moral injury caused by one's own behaviour during deployment, using personal examples, and discuss the personal effects in terms of learning and development (it is essential that the therapist have a non-judgmental attitude).
- Discuss guilt and shame as feelings that frequently result from moral injury caused by one's own actions.

- Introduce and practise imaginative dialogue therapy with a positive and compassionate inner authority, discuss resource activation and emergency planning for situations where dysfunctional feelings of guilt and shame are evoked.

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