

# MORAL INJURY AND COVID-19

South Texas VA Mental Health Chaplain

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“The content herein is my own and does not represent official policy of the VA.”

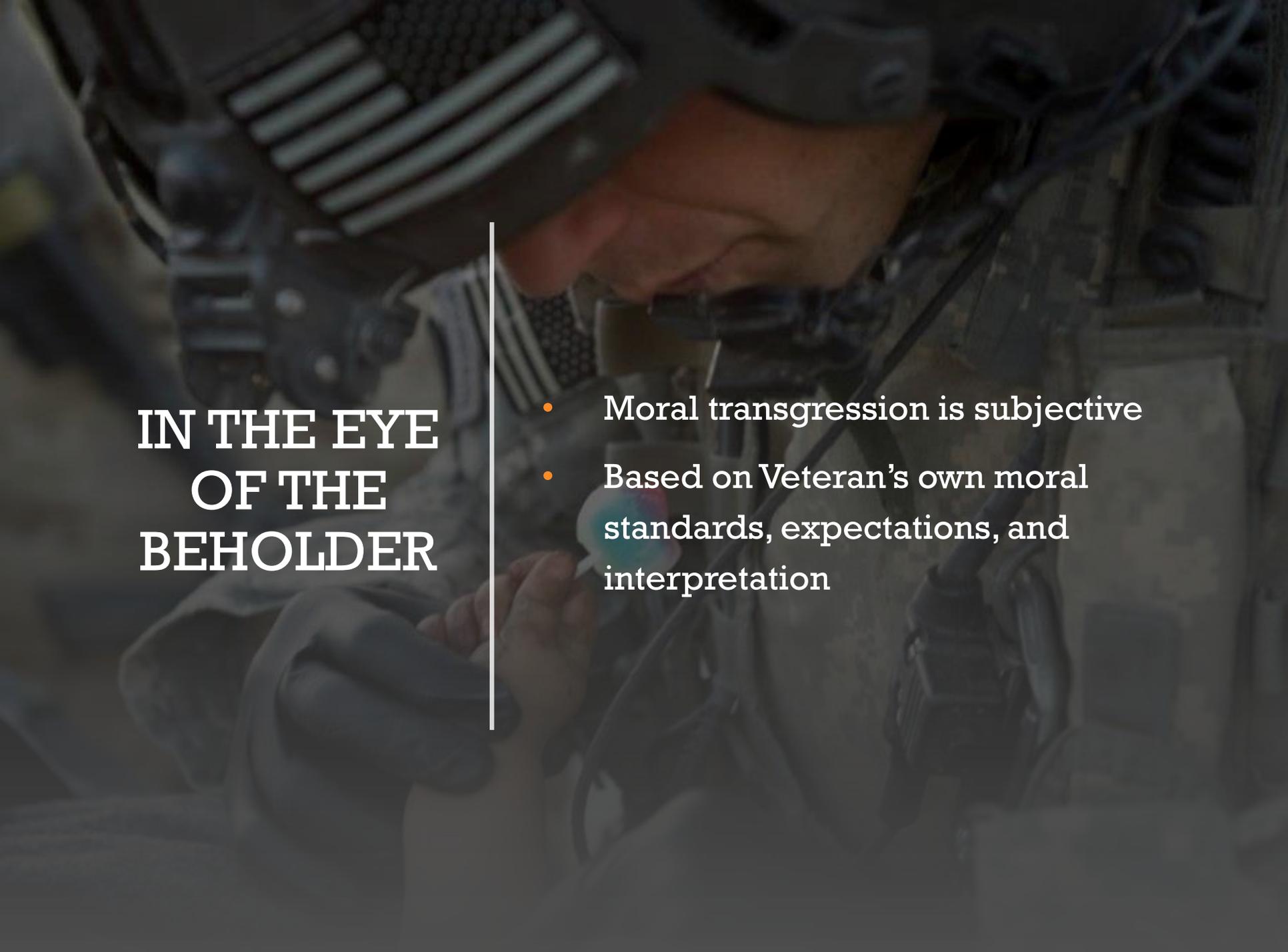
# MORAL INJURY DEFINITION

Harm caused by “perpetrating, failing to prevent, witnessing, or learning about actions that violate deeply held moral beliefs and expectations “



## ELEMENTS OF MORAL INJURY

- There is a “betrayal” of what is (perceived as) “right” (Shay, 1994).
- The action violates moral, religious or military standards (deeply held beliefs, values and expectations).

A close-up, high-angle shot of a soldier wearing a helmet and a uniform with an American flag patch on the shoulder. The soldier is looking down intently at a small, light-colored object held in his hands. The background is blurred, suggesting an outdoor setting. The overall tone is somber and reflective.

# IN THE EYE OF THE BEHOLDER

- Moral transgression is subjective
- Based on Veteran's own moral standards, expectations, and interpretation

# MODEL OF MORAL INJURY



# SOURCES OF MORAL INJURY

- Acts of *betrayal* by peers, leaders, or self
- Out of proportion violence toward others
- Death or harm to civilians
- Violence within military ranks
- Hiding what you know or failing to report
- Inability to prevent death or suffering (includes medical & first responders)
- Perceived “errors” or “mistakes”

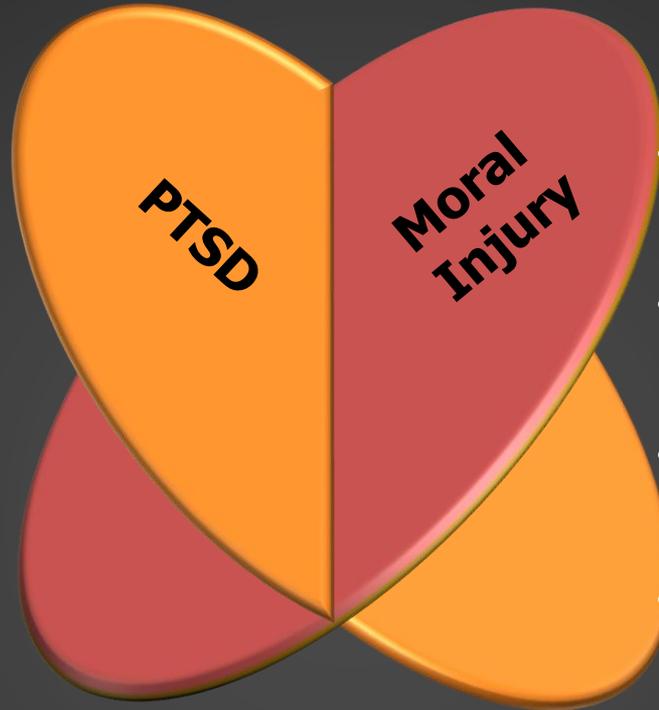
Resulting in ethical dilemmas or moral conflicts



# Moral Injury Overlaps with PTSD

## PTSD

- Avoidance out of concern for safety
- Isolation due to hypervigilance
- Thoughts about world not safe
- Anger/irritability due to fight-flight



## Moral Injury

- Avoidance out of lost hope, disillusionment
- Isolation due to feeling "unworthy"
- Thoughts that world should be safe
- Anger/irritability due to moral outrage

**OVERLAP IN SYMPTOMS  
DIFFER IN MEANING  
(not mutually exclusive)**

# AFTER VETERANS COME HOME

- Removed from war context
- Not with buddies/unit
- With family/friends who don't understand
- Veteran analyzes and no longer understands or approves of own actions

Ronnie Janoff-Bulman, "Shattered Assumptions: Toward an Understanding of Trauma,"  
Presentation to VA Chaplains, April 9, 2013

# MULTI-DIMENSIONAL MORAL REPAIR

- **BODY:** Sleep, Eating, Stress, Exercise, Brain
- **MIND:** Emotions, Guilt, Distorted Thinking
- **COMMUNITY:** Connecting with Others
- **SPIRITUALITY:** Meditation, Forgiveness, Beauty/Nature, Prayer, Higher Power/God
- **Collaborative Effort with other Disciplines**
  - Post Traumatic Clinical Team (PCT) (Psychiatrist, Psychologist, LCSW, Peer Support) help identify, treat, and refers veterans to the Chaplain
  - High Risk Committee – helps identify individuals in distress and at risk for suicide

# SPIRITUAL COMPONENTS

- Connect with and access their own unique spirituality or higher power
- Serenity Prayer: accept what you can't change, change what you can, know the difference; acknowledge the ways you have hurt others or yourself
- Confession, Compassion & Forgiveness (divine, other and self)
- Restore your sense of worthiness

# THE PANDEMIC & THE VETERAN

## STORIES FROM THE VETERANS

- Anecdotal evidence of impact:
  - Increased interest from Veterans for spiritual support
  - Increased referrals and consults from PCT
  - Group attendance has doubled and waiting lists for most groups
  - The factors above suggest veterans are having a difficult time coping with the COVID-19 and the inability to distract themselves from their intrusive debilitating thoughts.

# THE PANDEMIC & THE VETERAN

## STORIES FROM THE VETERANS

### Art 32 years old – OEF Army Veteran

- “I felt like I was in a combat zone without a weapon...” (Disorienting\feared)
- “I was avoiding to the point where I wrapped the rope from the flagpole around my neck.”
- “I ran up to my Dad like a Drill Sergeant and got in his face. I live with the shame of balling up my fist at my dad.” (Angry Outburst)
- “My symptoms have been very intrusive throughout the pandemic.”
- “The inability to go to my normal places has impacted me. I would escape at school and the library, but since the pandemic I am just grateful to have graduated.” (Avoidance)
- “I am now leaning into my trauma and looking for outlets to keep myself productive in looking for meaningful work to cope during the crisis.”

# THE PANDEMIC & THE VETERAN

## STORIES FROM THE VETERANS

Bill – 67-year-old – Vietnam Veteran (Navy)

- “I should have stuck to my guns.”
  - Bill, charged with ensuring no one left the safety of the ship during a storm. He was overruled by his supervisor he allowed a sailor to exit and the sailor died in the storm. (*guilty and shame*)
- “All I do is sit in this chair. I can’t go anywhere (VFW, shopping, church). I used to have nightmares, but now I’m having daymares. I’m wide awake, but I’m seeing this young men I haven’t thought about in forty years. If I had stuck to my guns, he would still be alive.”
- “I can’t distract myself anymore, so I’m thinking more about this stuff all the time.”

# THE PANDEMIC & THE VETERAN

## STORIES FROM THE VETERANS

Jay – 56-year-old – Gulf War Veteran

- “Lack of interaction with other people causes me to spend more time reflecting on things.”
- “I believe my symptoms have grown exponentially over the past year. I'm having more dreams that center around being helpless. I think these dreams are increasing due to my real-life symptoms of feeling helpless to control many aspects of my life.”
- “The absence of distractions (bars, malls, movies...) has increased my depression.”
- How are you coping during this health care crisis? “I'm using a lot of the tools I've learned through the sleep improvement classes as well as the meditation classes. They have been helpful. I am also consciously focusing on being thankful for at least three things every day.”

# WHY INVOLVE CHAPLAIN OR LOCAL CLERGY?

- Specialist in guilt, shame, forgiveness, restoration, community, and ritual
- Moral/ethical authority
- Representative of the Divine
- Less stigma than a mental health provider



# CHAPLAIN'S INDISPENSABLE QUALITIES

- Non-judgmental
- Non-anxious
- Compassionate
- Empathetic
- Patient with struggle
- Transparent (appropriately)
- Engaging where they are



# PASTORAL CARE IDEAS

- Active listening
- Normalization
- Making space for mourning
- Guiding in meaning making rituals
  - Confession/repentance/making amends
- Reintegrating into community
  - How can they serve or contribute to their community?

# QUESTIONS/COMMENTS?

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