

# Broadening the Definition of Moral Injury: Ethical Implications for Clinical Practice

In this episode Dawn Hood-Patterson will talk with Joshua Morris, MDiv, PhD, BCC about moral injury. Dr. Morris will expand the definition of moral injury, once reserved for use with military personnel and service members, into healthcare and clinical settings. Dr. Morris will highlight way in which moral injury nuances our understanding of traumatic experiences. He will help us, fellow clinicians and the larger public, better honor the experience of those encountering moral injurious events.



Featured Speaker:

**Joshua Morris, PhD, MDiv, BCC**

Josh Morris is the Assistant Director of Spiritual Services at Children's Mercy Hospital. He has served in pediatric chaplaincy for over a decade including as a Staff Chaplain at CMH and as the Pediatric Staff Chaplain at Long Beach Memorial Medical Center/Miller Children's Hospital, Long Beach, California. He is a Board-Certified Chaplain through the Association of Professional Chaplains. He is a graduate of the University of Missouri—Kansas City (B.A.), Fuller Theological Seminary (M.Div.), and Claremont School of Theology (M.A. and Ph.D.). He has served as an Army Reserve Chaplain since 2008, including one deployment to Afghanistan in support of Operation Enduring Freedom. He is the author of numerous peer-reviewed journal articles and the book *Moral Injury among Returning Veterans: From Thank You For Your Service to a Liberative Solidarity*.

Transcription:

**Dawn Hood-Patterson, PhD, MDiv (Host):** Welcome to the Pediatric Ethics Podcast from the Bioethics Center at Children's Mercy, Kansas City. My name is Dawn Hood-Patterson. I will be your host. For this episode, we welcome Reverend Joshua Morris PhD. Dr. Morris is the Assistant Director of Spiritual Services at Children's Mercy Hospital. He has served in pediatric chaplaincy for over a decade, including as a Staff Chaplain at Children's Mercy and as a Pediatric Staff Chaplain at Long Beach Memorial Medical Center, Miller Children's Hospital in Long Beach, California. He is a Board Certified Chaplain through the Association of Professional Chaplains. Josh has served as an Army Reserve Chaplain since 2008, including one deployment to Afghanistan in support of Operation Enduring Freedom.

He is the author of numerous peer reviewed journals and articles and the book, *Moral Injury Among Returning Veterans; From Thank You For Your Service to a Liberative Solidarity*. With Dr. Morris's background and experience, he is well positioned to help us think more critically and deeply about the topic of moral injury and how this idea applies within healthcare context. Thank you for being with us today, Josh.

**Joshua Morris, PhD, MDiv, BCC:** Thank you so much, Dawn. It's really an honor to be here.

**Host:** Well, let's just jump in with a few questions about some of your past work and your experience. I hope you can get us started by delineating the term moral injury. Where did it originate and historically, how or with whom has it been used?

**Joshua Morris, PhD, MDiv, BCC:** So moral injury is something that I sort of stumbled upon in my early days as an Army Reserve chaplain. I was starting a PhD program. At that point, I thought I was going to do doctoral work on post-traumatic stress. I found out in that first year of coursework that I was deploying and that sort of changed the way my research was developing and what I was thinking about.

So where moral injury emerges is in the early 1990s, through the work of a VA psychiatrist named Jonathan Shea. So Jonathan Shea, had been working with Vietnam veterans and in his work with Vietnam veterans in these like traditional group setting of therapies, you know, he kept hearing this phrase, what's right, like what's right, kept coming up for him.

So he kept to explore like what is it about these groups or what is it about the war in Vietnam that was causing these themes to come up?

And so from that, merging into the 1990s, he starts to think about war wounds. So he had been reading about post-traumatic stress, but then thinking about what happens when what's right is violated. And so in the early nineties then his kind of how we say, he coined the definition of moral injury as a betrayal of what is morally right by someone who holds legitimate authority in a high stake situation. So there's like a threefold definition going on. And so that's in the early nineties and not much happens with the definition for about 20 years.

And so then early on in the wars in Iraq and Afghanistan, as those early generations were coming back, a new definition was emerging of moral injury where instead of it being a betrayal by somebody; this now becomes about the perpetrating or the failing to prevent these deeply held moral beliefs, thus expectations. So the literature really originates in the veteran and service member population, and that's where it's been for, you know, this first generation of research.

**Host:** Yeah, that's really interesting and I know that that's one of the things that we're going to be talking about today is, is how this research kind of emerges into perhaps some new arenas or institutions or, or scenes. To kind of build upon how we're thinking about this conversation today, I was hoping that you could help delineate a little bit better, because many in healthcare settings have heard of the term moral distress, and I was hoping that you could help differentiate between moral injury and moral distress. Help us to understand, maybe places where they overlap or where they're different.

**Joshua Morris, PhD, MDiv, BCC:** I appreciate that you say that there's an overlap cause you're right that these two terms were kind of developing sort of simultaneously, like in the early 1990s in the nursing literature, we get those initial framework of moral distress. That there's this feeling of like a complicity and wrongdoing that as a healthcare worker, that we have a lack of a voice, that there's this wrongdoing associated with professional values. So that I think is important as a caveat, is it's professional, not necessarily personal values. And then there are like these root causes and moral distress, and whether that's at the patient level, you know, like as a nurse maybe that you are, you're providing care for a patient. This family is demanding an overly aggressive treatment that you don't think is ethically right. Maybe it's at the unit level, like the team level, like here at within like a pediatric institution. Maybe you're working in the pediatric intensive care and you feel like the communication and the leadership are doing things that are conflicting with your professional values.

And then there's this third level of like a system level that you feel that the hospital administration or the bigger system is the one that's working against your values. And so there is a difference. There are a lot of similarities. Like there's almost like, there's like an entanglement between moral distress and moral injury of like well, what's the difference? I mean, are they interchangeable? I think in some senses they can be interchangeable, but I think there are important distinctions of moral injury over moral distress that I, I think it's an important thing to like kind of have in our toolbox as caregivers as we're thinking about what it is that either we're going through or that our staffs are going through.

And so I think for me as a chaplain in particular, that I think, moral injury brings in like a broader conceptualization that includes the violation of our personal, moral and our spiritual beliefs. What are we saying in those moments where we feel the things that we hold to spiritually are being betrayed in moral injury? Like it, it gives language to have an honest conversation about multiple commitments. Like what you're doing in this situation feels wrong, but then when you go home you're like, I don't know if that was wrong. And so this initiating in the combat literature, in the war literature is so important because those things you do in war that you're told

are the quote unquote right thing to do, when you come home, they're not the right thing to do. And so you have this dissonance between them, these moral orienting systems, and trying to reconcile those things back at home. And so those are some of the differences that I see.

**Host:** So this may be too simplistic of a summation, but it almost seems like within the context of moral distress, it really is paying attention to our sense of morality and what is right to use to borrow language from the moral injury camp, within the professional realm. But then what you're suggesting is that moral injury brings to the conversation a lot of similar or overlapping tools, but that it really takes into account some of the ways that it impacts us personally or spiritually. Is that one way to kind of summarize the overlaps?

**Joshua Morris, PhD, MDiv, BCC:** Yeah, that's really helpful. That's really well said, I think.

**Host:** I feel like I hear these two terms, but I'm, I'm always a little bit wondering where, where they reside and how the conversation differentiates or how it overlaps. And so I appreciate you helping to explain that and expound upon that. You had a recent article that came out, *Contours of Care and Community*, and you say that moral injury is quote, "living with and reconciling traumatic experiences." And you say that on page two. What do you mean by this? What do we learn about traumatic lived experiences when viewed through the lens of moral injury?

**Joshua Morris, PhD, MDiv, BCC:** Yeah, I think one of the things I've been thinking about with moral injury especially, which I, I'm sure we'll get to in a moment, of how these things impact us within healthcare. It's thinking about that these experiences we have, it's trying to find a way as a caregiver that when I'm talking to people, it's normalizing the experience, that you bring these things with you into the way you provide care. You bring these things with you into your relationships and into your self-care. And so like, it's not that you just like can immediately treat these things and then you're quote unquote, healed. You're living with and reckoning with you're a new person, on the other side of these traumatic experiences. And so how are you making space for that and how are you caring for yourself in the event of what it is you've gone through? Cause I think for many of us through the pandemic, it was, it felt like moral injury because it was now the thing that is doing the infecting, we can bring that home with us. And so we're reconciling and trying to figure out like, where's my professional, like where's my own personal boundary of the care I provide when now I might be infecting my family back home. I might be responsible for bringing that to you know, an immunocompromised parent maybe. And so it's normalizing and being able to name the things that are going on beyond the surface that I think help people have some empowerment in moving towards healing.

**Host:** So what you're really saying then it seems like is that owning the fact that sometimes there's overlap between our professional spaces and our personal or home life spaces and having a way of working through or imagining life where these spaces intersect and overlap and not always having to find room to put them in different silos, so to speak.

**Joshua Morris, PhD, MDiv, BCC:** Yeah. Cause overlap works. I mean, it's maybe it made us aware of something that we've been not thinking about, but has always been present in the caregiving relationship. But these overlap of spaces, has always been there. Like we're always impacted and affected by this mutuality of the caregiving relationship. And so, moral injury was a way to, or is a way to think about that relationship in new ways.

**Host:** Yeah, cause I was taken by the fact that in your writing, it seems that you were starting to expand the scope of moral injury asking, is it really just something that lives within these military experiences? And it seems to me that you're saying that it really isn't that,

it is starting to find its way into other spaces. Are there cautions that we need to take whenever we start moving it out of the discipline of the military experience?

**Joshua Morris, PhD, MDiv, BCC:** For me, I had wanted to keep them separate for a long time, and then those initial months of COVID and the lockdown and just everything we were experiencing as people, it felt like that original definition from Jonathan Shea, like it felt like there had been a betrayal of what is morally right in these high stake situations by people in authority. It felt like the betrayal language for me, made sense and it didn't feel like it was trivializing to the experience. I did feel like I could say this feels morally maybe even potentially morally injurious in similar ways as the combat experience because there was this feeling of feeling helpless and feeling betrayed by those who, who we placed our trust in to be able to get through this, this early months of not having enough PPE. Or for physicians and nurses who were deciding who was going to get a ventilator or who was going to get extra layers of care that we are put in these situations to make decisions where that betrayal language. I think it really helps and I think it helps normalize that you're not alone when you're feeling those things. That there is something else bigger maybe that's going on at a human level that we can all kind of band together in this.

**Host:** Yeah. Cause it really seems like you're speaking about, you know, you use the term someone in authority, these authority figures or even institutions or systems. And it seems like you're pointing to multiple layers of systems. Not only something where it could be, you know, departmental or institutional, but it could also be something that is on like a national or a social level in which there's a sense of betrayal around particularly the context of what you were describing around COVID-19 and the pandemic.

I was wondering, you spoke about this briefly and I wanted to open up the opportunity to say more if you have more to say, but you initially were speaking about the COVID-19 pandemic and how there was this infection that you could potentially bring home to immunocompromised parents or someone in, a loved one in your family or that you lived with. And then you also spoke about having to make decisions related to ventilators and PPE. Are there other ways in which the concept of moral injury frames the discussion around the traumatic experiences faced by healthcare workers in clinical settings or during the COVID-19 pandemic? Are there other things that surface as you reflect on this era of COVID-19 that we are slowly emerging from or other experiences within the healthcare setting?

**Joshua Morris, PhD, MDiv, BCC:** I do, I found an overlap. So when you mentioned the title of my book, the subtitle is from Thank You for Your Service to a Liberative Solidarity. And what I was thinking about in those contexts, in the military context is when the book was published, we had been in Iraq and Afghanistan for 20 years. And so we talk about appreciation and thanking veterans for their service. And it felt to me that I wasn't sure what the appreciation was doing, like if we were moving our military, like out of these wars, like what were we actually saying? And so then when I think about COVID and I think about institutional responses, so maybe beyond the conversation of PPE, beyond the conversation of ventilators, but on staff support. Like how are we taking care of our staffs who are truly on these front lines dealing with this, you know, like when we have pizza parties or when we have little breaks to breathe deeply that aren't attending to like the systemic challenges that our staff members are facing; it can feel like a betrayal cause it can feel like it's a bandaid over a knife wound.

Like this isn't doing anything to truly move us through this with grace and healing, but it's kind of papering over the cracks of a system that betrayed us on the one sense and now is, is betraying us in new ways. So the moral injury literature, I hope going back to its initial roots can have like a broader critique of the way we move and operate within systems, the way

we are within city government and like all the way up to like a federal government that's a little bigger than this conversation, I think.

**Host:** So what you're saying is that the moral injury literature can really help us think about how it goes beyond just the day-to-day work that we have here in the in the hospital or in the clinic; and start to think of it outside of the walls of the hospital, how we take care of self, others, and community beyond that scope. Is that somewhat what you're saying?

**Joshua Morris, PhD, MDiv, BCC:** Yeah, it has to. I mean, cause I think that that's where so much of the pain and the isolation is because I can remember those early, maybe the first year, you know, like when the vaccines first started to become a reality for us, that we would leave work, we would be here for eight or 12 hours. We'd have all the PPE, you know, you'd be wearing N 95 and gloves and gown, and then you'd leave and you'd be having conversations about the efficacy of masks or you'd be having, having conversations about the politics around vaccines. And there was such a cognitive dissonance of what you were seeing every day in your clinical setting and then what was happening outside these walls.

And so I hope that moral injury like gives us the courage and the ability to say that there has been a betrayal and like we can stand in that gap and do something about it.

**Host:** So is it a matter of truth telling, or is it a matter of advocacy or is it a little bit of both? Or is there something else that you see happening as a result of engaging with moral injury kind of on this contextual or social level?

**Joshua Morris, PhD, MDiv, BCC:** I feel like my answer is yes, I feel like it, because it is about truth telling it also about telling the story. We've all been in those conversations where I don't think you're necessarily going to convince anybody sometimes with just rattling off facts, but it's the telling of stories. And I think that's one of the coolest parts about being a chaplain is we exist in these spaces where we are processing these stories, we're living these stories, and so we can tell the narrative of like what is really going on, that it is not a coverup, it's not some government conspiracy that there are real people experiencing real trauma, real pain in these walls.

And so like, to be able to like flip the script is I think it's a journey instead of just trying to convince people with statistics. Cause if that was the case, I think we would've already had this conversation. It would've ended differently. But, facts aren't necessarily moving us forward.

**Host:** So it's really putting kind of the flesh and bones on the statistics that you hear building it out as lived experiences or lived stories, like what we talked about. Are there other obligations that we have to pay attention to moral injury? Is it a part of being a moral person? Is a part of being moral health caregiver?

**Joshua Morris, PhD, MDiv, BCC:** I think so. Cause I think once, if you use it like a paradigm or like you start to think about it as a lens, I think it opens up other ways to see other there opportunities to see where we're traumatizing communities. I think the moral injury literature helps us outside of a traditional clinical setting, but out in the community, whether that's with police brutality, in the murder of you know, black and brown bodies, that moral injury gives us a way to think about the betrayal of institutions that are supposed to be protecting and serving. But for certain communities they're not doing that. And so I think moral injury gives us the courage, the moral courage to step up and to offer a critique of that, like in solidarity with those communities.

**Host:** Yeah. And then kind of what you said at the beginning, not only is a critique, in a sense of solidarity, but then it's also

a way of dealing with the spiritual and the personal or emotional issues that arise when we see these issues of injustice pop up as well.

**Joshua Morris, PhD, MDiv, BCC:** Yeah. Well said.

**Host:** I was wondering, Josh, if there are other things about moral injury within the context of healthcare that you would like us to know about or think about?

**Joshua Morris, PhD, MDiv, BCC:** There's a way through.

Critique is helpful and critique is important to kind of shine the light on stuff. But as a chaplain, as a care provider, like there's a due element too, you know, like, well, how do we do things differently, maybe at the individual level or at the unit level or the system level, that I think there's like an externalization that the moral injury literature, if it's so much about how we internalize trauma or how we internalize shame or guilt, that moral injury gives us the language to get that story out, to externalize it, to externalize the event, to think about what you've been asked to do, to create an image, a collective ritual with your, your unit here at the hospital. What might a guided meditation look like with your unit?

Like, it doesn't necessarily have to be overtly spiritual, but there are interventions to get through this together as a people that I think is helpful to think about instead of just pointing the finger and saying we've been betrayed. We've been betrayed. But now it's like how are we going to move through this together on the other side of whatever healing looks like from this?

And so I think that's what just recognizing how slowly that might take, but how to be a presence amongst your staff and with yourself.

**Host:** That's really helpful. I really appreciate the fact and the wisdom that you have in pointing out the fact that we can raise critique and we can dissect what may be happening and we can point to different ways in which we have injuries because of different interactions that we have within healthcare systems. But the fact that you're reminding us that there is something hopeful and something that can be done in the midst of these instances that can cause injury and cognitive dissonance. Josh, I really appreciate you taking time with us today to think through how the literature and how the history of moral injury comes to bear within the healthcare system. Thank you so much for your time today.

**Joshua Morris, PhD, MDiv, BCC:** Yeah. Thank you again for the invitation in this really rich conversation. I appreciate it, Dawn.



