

## On PTSD, Moral Injury and Suicide, Part I: Understanding the Fundamentals

*Shame is a soul eating emotion.*

*C.G. Jung*

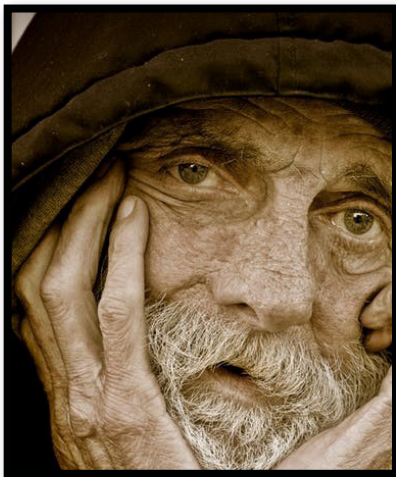
*"In my view, suicide is not really a wish for life to end."*

*"What is it then?"*

*"It is the only way a powerless person can find to make everybody else look away from his shame. The wish is not to die, but to hide."*

*Orson Scott Card, Ender's Shadow*

## PTSD, Moral Injury and Suicide: An Introduction



Post traumatic stress disorder (PTSD) is a mental health challenge that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It is a diagnosable condition with specific treatment options that are evidence-based. In contrast, moral injury is not a diagnosable condition. It is a construct that describes extreme and unprecedented life experience including the harmful aftermath of exposure to such events. Events are considered morally injurious if they "transgress deeply held moral beliefs and expectations". Thus, the key precondition for moral injury is an act of transgression (which can include betrayal), which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth (National Center for Post traumatic Stress Disorder). The shattering of these beliefs can lead to a long-term sense of guilt, shame and unworthiness.

Visit <https://www.patientcare.va.gov/chaplain/clergytraining/webinars/index.asp> to access webinar recordings related to PTSD, moral injury and suicide prevention.

The Community Clergy Training Program Digest is a publication of the Veterans Health Administration (VHA) Office of Rural Health (ORH) and National VA Chaplain Center "Rural Clergy Training Program." For more information, contact: Jim Goalder, [jim.goalder@gmail.com](mailto:jim.goalder@gmail.com)



PTSD and moral injury are different conditions but they are often found together. Both PTSD and the guilt and shame commonly associated with moral injury are related to both suicidal thought and suicide attempts. This newsletter will further explore the relationships among PTSD, moral injury and suicidal thought and behavior and suggest some courses of action for those working with suicidal Veterans.

Below, is a list of contents so you can quickly find content that would be most useful to you.

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**Why This Newsletter Should Matter to Clergy**

The Community Clergy Training Program (CCTP) has only been assessing clergy experience with moral injury for the past few years through its training evaluation. We asked the following question to training participants:

*“Do you feel prepared to minister to Military/Veterans with difficulty with moral transgressions made during war?”*

Sixty percent of our training participants who responded to surveys in Fiscal Year (FY) 2015 did not feel well-prepared to assist Veterans in dealing with moral injuries. Yet instances of moral injury are hardly rare in the offices of rural clergy. Results from the FY2014 surveys when we asked about frequency of issues seen by rural clergy indicated that moral injury was the fifth most common issue seen.



The order of problems presented to rural clergy was as follows:

1. marital and family problems,
2. grief and spiritual concerns related to military service,
3. problems with alcohol or drugs,
4. problems related to anger or violence, and
5. difficulty with moral transgressions made during wartime.

But that finding may hide an important truth. Recall that personal moral transgressions are often the last disclosure made by Veterans due to the very personal or shameful aspects of the injury. Moral injuries are most often seen through their impact in other intrapersonal or behavioral areas. Research shows some of those interpersonal areas: marital and family problems, grief and spiritual concerns related to military service, problems with alcohol or drugs, and problems related to anger or violence.

Notice that these areas commonly impacted by a moral injury are identical to the most common issues seen by clergy. It is quite possible that moral injury often underlies these more commonly seen issues. Effective help with moral injury may touch the source of many of these more commonly presented problems.

*Questions to consider:*

1. *How comfortable are you in dealing with each of the varying causes of moral injury, including betrayals, abusive violence, collateral damage, within-ranks violence and lethal force? With which of these do you have the most experience? The least experience?*
2. *Suppose a warrior's husband has disclosed to you that he and his wife are having marital troubles that include lack of intimacy and explosive anger, absent before her deployment. He also mentions that other unit members with whom the warrior was emotionally close were killed in a friendly fire incident. The warrior has agreed to see you. How will you approach helping this couple?*
3. *Considering your own personal and professional experiences, what problems do you anticipate in your work with this couple? Moral injury often results in a myriad of other difficulties including emotional and behavioral problems. To whom could you refer this warrior if mental health resources are needed? To whom could you make a referral for marital issues?*


## Deepening Understanding: PTSD, Moral Injury and Suicide

Older research has shown a clear relationship between severity of PTSD symptoms and both suicidal thought and suicide attempts. Other research has suggested more complex relationships. Hendin and Haas (1991), for example, found five factors related to suicide attempts with Vietnam Veterans: guilt about combat actions, guilt associated with surviving when friends did not (survivor guilt), depression, anxiety and severe PTSD. Combat guilt (e.g., guilt from killing women and children) was the most significant predictor of suicidal thought and suicide attempts.

More recently, Bryan and her research team have further explored these relationships. Bryan et al, (2013) found that higher levels of guilt and shame were associated with increased severity of suicidal thought among active duty military personnel in mental health treatment. Sense of guilt was the stronger of the two factors. A second study's data (Bryan et al., 2015) suggested that sense of guilt may increase the risk of suicide among suicidal military personnel with depression and posttraumatic stress. In 2014, Bryan et al. considered three aspects of moral injury: transgressions committed by others (e.g., seeing another person kill a captive), transgressions by self (e.g., personally killing a captive) and perceived betrayal (e.g., being



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ordered to kill a captive). Her team studied 151 active duty personnel and found that transgressions by self or witnessing transgressions by others were significantly higher among those with a history of a suicide attempt when compared to personnel with suicidal thought but without an attempt. Finally, Bryan et al. (2015) studied the effects of self-forgiveness (see definition under the Practical Pastoral Tips section of the next issue of the Community Clergy Training Program Digest – August 2019) on factors known to be related to suicidal thought and behavior. A measure of ability to forgive oneself was associated with reduced severity of PTSD symptoms and was lowest for military personnel and Veterans who had made a suicide attempt. Self-forgiveness also predicted the difference between those who only had suicidal thought versus those who had made suicide attempts. The authors concluded, "...self-forgiveness may reduce risk for suicide attempts among military personnel and veterans with a history of suicide ideation."

So what does it all mean? While it is early to draw firm conclusions about this research, it appears at this point to suggest several things.

1. PTSD and depression are associated with suicidal thought and attempts.
2. An important underlying factor in the relationship between PTSD and suicide is guilt and likely shame.
3. The strongest guilt related to suicidal thought and attempts of a Veteran is that associated with transgression committed by the Veteran or witnessed by the Veteran.

4. Instruction in and practice of self-forgiveness may reduce risk for suicide attempts among Veterans with suicidal thought.

*Questions to consider*

*1. We all experience guilt and shame during our lives but not necessarily the powerful emotions experienced by those in combat. Consider your own experiences with shame and guilt. How was your own life disrupted during that time? What was its effect on others in your life? Did you think about self-injury at that time? What helped you to lessen or resolve your sense of guilt and shame? In considering your own experience, what can to learn to help others who are experiencing guilt and shame?*

*2. One thought about moral injury is that it can change a person's world view, the set of beliefs about the world and how it operates. Think again about your own experience of shame and guilt. During that time, were there challenges to the things you believed about people, good and evil, or how the world operates? In considering your own experience, what can to learn to help others who are experiencing guilt and shame?*



Want to know more?

Bryan, A. O., Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2014). Moral injury, suicidal ideation, and suicide attempts in a military sample. *Traumatology*, 20(3), 154-160.

Bryan, A. O., Theriault, J. L., & Bryan, C. J. (2015). Self-forgiveness, posttraumatic stress, and suicide attempts among military personnel and veterans. *Traumatology*, 21(1), 40.

an, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2013). Guilt, shame, and suicidal ideation in a military outpatient clinical sample. *Depression and anxiety*, 30(1), 55-60.

Bryan, C. J., Roberge, E., Bryan, A. O., Ray-Sannerud, B., Morrow, C. E., & Etienne, N. (2015). Guilt as a mediator of the relationship between depression and posttraumatic stress with suicide ideation in two samples of military personnel and veterans. *International Journal of Cognitive Therapy*, 8(2), 143-155.

Hendlin & Hass, 1991:

[https://www.researchgate.net/profile/Herbert\\_Hendin/publication/21138169\\_Suicide\\_and\\_guilt\\_as\\_manifestations\\_of\\_PTSD\\_in\\_Vietnam\\_war\\_veterans/links/09e41500ed0316f495000000.pdf](https://www.researchgate.net/profile/Herbert_Hendin/publication/21138169_Suicide_and_guilt_as_manifestations_of_PTSD_in_Vietnam_war_veterans/links/09e41500ed0316f495000000.pdf)

## **Betrayal and Moral Injury: A Transgression of Military & Cultural Norms**

“In 1968, I was stationed between a mountain and a hillside. The compound was about the size of a half a football field. Some of our drug-using comrades launched an attack on our CO [commanding officer] and bunker. At night, they flipped the generator switch and threw grenades between the officers’ and NCO’s [non-commissioned officers] bunkers. No one was injured because they couldn’t get the grenades in right. But by the grace of God, no one was hurt. I only heard three grenades.”

“The thing with that was initially when it happened, you go into denial. You go through so many changes thinking it couldn’t happen. Someone could have been in the latrine and been injured. You were in danger of losing your life from your own men.”

### *Questions to Consider*

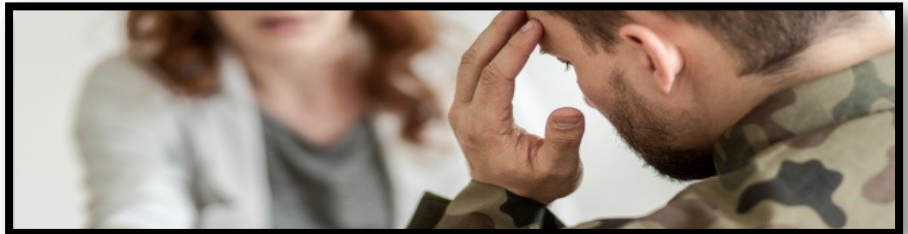
1. *“Moral injury is not merely a state of cognitive dissonance, but a state of loss of trust in previously deeply held beliefs about one’s own or others’ ability to keep our shared moral covenant” (Nash & Litz, 2013). Apply the idea of a “shared moral covenant” to this unit and to military units in general. What might you expect as elements of a shared moral covenant in a military unit? How important is a shared moral covenant to the welfare and functioning of a military unit? Why?*
2. *The speaker mentions denial. Why do many of those dealing with incomprehensible events experience denial? In the above description, do you think denial is healthy or unhealthy in the short-term? In the long Term? Why?*
3. *The following are changes often found with moral injury: social withdrawal and alienation, loss of trust in morality, loss of meaning, loss of religious faith, depression, anxiety, anger, and feeling damaged. Which of these common changes would you suspect this man might grapple with during his remaining time in Vietnam? How might such changes be translated into his later life as a civilian?*

## Practical Pastoral Tips: Reducing the Risk of Suicide

### Individual Interventions for PTSD, Depression and Potential Suicide

With many Veterans suffering with PTSD, depression and/or moral injury and suicidal ideation, there are many options for reducing the likelihood of suicide in the longer term. In this section, we will briefly review several practical means of reducing that likelihood by reducing symptoms of PTSD, depression and moral injury. These interventions could be initiated through a referral to a professional working in mental health or initiated by clergy, either within a congregation or a community. This section focuses attention on longer-term solutions for suicidal Veterans, solutions to be introduced after stabilization. They are meant to reduce suicidal thought and to decrease the likelihood of suicide attempts in the future.

Telling the story (depression, PTSD, moral injury, suicide): “It’s like pain and sorrow mixed with each other, and yes, it does make you want to cry and sometimes even throw up. Intellectual too because every time you look at what you did wrong you think ‘Wow... I was stupid to do that.’ You’d always think back on the situation and feel that if you were able to, you’d try and change the way you acted or did something. It will make you feel like your mind is going to explode, and you go over the situation over and over again in your head and think of better ways you could of gone around the problem. With me it feels like a bunch of moths are eating at my insides, and that I HAVE to tell someone or the moths will just keep eating until I become delusional. And then when I do tell someone the misery of it, well the worst part is gone and I can think clear again.”



There can be great therapeutic gain in allowing a Veteran to tell his or her story, particularly when he or she is distressed about trauma-related experiences. Clergy can be a trusted ear that simply hears emotional pain, quietly examines its meaning and dynamics and helps re-interpret events in healthier ways.

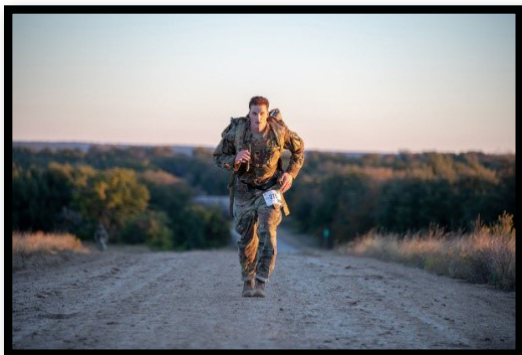
Treatment for depression: There exist both evidence-based psychotherapies and medication therapies that have been shown to be effective for depression. Accessing these therapies is a matter of a referral as they have been shown to benefit through the work of well-trained professionals.

Want to know more? <https://www.mentalhealth.va.gov/depression/index.asp>

Yoga for PTSD and depression: Various forms of yoga have demonstrated effectiveness with individuals diagnosed with PTSD and with depression. Yoga training is today available in many communities through the United States. Many have specialty yoga for Veterans.

Want to know more?

[http://www.enlightensatori.com/uploads/5/6/8/3/5683956/yoga\\_adjunctive\\_treatment\\_ptsd\\_v0001.pdf](http://www.enlightensatori.com/uploads/5/6/8/3/5683956/yoga_adjunctive_treatment_ptsd_v0001.pdf)  
and [http://www.asianjournalofpsychiatry.com/article/S1876-2018\(08\)00055-5/pdf](http://www.asianjournalofpsychiatry.com/article/S1876-2018(08)00055-5/pdf)



Exercise for depression: Regular exercise has been found to reduce depressive symptoms associated with suicide and some PTSD symptoms and is a well-known activity to Veterans.

Want to know more?

<http://www.eptstrategy.com/documents/Effects%20of%20Physical%20Exercise%20on%20Anxiety-Depression%20&%20Sensitivity%20to%20Stress-A%20Unifying%20Theory.pdf>

Therapy for PTSD symptom management: There exist several evidence-based practices for the reduction of PTSD symptoms

related to suicidal thought and attempts. This approach would require a referral to a qualified professional.

Want to know more? <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047000/>

Life meaning: Meaning in life has long been suggested as a protective factor related to reduced risk of suicide while intense mental pain (as with depression, PTSD and moral injury) has been proposed as a factor that increases the risk of suicide. Support that assists Veterans with finding life meaning after the loss of a military identity may decrease the likelihood of suicidal thought or attempts. Increased life meaning coupled with a reduction of intense mental pain appears to offer one possible model for reducing suicide.

#### Questions to Consider

1. *Recall a major crisis in your life. How did the meaning of your life respond to the crisis? Were all the things you valued before still valued? Were your partner, children or friends a greater or lesser part of your meaning after the crisis? What emotional changes following the crisis contributed to changes in life meaning for you? How could you use your own experiences to help a Veteran who has lost his meaning following a crisis or after leaving the meaning of his military service?*
2. *Life meaning has been identified as a construct that has proven to affect many aspects of life positively. Why do you think that is true? How would you start a conversation with a Veteran whom you suspect as having a lessened life meaning than before her military service? Consider role playing a conversation at your table that would allow you to practice and also learn from others.*

Want to know more? [https://www.researchgate.net/profile/Eva\\_Gilboa-Schechtman/publication/9036373\\_Mental\\_Pain\\_and\\_Its\\_Relationship\\_to\\_Suicidality\\_and\\_Life\\_Meaning/links/567403fc08aee7a42745a7a4.pdf](https://www.researchgate.net/profile/Eva_Gilboa-Schechtman/publication/9036373_Mental_Pain_and_Its_Relationship_to_Suicidality_and_Life_Meaning/links/567403fc08aee7a42745a7a4.pdf)

#### Additional Questions to Consider

1. *Several of the techniques noted above require professional behavioral health expertise. Consider the use of both medication and psychotherapy as useful interventions. Professionals trained in military-related conditions are most effective. Who in your community could provide professional help with the management of depression or PTSD?*
2. *Consider yourself and the other professionals who are members of your community of faith. Who in your community of faith might be helpful with a Veteran's issues related to simply hearing his or her story, assisting with self-forgiveness, and helping with life meaning?*
3. *Is there free or inexpensive yoga in your community? If there is not, how might you intervene to start up a yoga intervention for Veterans? How might you influence a Veteran to try yoga for relief of his symptoms?*



4. *A Veteran’s perceived social support network is a powerful protective factor against suicide. How would it be possible to set up a Veteran support group in your community? Could you set up a place as an unstaffed drop-in center (e.g., coffee house) for Veterans? Or could you establish a safe meeting place for Veterans to come together on a regular basis? Who could lead and maintain with either of these plans?*

5. *Social support can also occur in houses of worship. How could you better prepare members of your house of worship for supporting Veterans?*

### Planning for Preventing a Suicide

These briefs include specific steps in thinking through and organizing a plan for individual Veterans who are considering suicide. They can be helpful for clergy working with Veterans and their families. It is well-written, simple to follow and well-thought out.

Want to know more? [www.mentalhealth.va.gov/docs/va\\_safety\\_planning\\_manual.doc](http://www.mentalhealth.va.gov/docs/va_safety_planning_manual.doc)

### **Next Issue of The Community Clergy Training Program Digest**

The next issue of The Community Clergy Training Program Digest will continue understanding of PTSD, Moral Injury and Suicide. It will expand the understanding of and options available to clergy into the social and relationship domains and will include simple interventions related to increasing social support, promoting forgiveness of self and others, and the exploring social aspects of life meaning.

Coming: August, 2019.

### **Next CCTP Webinars**

All spiritual people believe in virtues. They are the admirable qualities that are said to contribute to the goodness of life. But can these virtues make a significant contribution to the lives of individuals who have been traumatized? The remaining two webinars of this fiscal year will present research evidence that they can and also identify and describe specific interventions that have been successfully employed with those suffering from trauma.

Coming: June 18 and September 12, 2019:  
Both at 2:00PM Eastern.



The VA National Center for PTSD is dedicated to research and education on trauma and PTSD. Their website contains an area specifically for Veterans, the general public, family and friends to assist anyone who has gone through trauma or knows someone who has.

Website: <https://www.ptsd.va.gov>

For more VA resources, please visit: <https://www.ebenefits.va.gov>