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ARTICLE

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Toward a Spectrum of Moral Harm: A New Paradigm

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Abstract

Moral harm is the pain, anguish, or trauma experienced as a result of violations to one's value system. Researchers have analyzed the experience of moral harm through the lenses of moral injury among military personnel, and moral distress among helping professionals. Although both fields of research share similar frames of reference, the current project is the first known work to conceptualize moral injury and moral distress within the same theoretical model. The authors posit that moral injury and moral distress are experiences along a spectrum; both struggle and recovery can be understood within this context. Implications for ethical practice and future research are discussed.

Keywords: moral distress, moral injury, moral harm, ethical practice, burnout

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Moral injury and *moral distress* are overlapping constructs that address the nature and intensity of moral harm experienced after a violation of one's ethical code. In this context, moral harm may be broadly defined as the pain, anguish, or trauma individuals suffer after experiencing a violation of their value system. As noted in prior studies (e.g., Litz et al., 2009), this harm can be a result of one's own actions and inactions or bearing witness to the same by others. The prolonged and expanded impact of these ethical violations are only beginning to be recognized in the most recent generation of combat veterans in the Afghanistan and Iraq campaigns, and in other professions where individuals and groups are exposed to similar ethical dilemmas.

To this date, moral injury and moral distress have been studied in parallel research lines without an examination of shared subject matter. Research on moral injury increased exponentially in the past decade (e.g., Drescher & Foy, 2008; Drescher et al., 2011; Kopacz, Simons, & Chitaphong, 2015); the predominant focus being the experiences of U.S. service members and veterans in the Iraq and Afghanistan campaigns (Maguen & Litz, 2012). Simultaneously, research on moral distress took place among nursing and social work professionals worried about burnout and employee care (e.g. Austin, Bergum, & Goldberg, 2003; McCarthy & Deady, 2008). Papazoglou and Chopko (2017) theorized that police officers experience moral injury and moral distress, and that these two concepts share common ground. However, a comprehensive theoretical model of the constructs does not currently exist. This article briefly explores the roots of moral harm as viewed through a postmodern, sociocultural, and relational lens, and places the constructs of moral harm and injury on a shared continuum of experience entitled: *the spectrum of moral harm*. Ethical implications and ideas for real-world implementation are provided.

The Roots of Moral Harm

Research on the origins of morality in this century has focused on differing aspects of individual morality and the point of moral origination (c.f., Greene, Nystrom, Engell, Darley, & Cohen, 2004; Greene, 2015; Haidt, 2001; Moll & Schulkin, 2009; Ugazio, Lamm, & Singer, 2012). While these neuro-cognitive considerations are integral to understanding moral harm, the authors recognize the sociocultural and relational context of morality (Farnsworth, Drescher, Nieuwsma, Walser, & Currier, 2014) as equally salient to the current model, including the idea of relationship regulation (Rai and Fiske, 2011), whereby four types of social relationship, each with a singular moral motive, are used to predict moral actions and outcomes in a given sociocultural setting.

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Situational Morality

While morality exists as a method for sustaining and strengthening interpersonal relationships (Rai & Fiske, 2011), situational factors influence the extent to which a person does or does not identify with the moral self in a given scenario (Aquino, Freeman, Reed, Felps, & Lim, 2009). This identification with a moral center (or lack thereof) contributes to the decision-making process of an individual faced with a moral dilemma or experience. Ugazio et al. (2012) detailed how the motivational component of emotion plays an integral role in moral judgment. Anger, as an example, is an "approach" emotion that increases the likelihood people will judge a forthcoming action morally permissible or necessary. Conversely, disgust is a "withdrawal" emotion that has the opposite effect. In brief, scenarios entailing a strong action demand (e.g. combat; first response) elicit strong emotions, which in turn influence or dictate moral outcomes (Ugazio et al., 2012). Humans run the risk of experiencing moral harm when their global value system is compromised through a combination of individual and societal-relational factors (Park, 2010). This process may lead to further moral harm if the person in question uses maladaptive, negative coping mechanisms (e.g., shame) that reinforce the wrongness of their actions or even their personhood.

Moral Injury

Moral injury, sometimes referred to as *morally injurious experience* (MIE) or *transgressive act*, is a construct emerging from the experiences of military combat veterans in generations past (e.g. Shay, 1994) and present (e.g. Litz et al, 2009). The term addresses non-fear-based components of the wartime experience that violate a person's moral code and invoke strong emotional and spiritual reactions (Friedman, Resick, Bryant, & Brewin, 2011). Haight, Sugrue, Calhoun, & Black (2017) described moral injury as creating "lasting psychological, spiritual and social harm caused by one's own or others' actions in a high-stakes situation that transgress deeply held moral values and expectations" (p. 477).

Moral injury can challenge one's basic sense of humanity (Currier, Holland, & Malott, 2014), evoke a spiritual/existential crisis (Wortmann et al., 2017), and result in negative changes in ethical attitudes and behaviors (Drescher et al., 2011). Upon reentry to American society, one challenge for veterans becomes situating their wartime actions and experiences within a societal framework that maintains the immorality of certain combat experiences. Farnsworth et al. (2014) identified how

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justified actions in combat still caused moral harm. Significantly, killing in and of itself was found to be a major factor in the development of moral injury (Maguen et al., 2011, Maguen & Litz, 2012), regardless of reason or circumstance. Combat veterans face an uphill battle when it comes to justifying and integrating wartime experiences into their personalized ethical codes.

There is only a partial understanding of where and how moral injury overlaps with posttraumatic stress disorder (PTSD; Jordan, Eisen, Bolton, Nash, & Litz, 2017). The current literature concurs that mental health problems emerge from a more diverse set of warzone experiences than fear-based stressors alone (Friedman, et al., 2011). Research indicates that the effects of moral injury on PTSD symptomology are mediated by moral emotions, and that acts of transgression have an impact on the course of PTSD development (Lancaster, 2017). Furthermore, moral appraisals of combat experience predict additional distress beyond mere exposure to combat (Lancaster & Erbes, 2017). Taking a human life (e.g., Maguen et al., 2010) and acts of abusive violence increase the risk for depression, PTSD, and suicidality (Currier, Holland, & Malott, 2014). While it is clear that moral injury and trauma are intimately connected, the authors contend that moral injury is a stand-alone phenomenon that strongly correlates with PTSD.

Lastly, it is important to note that moral injury may occur *without* an action demand (witnessing, hearing from others), and in low-stakes settings (removing bodies from a combat zone after fighting is complete). In other words, the impact of moral injury is not limited to combat arms personnel (i.e. infantry soldiers, etc.) and is applicable to a broad range of experiences, in and out of the armed forces. This point leads to the discussion on moral distress.

Moral Distress

Moral distress describes the sense of failure one feels when moral responsibility is acknowledged but not acted upon (Austin, Rankel, Kagan, Bergum & Lemermeyer, 2005). Moral distress has been studied in various professional contexts including nursing, psychology, medicine, psychiatry, and social work (e.g., Austin, Kagan, Rankel, & Bergum, 2008; Austin, et al., 2005; Austin, Saylor, & Finley, 2016; Openshaw, 2011). Professionals experiencing moral distress may feel torn between succeeding in an organization with unethical policies, or remaining true to their ethical codes (Austin, et al., 2005). Jameton (1984) defined moral distress as the painful disequilibrium experienced by professional helpers when they know the optimal course of action but feel unable to follow through

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on this morally justified approach due to constraints or obstacles.

Jameton (1984) identified two phases of moral distress: *initial distress* and *reactive distress*. Initial distress occurs when an individual first encounters constraints toward a moral course of action (Nuttgens & Chang, 2013). Initial distress may be marked by feelings of guilt (Schluter, Winch, Holzhauser, & Henderson, 2008), frustration (Corley, Minick, Elswick, & Jacobs, 2005), or anxiety about how to resolve a morally ambiguous situation (Peter, 2013)). *Reactive distress* occurs when these initial feelings of distress are not acted upon or resolved (Corley et al., 2005; Nuttgens & Chang, 2013; Peter, 2013; Schluter et al., 2008). Reactive distress intensifies the initial reaction and places the individual in a cycle of self-doubt and recrimination over steps not taken toward resolution. Austin et al. (2005) found that people who ignored their initial distress (thereby paving the way for reactive distress) experienced depression, shame, embarrassment, powerlessness, grief, and anguish. This level of moral distress is associated with burnout (Austin et al., 2016; Fried & Fisher, 2016),

Current literature on moral distress illuminates how healthcare professionals are negatively impacted when coerced to act against their ethical codes, due to internal or external constraints. However, extant literature scarcely broaches the topic in the field of mental health or experiences beyond organizational healthcare systems. The experience of moral distress can and does happen in a variety of professional settings yet unexplored. Moral distress as a standalone construct does not distinguish between varying intensities, although higher levels of moral distress have greater mental health consequences (Austin et al., 2016). More severe transgressions of one's moral values may have damaging emotional consequences not captured by the current construct. A holistic approach to the interconnectivity of moral distress and moral injury more adequately clarifies both terms under an umbrella conceptualization.

Moral Harm as a Spectrum

Comparable to certain other disorders, it is proposed that moral distress and moral injury exist on a continuum, which the authors define as the *spectrum of moral harm*. A depiction of the model is shown in Figure One. The authors propose that both *severity* and *frequency* should be considered when determining whether an event falls under moral distress or moral injury.

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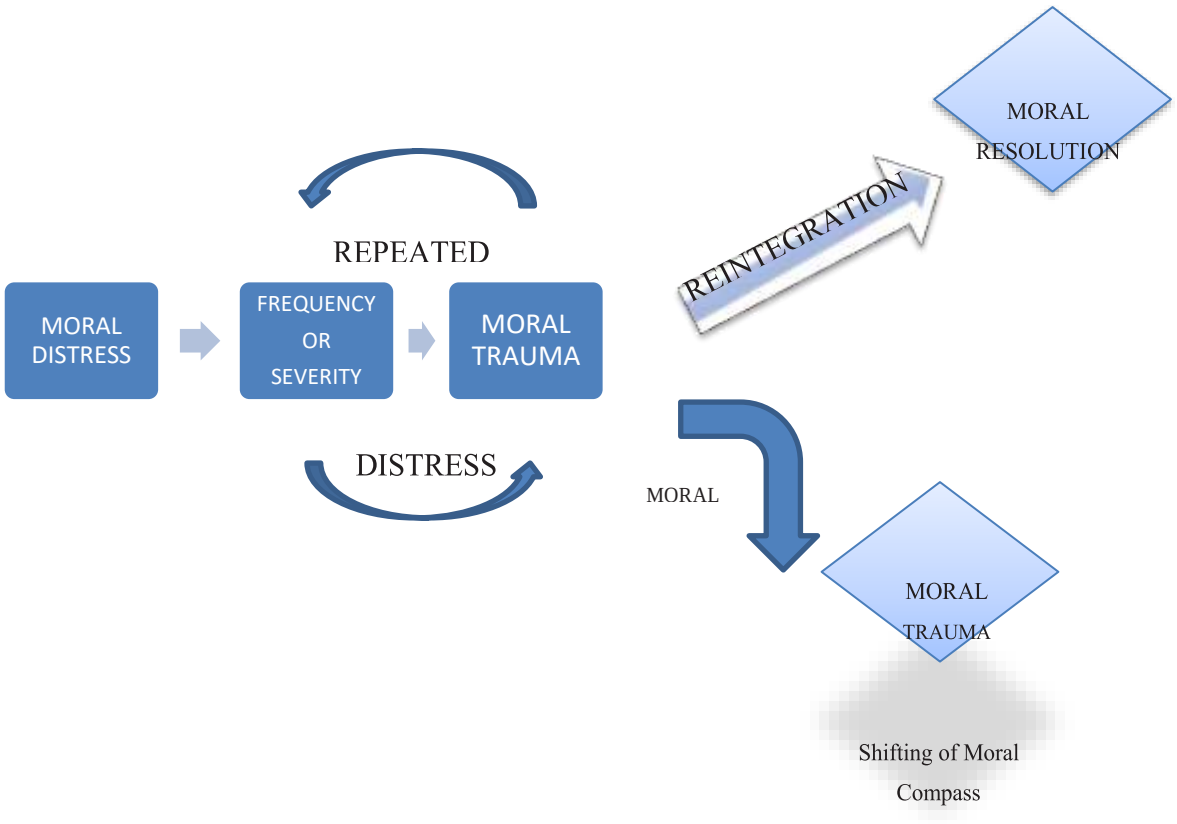
Figure 1. The spectrum of moral harm. This figure depicts the elements of the spectrum of moral harm and the relationship between moral distress and moral injury.



In regard to frequency, moral distress is transformed into moral injury when: (a) it remains unresolved; and (b) it is compounded by further *external* incidents of moral distress or by *internal* reactive distress over the course of time. That is, when the ethical violation is continually revisited—by external or internal prompts—the distress is transformed into injury.

In relation to severity, individuals suffering from prolonged moral distress experience: (a) the challenging of one's basic sense of self, and/or (b) the challenging of how the world works and the deterioration of spiritual beliefs (Austin et al., 2005). Under the *spectrum* model, any ethical violation that meets one of these two criteria is immediately identified as a moral injury. The authors contend that any event, omission, or related instance that leads to a *fundamental questioning* of one's self, belief system, or worldview, warrants inclusion as a moral injury. While moral distress is upsetting,

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moral injury is life altering.

To summarize: moral distress involves a singular event in which an individual or group's ethical code is violated, which is resolved over time. This event does not involve the shaking of a person's ethical foundations in terms of questioning who they are or how the world works. In contrast, moral injury is experienced when moral distress is compounded over time by further internal or external prompts. It is also arrived at immediately by an event that leads to questioning one's sense of self or one's sense of the world, including but not limited to the existence or purpose of God.

Beyond Moral Injury

The only two options for what occurs following moral injury are: (a) resolution; and (b) the absence of resolution. It is the authors' belief, based on the current literature, that a partial resolution to moral injury is not a feasible long-term possibility for the vast majority of adults. The severity of a moral injury—as defined in this model—warrants an entire overhaul of one's sense of self or the world…no half measures will suffice. As long as a person remains engaged in the process of resolution, however, the prognosis should remain optimistic that they will overcome and integrate their experiences.

Moral resolution is the resolution of a moral injury, or sequence of moral injuries, that includes a holistically reintegrated sense of self, other, and the world. This may or may not include personal therapy, but will always include a personal journey to rediscover who one is in the world, and how they believe the world works.

Moral disengagement is what occurs when an individual fails to resolve moral dissonance in an appropriate manner. It often includes an inadequate justification for transgressive actions (Hyatt, 2017), or a refusal to acknowledge the problem exists despite deeply held suffering. Individuals who fail to engage and resolve their moral injuries negatively alter their sense of self and world. The end result of this process is *moral trauma*: the lasting physical, psychological, and spiritual damage of unresolved moral harm.

Implications

The spectrum of moral harm model represents the first theoretical integration of both moral distress and moral injury along a continuum of frequency and severity. Previously, moral distress was

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studied primarily in the context of healthcare professionals, while moral injury research focused primarily on military service members. The spectrum of moral harm model integrates these two research lines and works to clarify concepts for future use. The model incorporates research from numerous fields (e.g. counseling, psychology, social work, & nursing) and condenses it in chronological sequence with clear points of demarcation between terms.

This postulated model remains untested and provides many avenues for future research, to include confirming and refining the model. In order to establish moral injury and moral distress as points along a spectrum of moral harm, methods of measurement need to be developed to assess varying intensities of moral harm as well as expand the phenomenon to a general population. Research to identify correlates embedded in the model will lead to the development of treatment strategies and interventions to aid the many people struggling with the fallout from such ethical violations. Refinement of the model will lead to more ethical treatment of clients by virtue of further explaining their condition and processes to respective mental health providers.

Summary

The spectrum of moral harm model illustrates the relationship between moral distress and moral injury along a continuum. The model works to define and connect a range of morally harmful experiences. While further research is encouraged to refine and confirm the model, it is the hope of the authors that the model will transcend professional boundaries by offering a common language to explain the complicated phenomenon of moral harm.

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