

Full-Length Article

Moral Injury and Music Therapy: *Music as a Vehicle for Access*Torrey Gimpel¹¹Private Practice, Auburn, Maine, United States of America**Abstract**

Moral Injury as a construct continues to be explored and refined as researchers develop models of treatment and clearer definitions for diagnosis. The complexity of moral injury mirrors the complexity of the combat experience- distinctive situations where required actions (e.g., killing) within war may lead to transgressions of deeply held moral or ethical principles within the individual. These transgressive acts may lead to inner conflicts that are outside the typical purview of traditional PTSD treatment. Music therapy offers a unique vehicle for access to the inner conflict of MI and combat-related traumatic experiences while promoting expression, present-moment support, and creating opportunities for new perspectives through the malleable medium of music.

Keywords: *moral injury (MI); military; music therapy; PTSD, transgressive events/acts*

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Introduction

Combat has been recognized as a complex phenomena which in turn creates complex and distinctive situations that society requires service members and veterans to face [1,2,3]. Additionally, in order to engage in combat, an individual is required to go through training that facilitates the transformation of a civilian into a soldier. To clarify: the civilian, who has been raised on certain ethical and moral expectations (e.g., killing is condemned), is transformed into a soldier who is able to kill to defend his/her country. Once the mission is completed, that service member is then expected to return to the same society/culture that condemns the very ability the service member has been trained to use in the service of country. These factors combined with the increasing morally ambiguous situations common within the combat milieu create an increased probability that service members and veterans may experience internal conflict over their actions or decisions especially during and after the reintegration process.

The construct of Moral Injury (MI) as a diagnosable disorder continues to be in the early stages of research and development. MI is defined as the omission (e.g., failing to

prevent/act) or commission (e.g., perpetrating/facilitating) of transgressive acts or events during war that creates an internal conflict due to the violation of deeply held moral and ethical principles which may be harmful emotionally, psychologically, behaviorally, spiritually, and/or socially[2,4]. Transgressive acts/events may bring about pain/suffering/death of others and are considered immoral, inhumane, cruel, depraved, and violent [4,5]. These events/acts may include perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress those principles [1,4]. Litz et al. [1] further explains MI is the “inability to justify or contextualize personal actions or the actions of others and the unsuccessful accommodation of these potentially morally challenging experiences into pre-existing moral schemas, resulting in concomitant emotional responses (e.g., shame and guilt) and dysfunctional behaviors (p.705).”

Debates continue to center on what would constitute a transgressive act/event as well as the appropriateness of the use of “moral” in the naming of the construct [6]. Discussions in regards to defining the term “transgressive acts” centers on the questions of what type of acts should be considered transgressive acts/events. Certain researchers argue that events or acts that fall outside of the rules of engagement (e.g., war crimes, atrocities) should be deemed “transgressive.” Frankfurt & Frazier [6] argue that transgressive acts can be justified in war and can still be injurious to the individual. McCarthy [3] proposes that transgressive events might include the contemplation of actions that were not taken or almost taken which would have broken a deeply held moral/ethical boundary. Individual experience of an event combined with an individual’s resiliency impacts how one may or may not respond to a given event. In the case of combat, what constitutes a transgressive act or event will be

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unique to the individual. Furthermore, Litz et al [4,7] also indicates that the internal conflict relating to a transgressive event has no diagnosable threshold to identify the presence of moral injury nor may it be a constant through an individual's life (e.g., manifestations may be non-existent, mild, or extreme at any given point in time).

Moral Injury: Unique Trauma

Bourdeau [8] argues that MI should not replace the diagnosis of post-traumatic stress disorder (PTSD), but instead exist in conjunction with it. Studies have shown that the diagnosis of PTSD, and thus, the treatment is insufficient when addressing transgressive events/acts [4,5,7]. PTSD criteria and research focuses on the victimization and/or the witnessing of the traumatic experience as a decisive factor resulting in the development of PTSD [4,5,7]. The presentation of symptoms in both PTSD and MI may be shared (e.g., emotional numbing, avoidance symptoms, intrusive memories, loss of meaning in life) but research indicates the neuropsychological correlations differ [4,5,7]. Traumatic responses related to PTSD are found in the brain's limbic system- specifically the amygdala and hippocampus (i.e., controls of fear responses and fear conditioning) while MI is believed to be more closely connected to the pre-frontal cortex- cognition and affect processing (i.e., organization of intense emotions and guilt/shame) [1,3,4,7]. These neurological responses impact certain symptoms that are more commonly held within MI, such as self-handicapping behaviors and isolation along with feelings of being irredeemable [3,4,7]. Litz et al. [4] further explains that trauma resulting in MI impacts more significantly the evaluation of the self (e.g., viewing the self as evil or immoral or living in an immoral world). Other researchers [3,7,9,10,11] have also indicated that guilt related to combat was a significant predictor of suicidal ideation and suicide attempts especially in relation to the killing of women and children in combat. Co-morbidity of PTSD and MI is possible due to those veterans who have experienced combat may suffer from both a shame/guilt based as well as a fear based responses [6].

Researchers [3-5] have found that the primary emotions that manifest in relation to a transgressive act/event are extreme guilt and shame. McCarthy's [3] phenomenological analysis of lived experiences of 8 combat veterans found 6 major themes related to transgressive events which supported the proposed definition of moral injury. Participants experienced shame, guilt and anger as well as felt unforgivable regarding actions that involved killing, the involvement of children in war, and failure to speak against actions taken by their group. Participants no longer held the same religious/spiritual beliefs and experienced a loss of meaning in life after viewing death or the mishandling of enemy remains. Additionally, participants indicated experiencing difficulty reconnecting emotionally with loved ones.

However, understanding the role of guilt and shame within PTSD does provide insight into possible treatments and considerations when exploring MI events. Owens et al. [11] investigated the interrelationships among guilt, depression, and meaning in life within the context of PTSD. It was surmised that depression and guilt exacerbate PTSD, while meaning in life was thought to play a protective role countering and buffering against their influence on the severity of PTSD. The results collected from a select group of veterans surveyed through an online study and prior research [10,11] indicated that depression and guilt remain a highly significant variable in PTSD severity and that establishing a meaning in life is beneficial within and beyond the influences of depression and guilt. The authors found that their hypothesis concerning meaning in life buffering against harmful effects of psychological distress on the severity of PTSD held true for depression but not guilt.

Diagnosis and Treatments

Due to the relatively early stages of the MI construct, there are no evidenced based treatment models specific to MI. Nevertheless, developments have been made in creating diagnostic tools (e.g., Nash et al [13] Moral Injury Events Scale (MIES) and Currier et al [14] Moral Injury Questionnaire – Military Version (MIQ-M)) and treatment models have been proposed [3,4,11,14,15]. Litz et al [4] indicated that current treatment models for PTSD and depression were unlikely to address full the range of psychological and behavioral symptoms of moral injury [3,7].

Litz et al. [4] proposed a clinical care model that focuses on the unique aspects of moral injury. This eight step model consists of the following: 1. Building a meaningful therapeutic connection- therapists should be familiar with a range of experiences that may occur in combat. 2. Psycho-education teaching the service member that traumatic experiences and feelings can and need to be expressed in order to process. 3. A modified exposure component (completed in tandem with step 4 and 5): support is provided as the service member relives the event in order to center on emotion-focused event processing. 4. Examination of maladaptive beliefs surrounding the view of self and the world to provide opportunity to integrate new constructive meanings and with a step towards self-forgiveness. 5. Conversations with a caring and benevolent moral authority (e.g., modified empty chair dialogue) where the goal is to create an internal dialogue on the event and its impact on the individual's functioning in life now and in the future. 6. Reparation and self-forgiveness so that the individual may use it as a vehicle to see and find goodness in the world and themselves. 7. Developing and reconnecting with various communities (e.g., family, religious/spiritual, friends). 8. Looking forward and initiating dialogue focused on moving forward and future goals.

Other treatment models recently developed include Adaptive Disclosure (AD) which was developed to address combat related PTSD (specifically emerging from life-threatening/fear-based experiences, traumatic loss, moral injury) in active-duty Marines [15]. This brief psychotherapy is designed for active-duty service members who have been deployed, and might redeploy at any time, but are currently state side seeking clinical care. AD includes aspects of Litz et al. [4] original clinical care (i.e., psycho-education, exposure-based sessions, future planning sessions). The purpose of AD is to initiate a process experientially and provide an initial strategy of how to cope and process combat experiences in the future [15]. This intervention also sets out to break down the barrier of stigma connected to revealing traumatic and/or transgressive events during combat.

Music Therapy

Johnson [16] found that the creative arts therapies provide a unique avenue of treatment for trauma because the individual is able to address an abstract process using tangible methods (e.g., music, art, dance). These mediums may provide opportunities to implement control (e.g., emotions, movements) which may help the individual focus on the present, the “here and now.” [17] Unlike other memories, traumatic memories function like a photograph, as one remembers traumatic memories exactly each time as if the memory is frozen in time [17,18]. The memories are perceived in a more primitive understanding, where similar sensory input can trigger or be felt during the memory [17,18]. Triggering may occur unconsciously and activate certain defense systems (i.e., mobilized “fight/flight” or immobilized shutdown) leading to complications in treatment or re-traumatize the individual [19]. Creative arts therapies are able to gain access to traumatic memories that may otherwise be indescribable or inaccessible by words. They present an opportunity to explore the traumatic memories through a concrete and external transitional space, whether by artwork, music, role-play, movement, or poetry [18]. Additionally, the individual may feel safer and find this context less abstract, which may lead to an easier and more effective intervention when confronting traumatic memories [18,20]. Studies [17,18] have shown that music therapy may function as a sensorial approach to traumatic memories, since both music and traumatic memories share the sensory basis that can help lower stress and anxiety. Furthermore, music offers access to neurological functions through its ability to promote neuroplasticity by being able to activate all limbic and paralimbic systems as well as influence an individual’s neuroception of an environment [2,17,19,21]. The use of music to stimulate the human auditory system creates an avenue that can lead to the manipulation of arousal states (i.e., fight, flight, shutdown) by impacting the vagal function and facilitating down-regulation of the autonomic nervous system

[19]. Thus, it is possible for an individual to create a sense of safety within the musical experience while facilitating control, tension-release, and exposure that may lead to decreased behavioral responses [17,19].

In my original article [2], the application of music therapy interventions for treatment of MI are introduced. Initial discussion centers on music’s ability to access traumatic memories while bypassing certain types of triggers to bring the memory to consciousness. Music therapy interventions allow for the exploration and expression of an individual’s emotions in relation to memories of trauma and transgressive events. Music’s ability to represent external phenomena (e.g., something other than itself) and shared transitional space creates an avenue of treatment where the veteran is able to expose his or her self to traumatic/transgressive events in a less direct and ultimately threatening process. Through the musical experience, the veteran may be able to increase his or her tolerance of difficult emotional and inner states while staying connected to the “here-and-now.” Individuals are able to utilize the musical and non-musical representation within the music to give voice to both conscious and unconscious thoughts and feelings, while capitalizing on an opportunity to redefine his or her sense-of-self or narrative [22,23]. Music is able to create a sense of community with interlocking experiences that are created through the ability to play and communicate simultaneously. In essence, an individual is able to actively support and seek support from others through harmony, rhythm, and the merging of ideas [2].

Beyond the initial theories regarding the use of music therapy interventions for the treatment of MI, this section sets out to further explore and propose music therapy interventions.

Music and the Military: Music as a vehicle for access to the ‘tough-it-out’ culture

One of the more difficult aspects of treating veterans and service members has been to break through the various barriers in place from the stigma of seeking help to the “grin-and-bear-it culture” [24,25]. As suggested by the literature, the military creates a tightly held cohesive group that will be willing and able to put the success of its mission above themselves and others. Basic training works to build a tough mind and a tough body, where the importance of strength, power, and the ability to work through anything becomes embedded within an individual’s self-identity [25]. These factors, along with the symptoms of MI (e.g., shame/guilt, isolation, distrust of authoritative figures) may cause issues with the development of a therapeutic relationship.

Even within the civilian population, to seek mental health help carries some stigma. The military culture abhors admitting to any vulnerability; to admit to a psychological weakness and to seek help for it is considered undesirable and increases the stigma [25,26]. Music provides a vehicle for

access because of its strong heritage as an integral part of the military: from the use of music in celebrations and ceremonies to ways to motivate and relax during down time. This connection eases the way for the use of music therapy in the military continuum. Music therapists have the opportunity to use a veteran's preferred music and musical experience as a gateway to build trust and rapport. By doing so, it can help to de-stigmatize the shame associated with a mental health disorder, so the veteran becomes more willing and open to further explore music as a way to heal. Preferred music provides a starting point for the therapeutic alliance to begin and may be used in interventions such as lyric analysis, music assisted relaxation, and song recreation.

Song Writing/Recreation

The use of song writing/recreation is a versatile medium within music therapy. It may be used in both group and individual settings and may include pre-existing music or new material. As mentioned above, the use of pre-existing material (e.g., preferred or well-known genre/song/artist) provides opportunity to expand on established emotional connections or functions a less intimidating starting point. Within the context of treatment for MI, song writing provides opportunity to use the lyrics and music as a metaphoric representation of internal struggles. The music could support or provide a counter point to the lyrics, (e.g., reflection of the inner dissonance, integration of acceptance) while the narrative could reflect the opposing narratives/inner conflict. This process could be done in a single song or within a song cycle. The focus would be to give the opposing sides/conflict a voice, facilitate the expression and resolution of the tension created by the conflicting/contrasting situations and provide opportunity to integrate them or restructure the narrative.

Recently, a navy combat veteran, Sailor Jerri [27], rewrote the words to Leonard Cohen's Hallelujah- it has is known as the Hallelujah Veteran's Version <https://youtu.be/msYPbjFC50w>. While not completed in a music therapy session, however, the process and end result provide a meaningful example of this type of intervention. This version is known throughout the military community and many service members and veterans feel a strong connection to this work. Each verse follows a different aspect of a service members experience from deploying to the experience of combat and the return to civilian life. As with the original version of Hallelujah, Hallelujah Veteran's version evokes emotional responses and facilitates expression for both the writer and listener.

Improvisation

The use of improvisation as an intervention allows music to serve as a vehicle to elicit emotions, images, memories, and conditions that are linked to an individual's inner

conflict/dissonance [2,28,29]. It also promotes the expression of emotional and psychological states while remaining connected to the present moment [2]. Improvisation assists the individual in developing a musical interaction that may be representational of opposing sides of a transgressive act or morally ambiguous situation. The individual is then able to explore and express internal states through a safe transitional space, or in the case of a group, within the inter-subjective space [30].

Through improvisation, like song writing, the individual may be able to create an external musical representation of his or her internal conflict surrounding the transgressive act or event [2]. Through the use of the musical transitional space as a metaphor where the individual can develop representational musical concepts that can be molded, developed, and/or redefined in support of his or her narrative [2]. For example, the veteran may develop a melody and a counter melody, much like a fugue, where each melody is independent but dependent of each other. The melodies (as many as the individual needs) represent each facet of his or her inner conflict (e.g., voice of command, voice of conscious, voice of action). Within the improvisation, the veteran may choose to have the melodies remain distinct and create a new melody outside of the originals or he or she may choose to integrate the voices into a new melody [2].

Inability to feel or re-establish connections with loved ones has been found to be a significant issue with individuals with MI [3,4,7]. Group music therapy interventions (e.g., song writing, lyric analysis, improvisation) facilitate expression, interpersonal connections, and awareness of support [17,31]. The need to reestablish intimacy and support is not only a component of addressing symptoms of combat-related trauma exposure (e.g., PTSD; MI) but spans out to multiple aspects of a service member's experience when returning from combat to re-integrate into the general civilian population and/or the family unit [32-34]. Monson et al [35] suggest incorporating the family in therapy in addition to traditional therapeutic treatment because it provides a context for familial/social support and understanding that helps not only the veteran but the family.

The use of music therapy interventions with military couples could help re-establish intimacy, connection, support and expression [17,31]. An improvisation intervention focusing on the shared experience could facilitate an increased sense of expression and intimacy. It might allow the dyad to work within the inter-subjective musical space to test out patterns (e.g., reworking roles) or experiment with multiple aspects of an emotion. This type of intervention is possible to do as individual dyads, as a group, or even within the family unit.

Conclusion

The application of music therapy interventions in the treatment of MI provides a unique multifaceted vehicle for access. Utilization of music therapy may be capable in drawing upon a veteran's established connection with music (e.g., personal relationship, integral part of military heritage) while approaching the traumatic transgressive event/act from a strength-based, supportive position. Music functions as a non-intimidating, concrete, malleable vehicle where it is possible to explore internal states/conflicts while simultaneously remaining connected to the here-and-now. Within a music therapy context, it may be possible for a veteran to confront and develop tolerance for conflicting and difficult emotional states related to combat-trauma. There are consequential possibilities to work towards redefining the narrative. Music therapy is able to utilize its unique access to the traumatic experience in helping individuals integrate and redefine their narrative.

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