

ETHICS AND ARMED FORCES

CONTROVERSIES IN
MILITARY ETHICS AND
SECURITY POLICY

ISSUE 02/2025

Moral Injury: On Dealing with Moral Wounds

SPECIAL

Living with Mission-Related Psychological Disorder

MORAL INJURY: ON DEALING WITH MORAL WOUNDS

Editorial page 3

**Values and Morals in Deployment –
A Challenge for Mental Health**
Peter Zimmermann page 4

**The Spiritual Dimension of Moral
Injuries**
Andreas Trampota page 12

**The Abandonment of Moral Values in
a Military Context: Moral Injury as a
Distinctive Focus of Ethical Reflection
in the German Armed Forces**
Dirk Fischer page 18

**The person Underneath the Uniform:
Moral Ambivalence and Moral
Distress in the Military**
Sanneke Brouwers page 24

Empathy's Role in Military Meaning
Kevin Cutright page 32

**Moral Injury and the Possibility of
Self-Forgiveness**
Philipp Gisbertz-Astolfi page 40

Even Stoic Warriors Show Feelings
Nancy Sherman page 48

SPECIAL: LIVING WITH MISSION-RELATED PSYCHOLOGICAL DISORDER

**“My value system was turned
completely upside down”**
An interview with André Hassan Khan page 56

**“Deployment makes your soul
turn grey”**
An interview with Jonathan Göllner page 60

**“Soldiers need to be prepared to endure
deep inner conflicts”**
An interview with Alexander Schäßler page 64

**“Just giving someone an address is
often not enough”**
An interview with Mojca and
Matthias Dommès page 68

EDITORIAL

Dear readers, in an essay on moral injury, award-winning journalist David Wood describes sitting with US Marines. One of them, named Nik, recounts how he shot and killed a 12-year-old Afghan boy who was firing at him and his comrades during combat. Ethically, legally, and tactically, Nik cannot be blamed for anything; nevertheless, he cannot get over the fact that, according to his innermost convictions, he has done something deeply reprehensible.

This is “only” one case of moral injury. There are many ways in which deeply held personal values and beliefs can be shaken. This phenomenon at the intersection of ethics and psychology illustrates how destructive military service can be for soldiers themselves. At the same time, it raises questions about care and support for military personnel who are sometimes severely traumatized. (How) can moral injuries be prevented, and (how) can they be healed?

The articles in this issue address these aspects. Peter Zimmermann, the German Defense Ministry’s commissioner for PTSD and psychological trauma, provides an introduction to the topic. Experiences from military operations can cause a wide variety of psychological stress reactions and symptoms in soldiers; he explains how individual values contribute to this, and outlines approaches that integrate this level of personality into therapy. Andreas Trampota from the Institute for Theology and Peace explains that moral injuries call into question the meaningfulness of the moral world as such. With reference to Hannah Arendt, he outlines a “reconciliation with reality” and the conditions that make it possible.

Moral injuries illustrate that ethics, as a reflection on morality, is an essential component of military competence, according to Dirk Fischer, head of the Institute for Military Medical Ethics at the German Armed Forces Medical Academy. He presents a model that provides an overview of the response to moral harm and the various influencing factors. Sanneke Brouwers, Catholic chaplain in the Dutch armed forces, draws attention to the supposedly “minor” moral burdens, doubts, and conflicts, and suggests two strategies for better coping with them. Retired Lieutenant Colonel Kevin Cutright, formerly a professor at West Point, examines the impor-

ance of empathy, the search for meaning, and moral vulnerability in the military.

Christian doctrine excludes the possibility of self-forgiveness; from a therapeutic perspective, however, it appears to play a central role in recovering from moral injuries. Philipp Gisbertz-Astolfi answers the question of whether and under what conditions self-forgiveness could be justified from the perspective of philosophical ethics. Finally, Nancy Sherman, an expert in ancient philosophy and mental health in the military, takes a look at the importance of emotions. In doing so, she questions a common but distorted image of stoic steadfastness, which proves to be highly counterproductive for processing moral wounds.

In his essay mentioned at the beginning, David Wood writes that he doesn’t really know how to respond to Nik. Until one of the Marines simply replies, “Yeah, that was fucked up” – and everyone nods in agreement. First and foremost, it’s about listening and acknowledging. Judgments, hollow comments, or clever advice are of little help to those who are struggling with their individual experiences on missions or have even developed mental health issues as a result – and certainly not the statement that they ultimately chose this for themselves with their career choice.

That is why we are giving some of those affected a chance to speak in our “Special” section. We hope that the interviews will give an impression of the diversity of situations and ways of coping. The aim here is neither to ignore the civilian victims, suffering, and damage caused by war and military violence, nor to pity soldiers as victims. The aim is to contribute to further education at all levels, including within the armed forces. We would like to express our sincere thanks to everyone who contributed to this issue, as well as to those whose stories could not be told in it.

Rüdiger Frank
Copy Editor



VALUES AND MORALS IN DEPLOYMENT

A CHALLENGE FOR MENTAL HEALTH

Authors: Peter Zimmermann and Jörg Ahrens

Soldiers and emergency responders – a special type of person?

Soldiers and emergency responders in the military, disaster relief services, police forces, fire departments and many other services are among the most valuable resources in society. They are on hand to help resolve a wide range of crisis and emergency situations at home and abroad, often at risk to their own health.

The people who work in these services – either professionally or on a voluntary basis – often have personal values that fit the typical needs of their roles. For example, they feel a special need to support other people, which goes hand-in-hand with a willingness to consistently put their own interests aside. In values research, this attitude is known as “benevolence” or “universalism”, but terms such as “rescue personality”, “compassion satisfaction” or “operators’ syndrome” are also commonly used in this context.¹

While these values are indispensable for the functioning of emergency services and ultimately for society as a whole, they create challenges for each individual that can affect mental stability and quality of life. They also form a significant basis for the development of moral injuries. Benevolence is expressed in many ways in the everyday lives of soldiers and emergency services personnel, for example in compassionate conversations with colleagues after difficult operations to show genuine empathetic interest, or also in a sense of camaraderie, which can motivate them to volunteer for an operation so as not to let colleagues or fellow soldiers down.

Such examples also demonstrate the Janus-faced nature of these values, however. When close colleagues who are experiencing stress are treated with empathetic sensitivity, this almost inevitably causes its own emotional distress, which in turn can add to the burden of processing an incident. And if a colleague or fellow soldier is injured during an operation, those involved often blame themselves for

Abstract

Soldiers and emergency responders are at increased risk of psychiatric disorders due to the nature of their work. Alongside the well-known consequences of psychological trauma – such as post-traumatic stress disorder (PTSD) – the importance of personal values and moral conflicts when it comes to processing experiences has been increasingly recognized in recent years.

As a result, a variety of concepts for both prevention and treatment have been developed and empirically evaluated. This article provides an overview of the pathogenetic principles and a selection of established offerings.

not having protected them sufficiently. This results in feelings of guilt, but can also pave the way for the development of psychological disorders.

After serving abroad in Kosovo or Afghanistan, around 130 members of the German armed forces underwent psychometric testing to assess their psychological stress levels. In line with what is stated above, the results showed a high average level of benevolence and, among particularly benevolent soldiers, a significantly higher incidence of symptoms associated with post-traumatic stress disorder (PTSD) and depression.²

However, it would be premature to conclude from these findings that personnel who have this kind of personality structure should be protected by keeping them away from potentially traumatic deployment situations. Firstly, this would be at odds with effective deployment planning, as benevolence is usually associated with a particular altruistic motivation. Secondly, in many cases the persons concerned would perceive such a measure to be stigmatizing and ultimately reject it themselves.

It seems more appropriate to develop suitable preventive measures by both drawing on conventional trauma processing methods and raising awareness of approaches that consider values and moral conflicts. This will be discussed further below.

Changing values as a consequence of deployment

From a clinical therapist's perspective – and this is supported by qualitative surveys conducted by the German armed forces – operational stress has the potential to cause a shift in personal values. There can be many reasons for this, ranging from extreme interpersonal experiences and disappointment with superiors, to intense intercultural contact.³

Thomas Edward Lawrence, also known as Lawrence of Arabia, supported and led the uprising of Arab tribes against the Ottoman occupiers during the First World War. In his autobiographical novel *Seven Pillars of Wisdom*, which ranks as a work of world

literature, he writes about the phenomenon of changing values. He describes a process whereby European values brought to a foreign cultural space – in this case Arabia – can become much stronger and more intense as a means of distinguishing oneself from the culture found there, and also as a way of securing one's own psychological identity and stability. This change takes place as a kind of compensatory balancing movement.

He writes:

“Stokes the Englishman felt the Arab strangeness keenly and was driven to become more himself, more insular. He behaved with perfect manners, but with a shy correctness which reminded them [the Arabs] in every movement that he was unlike them and En-

From a clinical therapist's perspective – and this is supported by qualitative surveys conducted by the German armed forces – operational stress has the potential to cause a shift in personal values

glish. This careful consideration elicited a return of respect. [...] The other type [of Englishmen in the Middle East] was the John Bull of the book, who became the more rampantly English the longer and further he was away from England. In the end he invented an Old Country for himself, a home of all remembered virtues so splendid in the distance that when at length he did return he often found the reality a sad falling off, and often withdrew his muddle-headed self into a fractious advocate of the good old times.”⁴

Such processes are not necessarily stressful or even pathological at first. They can reflect a healthy process of personality development and be experienced positively by the persons concerned, as a maturation process. However, it is also possible that the change in values leads to considerable inner psychological uncertainty and/or to interpersonal conflicts, especially upon returning to the familiar social environment.

For example, patients in a clinical setting regularly report that after experiencing an overseas deployment with the German armed

forces, they developed particularly high expectations not just of their own performance, but also of integrity and correct behavior on the part of their fellow soldiers and superiors – because failure to live up to these expectations could have had serious or even fatal consequences in the field. In such situations, it can be difficult for soldiers to recognize that the current environment is now fundamentally different: while poor leadership is still considered unacceptable, its consequences are far less dramatic than they would be during deployment. The resulting emotional pressure is accordingly high and can manifest itself in aggressive conflict behavior, or feelings of disappointment, alienation or social withdrawal – people feel like “strangers in their own country” (to quote one patient).

The severity, frequency, and clinical significance of value-related and moral conflicts tend to follow a continuum, rather than falling neatly into categories of “pathological” or “healthy”

At this point, a potentially pathological level can be reached, especially if other symptoms or effects develop at the same time, such as post-traumatic stress disorder. It is not uncommon for both processes to interact with each other and create a fluid transition to moral injuries.

Moral injuries

This account of the role that personal values play for soldiers and emergency responders, and for adaptation processes in the context of deployment experiences, shows that the severity, frequency and clinical significance of value-related and moral conflicts tend to follow a continuum, rather than falling neatly into categories of “pathological” or “healthy”. Psychological reactions to morally relevant events do not only depend on the situational characteristics and personal perception of these events, but also on a variety of other, primarily individual factors – such as the structure of the personality or biograph-

ical history⁵. To illustrate these connections, let’s take the example of a *Bundeswehr* deployment:

When a young soldier in a combat unit first goes abroad on an international crisis management mission, he has to adapt on a moral level; he experiences a moral challenge. Various aspects are involved, including his encounter with a cultural environment that is usually unfamiliar to him and whose customs and traditions are not like those of his own home country – such as, among other things, the culturally specific treatment of women and children. The challenge involves resolving any conflicts with his own values and embracing other values as an alternative way of living, possibly even as a chance for personal growth.

Stronger emotions and moral feelings, such as guilt, alienation, anger, grief or similar, then mark the boundary with moral stress, as these require active adaptation by the psyche in order to maintain mental stability – for example by talking to colleagues, chaplains or psychosocial helpers. They arise in morally questionable situations, especially when these persist over an extended period of time, in which those affected are aware of a morally correct course of action but are unable to implement it.

For example, a low standard of living in countries of deployment can pose a moral challenge. It may prompt reflections on priorities in life such as prosperity and security, resulting in greater satisfaction with living conditions in the home country. By contrast, the direct experience of severe child poverty could become a moral stressor – especially if, for example, the person concerned is unable to help and/or has children of their own. However, the boundaries between moral challenges and moral stress are fluid.

Similarly, the transition to a moral injury is not clearly definable. It depends to a large extent on the perceived psychological strain. Litz 2009 defines moral injury as experiences in which a person’s “deeply held moral beliefs and expectations” are shaken.⁶ In general, moral injury is associated not only with strong moral emotions, but also with increasing

psychological symptoms. These can include anxiety, depression or addictive behavior, for example.

These connections illustrate the close link between values, moral conflicts and psychological disorders, and thus the high relevance to prevention and therapy in the context of the military and emergency services.

The distinction between direct psychological consequences of trauma and psychological reactions to moral conflicts is clinically important. As an initial approximation, it can be said that conventional psychotraumatology is based on the principle that the brain's information processing capacity is overloaded with highly threatening, catastrophic stimuli, which leave behind reverberating memories, as in PTSD, or also fears.

By contrast, the focus when it comes to moral conflicts is on the cognitive and emotional processing of morally questionable behaviors or observations, which leave behind stressful or even pathological emotions such as sadness, alienation and possibly also guilt and anger. As with causes of trauma, a certain degree of objectivity and universal validity is expected in the assessment of potentially morally injurious events (PMIE).

However, there may be overlaps between the two areas, and they may also occur together. This is partly because many deployment or emergency situations involve traumatological and moral aspects. For example, if a servicewoman takes part in military combat operations, she is undoubtedly in a life-threatening situation, as she could be injured or killed. So the foundation for PTSD is in place. But if she is also actively involved in the fighting and injures or kills other people, she will have to ask herself afterwards whether she is guilty on a moral level. As a result of such overlaps, there are areas of symptoms that are difficult to distinguish from one another. For example, a flashback or involuntary recurrent memory after such combat action that repeatedly occurs in the form of vivid images (intrusions) or nightmares is very similar to an often equally intrusive rumination about moral aspects of fighting and killing, and how to deal with possible personal guilt.

The close links are also evident in the following epidemiological and empirical data:

- 40 to 60% of all American soldiers deployed overseas reported experiencing potentially morally injurious events.⁷
- 25 to 34% of index events for combat-related PTSD in American studies were attributable to a situation that also constituted a moral injury.⁸
- 21.4% of all German participants in an overseas deployment in Afghanistan in 2009/2010 subsequently suffered from a manifest psychological disorder, 2.9% of these from PTSD.⁹
- Various studies have found significant correlations between moral injury (especially through one's own actions) and PTSD, depression, suicide, anxiety, substance abuse (particularly alcohol), pain and sleep disturbances.¹⁰
- Several personal values, including tradition, had a significant impact on the development of depression and burnout during an overseas deployment.¹¹

Preventive and therapeutic approaches

It is only in recent years that the armed forces of many countries, including Germany, have recognized the significance of moral conflicts and developed corresponding concepts for prevention and therapy. In the Bundeswehr, these concepts have been devised by a number of interdisciplinary working groups, each involving expertise in the areas of psychiatry, military chaplaincy, social science and psychology.¹²

The content ranges from strengthening individual resources, such as social support, and raising awareness of the importance of personal values, especially benevolence and universalism (see above), to advice on dealing with moral injuries and their consequences (guilt, shame, anger, etc.) The way these topics are addressed is similar in preventive and therapeutic offerings, but there are differences in intensity. More detailed explanations are provided below in the section on the conceptual bases.

Case study

Key elements of these concepts will now be illustrated using an example of a typical sequence of deployment preparation and follow-up activities (the details have been compiled from several case studies, also for reasons of anonymity).

The combat soldier mentioned above – a lower-ranking soldier in his fifth year of service – is about two months away from the start of an overseas deployment. He first came into contact with the psychosocial field during his basic training. During this period, there were several training modules by the troop psychologist to raise awareness of inner psychological processes, as well as education by the military physician on the dangers of addiction, character guidance training on dealing with ethical issues by the military chaplain, and advice from the *Bundeswehr* social services department about social insurance in the armed forces.

The deployment region is likely to feature a cultural environment significantly different than that found in Germany, and various extreme psychological experiences can also be expected – such as combat operations, violent clashes among the local population, confrontation with poverty, etc.

For this reason, the battalion organizes several one-day prevention measures. The aim is for leadership personnel and soldiers who are likely to be particularly at risk to become familiarized with the expected psychological and moral conflict situations, and to teach simple exercises that can help reduce feelings of stress. These seminars are led jointly by the respective troop psychologist and the local military chaplaincy. Their content follows the “Handbook for the Primary and Secondary Prevention of Mission-Related Psychological Stress and Moral Conflicts”¹³.

The Author



Prof. Dr. med. Peter Zimmermann is the German Defense Ministry's commissioner for PTSD. Previously, as a doctor specializing in psychiatry and psychotherapy, he was head of the German Armed Forces Center for Psychiatry and Psychotraumatology (Psychotrauma Center) in Berlin for more than 15 years. He is a professor of psychiatry and psychotherapy at the Charité University Hospital in Berlin.

During the mission, the soldier experiences various stressful events, including coming under small-arms fire and having to return fire. He also witnesses ethnic violence among the civilian population, and acts of violence against women and children. He frequently finds that his command center is overwhelmed and shows little concern for his unit.

In response to these circumstances, he has difficulty falling asleep and staying asleep, and experiences feelings of alienation and frustration. However, he does not seek psychosocial help, because initially he wants to fulfill his duties as best he can. He is worried that if he tells someone, he will be sent back home and let his comrades down.

Upon his return, he first spends a long vacation with his parents, siblings and their children, and gets involved with his soccer club. During this time, he feels mentally stable. Once he returns to his unit, however, his sleep disturbances worsen. In his dealings with his superiors, he frequently questions their orders, and he writes several complaints. He demands a lot of himself, works overtime, and takes on additional tasks.

In his free time, he avoids public transportation and markets because he feels unsafe there and has a vague feeling that something uncontrollable and threatening could happen. Loud noises, especially when they occur unexpectedly, make him feel as if he is back in the combat zone and he has flashbacks of combat situations, causing him to feel intense fear.

After several months, both his battalion counselor (a colleague who has had special psychosocial training) and his girlfriend tell him that his personality and behavior have changed significantly; he is no longer the same person that he was before his deployment. His girlfriend threatens to leave him if he does not seek help or treatment.

Because he wants to keep serving in the military, he does not go to his military physician at first. Instead, he sees a local social services employee. As part of her professional role, she explains to him that he may have a psychological disorder related to his deployment experiences, fills out a military service disability form with him, and sends it off.

She finally manages to convince him to see his military physician. The physician provides more in-depth psychoeducation on how to deal with his symptoms and reactions, also following the “Handbook for the Primary and Secondary Prevention of Mission-Related Psychological Stress and Moral Conflicts” mentioned above. Together with the soldier, the physician is able to draw on what the soldier learned in the period before his deployment and, for example, get him to agree to practice relaxation training from the website ptbs-hilfe.de. He also prescribes an antidepressant to improve sleep (Trimipramine 15 mg) and contacts the local military chaplaincy to discuss the apparent moral conflicts. Then he makes an appointment at the trauma outpatient unit of the nearby *Bundeswehr* hospital a fortnight later for further diagnosis and therapy planning.

In short, during the talk with the consultant there, several psychiatric symptoms are identified and diagnosed: PTSD, agoraphobia, and an adjustment disorder stemming from moral injury. The core symptom of PTSD is intrusive memories, meaning that the unprocessed traumatic events replay over and over again, sometimes in nightmares. Agoraphobia is a fear of public spaces, which is perceived as being unsafe in spite of the absence of any real threat. An adjustment disorder describes a change in inner mental experience due to external stressors (in this case moral conflicts caused by witnessing violence among the civilian population and the failings of the command center).

The patient’s fears of stigmatization are also discussed, focusing on the fear that the psychological disorder will disadvantage his career, which is what led him to delay starting therapy.

Due to the need for more intensive therapy and the conflicts in the unit, it is agreed to apply to the local social services for a transfer to a position outside the regular structures (known as admission to the protected period under the Act on the Continued Employment of Personnel Injured on Operations (*Einsatz-Weiterverwendungsgesetz*, *EinsatzWVG*)). This gives him the opportunity to work outside of his actual

area of responsibility for an extended period, and thereby reduce the pressure to perform.

For therapy, he is recommended to start outpatient psychotherapy with a civilian psychotherapist near his home town. This should focus on dealing with everyday personal and work-related problems. In addition, if the therapist is qualified, specific trauma therapy for traumatic situations can also be provided on an outpatient basis. Alternatively, this can be done on an inpatient basis; this is possible both in the psychiatric departments of *Bundeswehr* hospitals and in civilian facilities. (Many soldiers prefer *Bundeswehr* hospitals because of the military and operational expertise available there.)

Inpatient interval therapy is arranged at the local *Bundeswehr* hospital, consisting of two to three inpatient therapy phases per year of three to six weeks each, in addition to outpatient psychotherapy. In between, a reduced workload of four hours per day is agreed as part of a structured reintegration program.

During the first therapeutic stay, two months after the initial consultation, the themes of psychological stabilization and structuring everyday life are explored in depth. This includes practicing stabilization techniques (for example, learning and applying relaxation training from the website ptbs-hilfe.de). An exercise program in the form of anxiety-related exposure is also started at the clinic, with the aim of continuing the exercises independently at home.

In the following treatment block, the threatening situations under fire are worked through using trauma therapy techniques, significantly reducing the frequency of intrusions.

Between the first and second blocks, the patient and his girlfriend also sign up for a weekend seminar for traumatized couples organized by the military chaplaincy’s ecumenical pastoral care project for people suffering from deployment- and service-related consequences (*Arbeitsfeld Seelsorge für unter Einsatz- und Dienstfolgen leidende Menschen*, *ASEM*), as well as for equine-assisted psychotherapy (EAP) at the Psychotrauma Center in Berlin.

After completing the trauma therapy treatment block, and approximately one year after

starting psychotherapy, the patient takes part in group therapy at the Psychotrauma Center in Berlin, which focuses on values and moral conflicts. In a structured, semi-standardized program, an interdisciplinary team with psychiatric, pastoral and psychological expertise begins by looking at the significance of personal values in our everyday professional and private lives, and how values change in the context of a deployment. The focus then shifts to moral conflicts triggered by the behavior of

Experiencing traumatic events can be regarded as an essentially unavoidable part of the job description for soldiers and emergency responders. In many cases, these events also include aspects of moral injury

others, as well as moral conflicts caused by one's own behavior.

Over the course of the soldier's treatment, there is a significant improvement in his psychological symptoms, and he is successfully reintegrated into regular service.

Conceptual bases

This program is comprised of various established components, with a focus on trauma, values, and morals. A selection of these are described briefly below by way of example.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) involves a multimodal approach that addresses negative cognitions and feelings associated with trauma, including guilt and shame. Topics such as forgiveness¹⁴ and compassion¹⁵ are also included.

Acceptance and Commitment Therapy (ACT)¹⁶, strategic behavioral therapy¹⁷ and wisdom therapy¹⁸ are used to work on personal values in a psychotherapeutic context, for example.

Litz and his team were pioneers in the field of moral injury therapy with Adaptive Disclosure (AD), which involves, for example, engaging in imaginal dialogues with moral authorities.¹⁹ A similar methodological approach can be found in the U.S. Armed Forces' Impact of Killing program²⁰ and the eight-session group

concept Building Spiritual Strength. The latter specifically addresses issues such as religious or spiritual stress and meaning making for female soldiers.²¹ On a more spiritually oriented level, spiritual/religious support offerings are also provided for people who have suffered moral injury.²²

Research has identified common factors that contribute to the effectiveness of these different approaches. Inner openness about moral conflicts, combined with a willingness to express them verbally, seems to account for some of the positive changes. It is also important to develop an attitude of forgiveness toward oneself and others.²³

The compilation and implementation of these elements for use in the German armed forces were manualized by the Psychotrauma Center²⁴ and their effectiveness has been confirmed multiple times in controlled studies²⁵.

Conclusion and summary

To sum up, experiencing traumatic events can be regarded as an essentially unavoidable part of the job description for soldiers and emergency responders. In many cases, these events also include aspects of moral injury that can shake the foundations of a person's value system. For this reason, structured programs for dealing with post-traumatic disorders and moral conflicts have an increasingly recognized relevance in prevention, therapy and rehabilitation. Ideally, such programs should span the entire period of service and integrate the main psychosocial areas of expertise, in particular psychosocial medicine, pastoral care, social services and psychology. Exemplary concepts of this kind are already put into practice in U.S. American police departments.²⁶

With regard to psychotherapy for military and emergency services personnel who have a psychological disorder, group programs that focus on dealing with trauma and moral injury through interdisciplinary therapeutic teams have proven effective.

For successful implementation of such strategies in the respective systems, acceptance across all leadership and management levels is crucial.

- 1 Schwartz, S. H. (1992): Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. In: Zanna, M. P. (ed.): *Advances in Experimental Social Psychology* 25, pp. 1–65.
- 2 Zimmermann, P. et al. (2014): Personal values in soldiers after military deployment: associations with mental health and resilience. In: *European Journal of Psychotraumatology* 5, pp. 1–7.
- 3 Results available in the research reader “Mentale Gesundheit in der Zeitenwende” (Mental Health in Times of Change – in German only) published by the Psychotrauma Center at <https://www.bwkrankenhaus.de/de/bundeswehrkrankenhaus-berlin/kliniken-und-medizinische-abteilungen/psychiatrie-psychotherapie-und-psychotraumatologie> (see “Downloads”).
- 4 Lawrence, T.E. (2004): *Seven Pillars of Wisdom. The Complete 1922 ‘Oxford’ Text.* Fordingbridge, Hampshire, p. 381 f.
- 5 Herzog, P. (2025): Moralische Verletzung: Konzept, Klinische Modelle, Erfassung und Behandlung. In: *Zeitschrift für Klinische Psychologie und Psychotherapie* 53 (4), pp. 167–186.
- 6 Litz, B. T. et al. (2009): Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. In: *Clinical Psychology Review* 29 (8), pp. 695–706.
- 7 Maguen, S. et al. (2025): Prevalence of Moral Injury in Nationally Representative Samples of Combat Veterans, Healthcare Workers, and First Responders. In: *Journal of General Internal Medicine*, 29 January. doi: 10.1007/s11606-024-09337-x.
- 8 Herzog, P. (2025), see endnote 5.
- 9 Wittchen, H. U. et al. (2012): Traumatic Experiences and Posttraumatic Stress Disorder in Soldiers Following Deployment Abroad. How Big Is the Hidden Problem? In: *Deutsches Ärzteblatt International* 109 (35-36), pp. 559–568.
- 10 Herzog, P. (2025), see endnote 5.
- 11 Langner, F. et al. (2024): Burnout and moral injuries after foreign deployment among medical personnel of the German armed forces: a pre-post study. In: *Frontiers in Psychiatry* 15. DOI: 10.3389/fpsyt.2024.1408849.
- 12 Zimmermann, P. (2022): *Trauma und moralische Konflikte.* Stuttgart.
- 13 Available in English from <https://www.bwkrankenhaus.de/de/bundeswehrkrankenhaus-berlin/kliniken-und-medizinische-abteilungen/psychiatrie-psychotherapie-und-psychotraumatologie> (see “Downloads”).
- 14 Enright, R. D. and Fitzgibbons, R. P. (2014): *Forgiveness Therapy: An Empirical Guide for Resolving Anger and Restoring Hope.* Washington.
- 15 Gilbert, P. (2013): *Compassion Focused Therapy.* Paderborn; Seidler, G. H. (2024): *Psychotraumatologie. Das Lehrbuch.* Stuttgart.
- 16 Eifert, G. H. (2022): *Akzeptanz- und Commitment-Therapie.* 2nd ed. (Fortschritte der Psychotherapie, vol. 45.) Göttingen, pp. 1–55.
- 17 Hauke, G. (2012): *Strategisch Behaviorale Therapie.* Stuttgart/New York.
- 18 Linden, M. and Maercker, A. (2011): *Embitterment. Societal, psychological, and clinical perspectives.* Wien/New York.
- 19 Litz, B. T. et al. (2017): *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury.* New York.
- 20 Griffin, B. J. et al. (2019): Moral Injury: An Integrative Review. In: *Journal of Traumatic Stress* 32, pp. 350–362. DOI: 10.1002/jts.22362.
- 21 Mitchell, P. (2018): *Building spiritual strength.* CreateSpace Independent Publishing Platform. Download at <http://freebiblebooklets.com/building-spiritual-strength/>.
- 22 Jalics, F. (2017): *Miteinander im Glauben wachsen – Anleitung zum geistlichen Begleitgespräch.* Würzburg.
- 23 Griffin, B. J. et al. (2019), see endnote 20.
- 24 Zimmermann, P. (2022), s. Endnote 12.
- 25 Diekmann, C. et al (2023): Traumatized German soldiers with moral injury – value-based cognitive-behavioral group therapy to treat war-related shame. In: *Frontiers in Psychiatry* 14. DOI: 10.3389/fpsyt.2023.1173466.
- 26 Blumberg, D. M., Papazoglou, K. and Schlosser, M. D. (2020): Organizational Solutions to the Moral Risks of Policing. In: *International Journal of Environmental Research and Public Health* 17, 7461. DOI: 10.3390/ijerph17207461.

Values and Morals in Deployment: A Challenge for Mental Health © 2025 by Peter Zimmermann is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

DOI: 10.48701/opus4-822

THE SPIRITUAL DIMENSION OF MORAL INJURIES

Author: *Andreas Trampota*

The Interest in Moral Injuries

In certain areas of life where people are confronted with extreme experiences,¹ a phenomenon occurs that is known as moral injury.² This is a *psychological* injury caused by inhumane, violent, or cruel acts (a) in which one has participated, or (b) which one could not prevent, or (c) which one has witnessed, or (d) which one has learned about.³ The actions that cause these injuries are serious moral transgressions that violate deeply rooted moral convictions and thus cause *a form of suffering with a specifically moral quality*.⁴

There are various reasons for the interest in these moral wounds. The most obvious one is certainly that one is affected by moral injury, leading to significant suffering. Or one is confronted by moral injuries in one's professional capacity as a psychologist or psychiatrist, and develops a scientific interest in the associated phenomena. In fact, the term became established in the 1990s when psychologists and psychiatrists treating Vietnam War veterans in the U.S. were growing increasingly aware that a certain type of psychological disorder – often broadly classified as “post-traumatic stress disorder” (PTSD) – was very inadequately described by this term. In these cases, the suffering at core was not an anxiety disorder resulting from a life-threatening situation, as is usually the case with post-traumatic stress disorders. Rather it was a *trauma of a moral nature* (i.e. a *normative traumatization*), accompanied by feelings of guilt and shame, even self-hatred (in some cases also anger and rage)⁵ and which, in a significant number of cases, leads to suicide or attempted suicide.⁶

There is another reason why the complex of phenomena described as moral injury deserves our attention, namely that in many cases⁷ *the whole of morality* is at stake. For its impact on a person's morality is as follows: “[...] rather than being limited to this or that moral principle, [the moral transgression] cuts to the heart or core of one's very identity as a moral being (one's sense of morality)”.⁸

Abstract

Moral injuries caused by participating in, failing to prevent, or merely witnessing inhumane or violent acts are a special type of trauma. As a manifestation of a specific form of reactive attitude, they have a cognitive, implicitly evaluative component in addition to the emotional one. In the particular case of moral injuries, it primarily concerns the fundamental question of the meaningfulness of a moral world, which addresses the spiritual dimension of morality. This is reflected in the descriptions of those affected, who often speak of a loss of trust in the ability and motivation to act morally, as well as of massive alienation. Their moral identity is shaken by perceived moral failure, and this is accompanied by (self-)condemnation, feelings of shame, guilt, or anger, and often a withdrawal from social relationships.

Drawing on Hannah Arendt's reflections on dealing with extreme injustice, the struggle with moral injuries can be described as a struggle to feel at home in the world again. The starting point for a possible reconciliation with reality is not only the perceived violation of deeply rooted moral beliefs and values and the associated feelings, but also an intersubjective consideration from the standpoint of reason that may help to modify and, if necessary, revise the moral judgment of those affected.

Integrating the spiritual dimension into therapy is supported by the fact that it brings into play dimensions of experience that, like moral injury, relate to the whole of human existence, such as the experience of guilt and sin, as well as mercy and forgiveness. Regardless of the specific religious connotation and the material definition of such terms, they refer to the common humanity of all people, which at least exists as a moral disposition, and the resulting need for a moral culture that bestows meaning.

Moral injuries: a specific form of reactive attitude

In order to understand the “comprehensive” dimension of moral injuries just mentioned, it is important to note that – as their name suggests – they belong on the *passive-receptive* side of human morality: They are *suffered!* They are *psychological events that occur to someone*. Thus, they are not the result of a decision, at least not the immediate result. But they are suffered *in a very specific way*. What is suffered has a *cognitive content* that is expressed in an *implicit moral judgment*. That is why moral injuries are classified as *reactive attitudes*.⁹ Their *implicit evaluative dimension* becomes clear in the context of human relationships, both in a person’s relationship with themselves (intra-personal relationship) and in their relationship with others (interpersonal relationship). These relationships are accompanied by certain expectations and demands. When people do not meet these expectations and demands, we react involuntarily. And the reaction tells us something about the attitude that the person reacting has to the world.¹⁰ In the specific case of moral injury, it tells us something about the person’s *moral attitude*, which can generally be described as a *strong sense of responsibility*.¹¹ In contrast to other reactive attitudes (such as resentment, grudges, hurt feelings, gratitude, forgiveness, love, moral praise, moral reproach), with moral injuries – as mentioned – morality as a whole is shattered. Those affected often talk about their *moral identity* being shaken or lost.

Moral injuries affect the whole of morality

What does it mean to say that moral injuries affect morality as a whole? Fundamentally, moral action is first and foremost about (1.) doing what one has recognized as good and right (*the normative dimension*). However, it is also important (2.) to muster the necessary ethical motivation in each individual case (*the motivational dimension*). This second dimension is inseparably linked to the first.¹² Last but not least – and this dimension often receives too

little attention – moral action is also about (3.) believing in the meaningfulness of the moral world.¹³ In order to remain moral beings even in difficult and extreme situations, we must not lose our belief in the meaningfulness of the moral world.¹⁴

I would like to elucidate this point by drawing on a few observations by Hannah Arendt.¹⁵ Although taken from a different context (her discussion of the Holocaust), they are nevertheless relevant because they stem from reflections on morality in the face of extreme human experiences: namely, experiences of extreme injustice.

When confronted with such experiences, it is important to maintain faith in a moral world, or rather, in the meaningfulness of a moral world, so that one can at least in some measure feel

In order to remain moral beings even in difficult and extreme situations, we must not lose our belief in the meaningfulness of the moral world

that one inhabits a world that supports moral action. In extreme situations, the question arises whether the world (as it is experienced) is even fit for humans.¹⁶ Against this background, it is illuminating to describe the struggle with moral injuries, which are often experienced as a threat to moral identity, as a struggle to re-establish a sense of belonging in the world. One could call this the spiritual dimension of ethics.¹⁷

For the purposes of this discussion, the “spiritual dimension” refers to the dimension of human life that gives meaning to the idea of a moral world. This can be a theistic belief, or it can also be a spirituality without reference to a transcendent reality in this sense. The key point is that it provides a person with an existential answer to the question of the meaning of their morality, which today is often expressed as: Why be moral? The concept of the spiritual, as used by many authors, is *broader* and also *vaguer* than the concept of the religious.¹⁸ Because of this *openness to broad interpretation*, the term “the spiritual dimension

of ethics” is used here. It refers to a personal reality that *extends beyond a person’s immediate reality (e.g. their immediate needs)* and is experienced as *providing meaning*.¹⁹

Arendt’s writings repeatedly address the question of how we can be at home in the world, particularly as moral beings. For those suffering from moral injuries, this question arises with existential urgency.

Loss of trust and alienation from what gives life meaning

When people who suffer from moral injury describe the phenomenon, various concepts stand out. For example, they talk about experiencing a betrayal of what is right,²⁰ or about experiences of serious moral transgressions and the resulting inner conflicts and moral distress.²¹ But they also mention a loss of trust and declining confidence in their own and others’ ability and motivation to act morally.²² This shows that there is a *deeper* “spiritual wound” with concomitant emotional effects.²³ Those affected by moral injury struggle with a shaking of the moral foundations of their personal identity, which can lead to its collapse and is experienced as a moral downfall. In his book *Achilles in Vietnam: Combat Trauma and the Undoing of Character*,²⁴ Jonathan Shay relates what a soldier who had completed three combat tours in the tank force in Vietnam says about himself in retrospect:

“[...] I look back today and I’m horrified at what I turned into. What I was. What I did. I just look at it like it was somebody else. [...] War changes you [...] strips you of all your beliefs,

your religion, takes your dignity away. [...] You know, it’s unbelievable what humans can do to each other. I never in a million years thought I would be capable of doing that. Never, never, never.”²⁵

The inner processes of which such statements give a small impression have a massive impact on the relationship that individuals with moral injury have with themselves, with other people, and, for people of faith, also with God.²⁶ As a result, they feel alienated from what gives their life meaning.

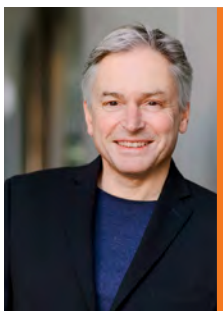
This alienation is reinforced by a tendency to withdraw, as individuals with moral injuries develop a negative self-image based on their perception of moral failure which sometimes leads them to believe that they are unworthy of forgiveness. By distancing themselves from others, they also deprive others of the opportunity to counteract what they are experiencing – for example in the form of completely different interpersonal experiences such as unconditional love or unconditional trust. Isolation, helplessness, and hopelessness are common side effects of moral injuries.²⁷

Reconciliation with reality

Against the backdrop of the preceding considerations, if one asks what the source is for the implicit moral judgment that characterizes the reaction in cases of moral injuries, I believe the answer must be:²⁸ the *inner (= subjective)* court of conscience.²⁹ And the starting point for a possible reconciliation with reality, which Arendt discusses in the context of extreme experiences of injustice, for example, would be the *public* court of practical reason. The moral philosopher Nancy Sherman also works as a psychologist with individuals suffering from moral injury. She has written about the phenomenon of harsh self-accusation that is characteristic of many cases of moral injury:

“The right therapy in these cases involves redrawing the lines around agency and accountability. It’s a case where letting go is *understanding the limits of control*. It’s also a case where *compassion and mercy may have to come from others* so you can learn to show it toward yourself.”³⁰

The Author



Andreas Trampota has been a research project manager at the Institute for Theology and Peace (ithf) in Hamburg since 2022 and teaches peace and conflict ethics in the master’s program “Peace and Security Studies” at the Institute for Peace Research and Security Policy (IFSH) at the University of Hamburg. He studied philosophy and theology in Freiburg im Breisgau, Munich, London, and Tübingen. From 2002 to 2022, he taught at the Munich School of Philosophy, becoming a professor of philosophical ethics in 2015. Research stays took him

to Fordham University in New York and UCLA in Los Angeles. His work focuses on ancient ethics, modern moral philosophy, contemporary analytical philosophy, medical ethics, and peace ethics.

She is sketching the outlines of a psychological approach that can help people who suffer from moral injury. Moral and religious concepts play a central role here because this is fundamentally about the possibilities and limitations of one's own capacity to act, and the attribution of responsibility for one's own actions. What matters is the *intersubjective* view characteristic of the *standpoint of reason*, in which compassion and mercy may come into play.

Furthermore, the attempt at reconciliation with reality in the case of moral injury begins with the perception of a violation of deeply rooted moral convictions and values, and the resulting feelings of self-condemnation, shame, guilt and rage. Starting from this point, a *deeper understanding* should help to regain the lost trust in reality with its moral dimension.

Hannah Arendt's characterization of understanding in her essay *Understanding and Politics* (originally titled *The Difficulties of Understanding*) fits very well with the attempt to understand in the case of moral injury. She writes that understanding is "an unending activity by which, in constant change and variation, we come to terms with and reconcile ourselves to reality, that is, try to be at home in the world."³¹ Up to a certain extent, the attempt to reach a deeper understanding can be healing. But as with all attempts at reconciliation, the process depends on factors beyond our control.

The spiritual dimension in therapy

Since the spiritual dimension plays a key role in moral injury, it seems obvious to ask whether it also offers starting points for therapy. When attempting to answer this question, one should first remind oneself of what experienced clinical psychologists generally say about treatment options, so as not to have any illusions. The U.S. American trauma expert Brett T. Litz is an internationally recognized authority in this field. In a conversation with colleagues, he said "[...] that there is no cure, that suffering cannot be eradicated, that on an

individual, communal, cultural, and societal level we did this, and this is the aftermath³² [...] We can't make this person what he or she was before this happened. It is just not possible."³³

So, if there is anything healing to be found when dealing with moral injuries, it is not a return to the *status quo ante* – the state before the injury. But the spiritual dimension can potentially be very helpful when it comes to finding a way *forward* in dealing with the injury.³⁴

Fundamentally, the spiritual dimension – like almost everything in human life – is extremely ambivalent. It can make a person even more vulnerable than they already are. But it can also have a crucial role in dealing with injuries. This is because it brings into play dimensions of experience that, like moral injuries, relate to *the whole of human existence*. An example would be the experience of guilt or sin as a primordial human experience, and

If there is anything healing to be found when dealing with moral injuries, it is not a return to the status quo ante

ways of dealing with it such as in the form of mercy and forgiveness. This can be a fruitful approach to dealing with the scary, painful and sad reality of moral wounds³⁵ in a way that opens up a path to the future.

It makes sense to include the spiritual dimension when dealing with moral injuries, simply because, for many people, different forms of value orientation (non-moral, moral, and religious forms of value orientation) are closely intertwined. When successful, this allows access to "deeper sources of life", which in many cases can have a healing effect, because religion is often experienced as promoting a sense of meaning in life, and religious feelings are a powerful motivating force.³⁶

Regardless of what special religious connotations terms such as guilt and forgiveness may have in any given case, *the perception and judgment of a benevolent and compassionate friend* plays a vital role in therapy for

moral injury. This is part of a therapy called *adaptive disclosure*, which was devised by Brett Litz and others for the treatment of active soldiers and war veterans.³⁷ At a critical point in the therapy, patients are asked to imagine an empty chair in the room. It is supposed to be a seat for a trusted and benevolent friend with moral authority who may be able to help them regain their lost confidence in their own goodness. The hope is that the morally injured person will gradually be able to see lovable aspects of their personality again, through the eyes of this imaginal person. Alternatively, patients are sometimes asked to imagine themselves as a compassionate friend offering support to a fellow soldier. This soldier, mirroring the patient's own experience, is plagued by and trapped in feelings of guilt and is, as is often the case, engaging in self-harming behaviors. Would you mercilessly level accusations of guilt at them?³⁸ The imagined change of perspective gives rise to empathy based on shared humanity.

Our shared humanity demands that we create a moral culture which bestows meaning

When dealing with experiences of extreme injustice and the mental suffering that this causes – as in the case of moral injuries – we are reminded of an important aspect of our shared humanity that we often forget if we are not confronted with such experiences. The *shared humanity* of all people, of which their *moral disposition* is a fundamental part, also demands that we shape the shared political world in such a way that people feel at home in it as moral beings, and that people who have suffered moral injuries can feel at home in it *again*, because they *can trust in the meaningfulness of the moral world*. Taking responsibility for our actions, including our moral failures, is an essential step in this direction. But a meaningful *moral culture* requires much more, such as dealing with the experience of guilt, for example in the form of the possibility of forgiveness and mercy.

1 In the military, in the police, in emergency medicine, in war reporting ...

2 Cf. Shay, Jonathan J. (1994): *Achilles in Vietnam. Combat Trauma and the Undoing of Character*. New York, p. 20. The historical roots of the concept can be found in the 18th century in Joseph Butler (Fifteen Sermons Preached at the Rolls Chapel, 1723) and Adam Smith (The Theory of Moral Sentiments, 1759).

3 Litz, Brett T. et al. (2009): *Moral Injury and Moral Repair in War Veterans. A Preliminary Model and Intervention Strategy*. In: *Clinical Psychology Review* 29 (8), pp. 695–706, p. 700.

4 Cf. Lang, Johannes and Schott, Robin May (2024): *The Moral Challenges of Moral Injury*. In: Cohen, Andrew I. and McClymond, Kathryn (eds.): *Moral Injury and the Humanities. Interdisciplinary Perspectives*. New York, pp. 17–34, pp. 22 f.

5 These feelings come into play particularly when the injury is caused by serious wrongdoing on the part of *another person*, such as a military superior.

6 Cf. Lang, Johannes and Schott, Robin May (2024), see endnote 4.

7 There are also moral injuries whose impact on a person's moral identity is less extensive. But we should restrict use of the term moral injury to cases where a *serious* moral conflict arises as a result of a *serious* moral transgression. Janine di Giovanni has suggested that moral injury can be said to exist "only when symptoms get to a point of impeding a person's ability to function" (di Giovanni, Janine (2020): *On Moral Injury. Can a New Diagnosis Help Heal Our Souls?* In: *Harper's Magazine*, August.)

8 La Fleur, Richard (2021): *Disruption of Moral Reasoning and Moral Judgment. Moral Injury and Healing Through Forgiveness*. In: *Journal of Mental Health and Social Behaviour* 3 (1), p. 2.

9 The term was introduced by Peter Strawson: Strawson, Peter F. (1974) [1962]: *Freedom and Resentment*. In: by the same author: *Freedom and Resentment and Other Essays*. New York, pp. 1–28. However, moral injuries were not included among reactive attitudes until later.

10 Cf. Mason, Michelle (2013): *Reactive Attitudes*. In: LaFollette, Hugh et al. (eds.): *The International Encyclopedia of Ethics*. Oxford, pp. 393–399.

11 Cf. Derbyshire, Jonathan: *Nancy Sherman on War and Homecoming. The Philosopher Asks What We Owe to Returning Soldiers*. In: *Prospect*, May 27. <https://www.prospectmagazine.co.uk/ideas/philosophy/47601/nancy-sherman-on-war-and-homecoming> (accessed October 20, 2025); Molendijk, Tine, Kramer, Eric-Hans and Verweij, Désirée (2018): *Moral Aspects of "Moral Injury"*. *Analyzing Conceptualizations on the Role of Morality in Military Trauma*. In: *Journal of Military Ethics* 17 (1), pp. 36–53, p. 41.

12 Questions about human behavior always involve the question of motivation. Cf. Trampota, Andreas (2010): *Kants Konzeption der Tugend als Habitus der Freiheit*. *Baden-Baden*, pp. 139 ff.

13 My discussion of belief in the meaningfulness of the moral world is inspired by pragmatist philosophers of religion such as William James (including his work *The Will to Believe*), John Dewey and Charles Sanders Peirce, as well as reflections made by my teacher Friedo Ricken in various contexts, among them the following essay: Ricken, Friedo (1984): *Kann die Moralphilosophie auf die Frage nach dem 'Ethischen' verzichten?* In: *Theologie und Philosophie* 59, pp. 161–177.

14 The notion of “lost trust” plays an important role in the context of experiences of moral injury. I will come back to this point below.

15 The following thoughts were inspired by: Lang, Johannes and Schott, Robin May (2024): see endnote 4, p. 27. See also: Biesta, Gert (2016): *Reconciling Ourselves to Reality*. Arendt, Education and the Challenge of Being at Home in the World. In: *Journal of Educational Administration and History* 48 (2), pp. 183–192. An important primary source can be found in endnote 31.

16 Cf. Arendt, Hannah (2006) [1963]: *Eichmann in Jerusalem: A Report on the Banality of Evil*. London, p. 233. She talks about “a place fit for human habitation.” See also: Neiman, Susan (2003): *Theodicy in Jerusalem*. In: Aschheim, Stephen E. (ed.): *Hannah Arendt in Jerusalem*. Berkeley, pp. 65–90, pp. 85 ff.

17 Cf. La Fleur, Richard (2021), see endnote 8, p. 2.

18 Cf. Grom, Bernhard (2007): *Religionspsychologie*. 3rd ed. Munich, p. 16.

19 Spiritualität. In: Dorsch – Lexikon der Psychologie, edited by Markus Antonius Wirtz. Bern. <https://dorsch.hogrefe.com/stichwort/spiritualitaet>. I am simply picking out a few phrases from this dictionary entry that I think are particularly apt!

20 Cf. Shay, Jonathan (2002): *Odysseus in America. Combat Trauma and the Trials of Homecoming*. New York, p. 240.

21 Cf. Litz, Brett T. et al. (2009), see endnote 3, pp. 700 ff.

22 Cf. Barrett, Edward (2023): *Moral Injury. A Typology*. In: *Journal of Military Ethics* 22 (3-4), pp. 158–167, p. 159; Drescher, Kent D. et al. (2011): *An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans*. In: *Traumatology* 17 (1), pp. 8–13, p. 9.

23 Cf. La Fleur, Richard (2021), see endnote 8, p. 2.

24 See endnote 2.

25 Shay, Jonathan (1994), see endnote 2, p. 59.

26 Cf. La Fleur, Richard (2021), see endnote 8, p. 2.

27 Cf. Litz, Brett T. et al. (2009), see endnote 3, p. 701.

28 Here I fall back on Kantian terminology. Cf. Vossenkuhl, Wilhelm (2022): *Was vor dem Gerichtshof der Vernunft gelten kann. Immanuel Kant und der wahre Gerichtshof für alle Streitigkeiten*. In: *Zur Debatte* 52 (2), pp. 122–125.

29 The subjective nature of this is also confirmed by moral psychology: “Subjective meaning-making is at the core of moral injury, as Litz and his colleagues define it.” (Cf. Lang, Johannes and Schott, Robin May (2024), see endnote 4, p. 24).

30 Sherman, Nancy (2021): *Stoic Wisdom. Moral Injury and Stoic Resilience*. <https://modernstoicism.com/stoic-wisdom-moral-injury-and-stoic-resilience-by-nancy-sherman/> (accessed October 22, 2025), p. 2 (my emphasis). See also: Sherman, Nancy (2005): *Stoic Warriors. The Ancient Philosophy Behind the Military Mind*. Oxford; Sherman, Nancy (2015): *Afterwar. Healing the Moral Wounds of Our Soldiers*. Oxford.

31 Arendt, Hannah (1953): *Understanding and Politics (The Difficulties of Understanding)*. In: *Partisan Review* 20 (4), pp. 377–392, p. 377.

32 To paraphrase, he is saying that the moral injuries suffered by individuals are also to a large extent the result of social, political and cultural occurrences. These should not be forgotten when looking at individuals and their suffering from a therapeutic perspective.

33 Lang, Johannes and Schott, Robin May (2024), see endnote 4, p. 22.

34 Cf. Lang, Johannes and Schott, Robin May (2024), see endnote 4, p. 22.

35 This is how Litz describes their reality: cf. Lang, Johannes and Schott, Robin May (2024), see endnote 4, p. 22.

36 Cf. Joas, Hans (2017): *Die Macht des Heiligen – Eine Alternative zur Geschichte von der Entzauberung*. Berlin. “Healing” here is not meant in the sense of curing physical illnesses. Spirituality and religion are a positive coping mechanism and protective factor, and in this sense they are “healing”. Cf. Grom, Bernhard (2011): *Wie gesund macht der Glaube? In: Stimmen der Zeit* 229, p. 111.

37 Cf. Litz, Brett T. et al. (2017): *Adaptive Disclosure. A New Treatment for Military Trauma, Loss, and Moral Injury*. New York.

38 Cf. Litz, Brett T. et al. (2009), see endnote 3, pp. 703 f. See also: Sherman, Nancy (2021), see endnote 30.

The Spiritual Dimension of Moral Injuries

© 2025 by Andreas Trampota is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

DOI: 10.48701/opus4-824

THE ABANDONMENT OF MORAL VALUES IN A MILITARY CONTEXT

MORAL INJURY AS A DISTINCTIVE FOCUS OF ETHICAL REFLECTION IN THE GERMAN ARMED FORCES

Author: Dirk Fischer

Introduction

The discussion of moral injury in psychiatry and psychology has once again brought ethics to the fore as a key military competence – a side effect that proves significant, not least against the backdrop of the challenges of national and alliance defense. This is particularly true in light of the alarming challenges currently confronting international humanitarian law and the Geneva Conventions. In times when compliance with the associated legal and moral obligations is openly weighed against considerations of one's own advantage, there is an urgent need to return to individual and collectively shared ethical and moral markers that, even in periods of military conflict, allow a minimum standard of humanity to prevail.

That abandoning ethical and moral standards entails significant consequences becomes evident, not least, in the observations that have been discussed since the 1990s under the heading of “moral injury”. Moral injury is a phenomenon situated at the intersection of psychiatry and ethics, with moral concerns taking on direct clinical relevance. Discussing these moral issues requires a minimum level of ethical education on the part of both patient and therapist – education that enables them to recognize moral conflicts as such, articulate them and, where appropriate, address them in a clinical setting. What applies to diagnosis, therapy and rehabilitation also proves to be importantly significant for the possible prevention of moral injury.

The fact that moral injury requires interdisciplinary analysis means that not only psychiatry and psychology, but especially ethics as well, must be able to give a coherent account of the phenomenon. Morality, understood as a term for individual or shared values, principles and norms, is first and foremost an object of ethical reflection. Given the renewed attention to its subject matter, ethics will therefore need to play a central role in the discussion of moral injury. Ethical education must impart a capacity that enables individuals to recognize moral injury for what it is: a potential threat to the

Abstract

The recent discussion about moral injury – actually a long-standing phenomenon – has once again brought the importance of ethics as a key military competence to the fore. This is particularly evident in light of current challenges to the norms of international humanitarian law. Moral injury refers to a profound moral shock in the context of psychologically traumatic events, in which one's own or another's actions or inactions clash with moral convictions. The phenomenon lies at the intersection of psychiatry and ethics: Moral injury has clinical relevance and requires ethical competence on the part of both those affected and therapeutic staff in order to recognize, identify, and deal with moral conflicts.

This brings ethical education in the German armed forces into focus. It must overcome speechlessness when dealing with values, principles, and norms and enable soldiers to reflect on the moral challenges of everyday military life. The Moral-Fitness-Model on Coping with Moral Harm presented in this article illustrates the connections between ethical training, moral resilience, and possible outcomes after moral harm – from moral growth to moral injury requiring treatment.

The prevention of moral injury thus becomes part of military professionalism: it focuses on strengthening moral fitness and serves to ensure a minimum level of humanity even under conditions of armed conflict.

person that, in order to be addressed appropriately, requires thorough prior engagement.

Soldiers' difficulty articulating concepts such as ethics and morality – repeatedly observed in the context of ethical training – is often accompanied by a lack of awareness of their own values, and of the moral convictions and expectations that arise from them. Ethical education intended to provide preventive, diagnostic and therapeutic support in addressing moral injury will have to begin here: What does ethics mean? What does morality mean? What role do ethics and morality play for human beings as moral agents? Why are moral convictions and expectations particularly vulnerable in a military context? How can moral injury be illuminated from an ethical perspective?

Moral injury as a phenomenon at the intersection of psychiatry and ethics

The phenomenon of moral injury is not new in the history of ethics, but its psychiatric and psychological significance was first articulated under that description by Jonathan Shay in his 1994 work *Achilles in Vietnam: Combat Trauma and the Undoing of Character*¹ in the context of war-related post-traumatic disorders, and was taken up by Brett Litz et al. in their ground-breaking 2009 article "Moral Injury and Moral Repair in War Veterans"². Both publications examine moral injury not as an ethical phenomenon but as a psychiatric one – one that subsequently received sustained attention from a large number of different authors.³

From both a medical and ethical perspective, the distinctive feature of moral injury is that it is not an issue of medical ethics that merely accompanies clinical medicine in research, diagnosis and therapy. Rather, it is a phenomenon with direct clinical relevance: compromised morality gives rise to moral injury – that is, an ethical phenomenon has a psychopathological consequence. This poses a particular challenge for both ethics and medicine. Moral injury proves to be clinically relevant, meaning that the question of com-

pliance or non-compliance with ethical principles is central to a psychiatric disorder that requires treatment. In this context, ethics and morality are not only important for meta-clinical reflection but are also central to clinical interaction – an interaction that demands a considerable degree of ethical competence from both patients and their therapists.

Ethics, morality and profession

Ethics and morality are ubiquitous terms in the media and are likewise used in a wide range of contexts within the German armed forces. Nevertheless, it remains necessary to clarify what is actually meant by these terms. Their frequent synonymous use must be critically examined, not least with a view to developing a more nuanced understanding of the phenomenon of moral injury.

Ethics refers to the critical, systematic reflection on moral actions and on the values, principles and norms that underlie those actions. The academic discipline of ethics can be further subdivided. In addition to foundational ethics, which addresses fundamental

Moral injury is a phenomenon with direct clinical relevance: compromised morality gives rise to moral injury – that is, an ethical phenomenon has a psychopathological consequence. This poses a particular challenge for both ethics and medicine

questions, a variety of area-specific branches of ethics can be identified. In the context of the German armed forces, paradigmatic instances of applied ethics include military ethics, military medical ethics, cyber ethics and peace ethics.⁴

Ethics is part of the humanities, i.e., the disciplines that study human beings and their characteristics. This includes the ability to distinguish between good and evil and to act accordingly; it can be described in terms of morality and ethical life. Ethical competence training invites reflection on the meaning of morality and ethical life. It is closely tied to the insight that human beings are endowed with moral and ethical capacities and, ac-

Accordingly, can and must understand themselves as such.

Our lives are marked by countless actions that we carry out each day. We do not always consider whether an action is right or wrong. When this question becomes relevant in deciding on a course of action, we speak of a moral action in a narrower sense, i.e., an action that is a conscious expression of our moral values, principles and norms.

The discourse on moral values, principles and norms is an expression of our moral orientation. These moral commitments play an important role in deciding on a course of action. For example, life can be identified as an important value, from which the principle of protecting life can be derived. This principle, in turn, is reflected in a series of normative standards, such as “Save drowning people!” or “Feed the starving!”. Human beings hold a multitude of shared as well as individual values, principles and norms. They are taught and learned in various contexts, such as in the family, at school, and also within the German armed forces. The sum of an individual’s or a

Moral competence is required to assess a situation and act accordingly

community’s values, principles and norms can be described as their morality.

Moral competence is required to assess a situation and act accordingly. Another term for this is moral fitness. The analogy to the concept of fitness in sport is deliberate. Simply deciding to run a marathon once in your life does not, by itself, make you a marathon runner. It takes extensive, often strenuous preparation before you can do it. You might read a book on the subject or talk to others who have already done it. It’s probably worth thinking about your nutrition. But above all, you need to start training. The decision to be a moral person is much the same. For example, the mere realization that it is desirable to be a just person does not make one just. Here, too, it is important to begin both theoretical and practical training.

This is all the more important given that many situations have no straightforward morally right or wrong solution. The resulting moral dilemmas are characterized by two or more moral values, principles or norms of equal importance coming into conflict. Decisions in such cases always have both positive and negative consequences, which can be very stressful and sometimes traumatic. In a military context, a moral dilemma often takes the form of a dual loyalty conflict. Such a conflict can arise from the dual medical and military roles involved. Here, the values, principles and norms of the medical profession collide with those of the military. This can occur, for example, when operational constraints prevent medical care from being provided to the civilian population because it must be subordinated to military objectives (military necessity vs medical urgency).

Ethical challenges in everyday military life

This example shows how closely decisions about how to act are tied to specific role expectations. The question “What kind of soldiers do we want to be?” is inextricably linked to a set of other questions that arise from the roles people hold in life. We might also ask: “What kind of parents do we want to be?”, “What kind of doctors?”, or “What kind of citizens?”. These questions lead to the broader question: “What kind of people do we want to be?”. And the answer to this depends entirely on engaging with the ethical and moral challenges of everyday military and private life. The two areas are inextricably linked. Ethical decisions made on the job affect a person’s private life, and the reverse is also true. The various roles that shape a person can only be realized in an integrated way – never in isolation, and certainly not in opposition to one another. This is a task that should not be underestimated.

Ethics therefore plays an important role in all areas of military competence. Adapting the US Army’s Comprehensive Soldier Fitness model, a three-part model can be formulated that works with three areas of military competence.⁵ In addition to physical and mental fitness, this model also identifies moral fitness.

Physical, psychological and moral injury

This seems necessary, not least given the significance of possible moral trauma. Alongside physical and psychological injury, moral injury is becoming increasingly important and is now gaining wider public attention through interdisciplinary research on the subject. Moral injury arises in the context of post-traumatic stress disorders. The World Health Organization's International Classification of Diseases (ICD-11) states the following about post-traumatic stress disorders: "Affected individuals were exposed to a brief or prolonged event or occurrence of exceptional threat or catastrophic magnitude". A closer look at the causes allows us to distinguish between accidental and interpersonal trauma. While accidental trauma is primarily caused by natural or technological disasters, interpersonal trauma results from human action (man-made trauma).⁶ Examples include criminal violence, sexual abuse, armed robbery, domestic violence, war, combat, torture, hostage-taking and imprisonment in concentration camps. Interpersonal traumas all show that, unlike accidental traumas, they raise serious moral questions. This difference is also reflected in the traditional philosophical distinction between the forms of evil that human beings can suffer: natural disasters are described as *malum physicum*, while man-made or moral evil is described as *malum morale*. It is noteworthy that discussions of both interpersonal trauma and *malum morale* have always indirectly referred to what we now describe as moral injury.

Even though moral injury is the recent name for a clinical condition that can occur in the context of post-traumatic stress disorder, there has always been moral injury. Interpersonal trauma (or suffering caused by moral evil) and the deep conflicts of values, principles and norms it produces have long posed a particular challenge and have been expressed in many ways, not least in art and literature.

Based on current knowledge and research, moral injury can be defined as a profound moral upheaval arising in the context of psychologically traumatic events in which one's

own, or another person's, actions or inactions conflict with the values, principles and norms of those affected and can no longer be reconciled with them. Three aspects are particularly noteworthy here: it involves a profound moral shock in the context of psychologically traumatic events; it concerns one's own or other people's actions or inactions; and these actions or inactions contradict the values, principles and norms of those affected. Individuals can thus suffer moral harm through their own actions or inaction, for example, by being forced to act or being forced not to act. Or they may suffer moral harm as a result of someone else's actions or inaction: as victims, when the action or inaction is directed against them, or as witnesses, when they observe it and are unable to intervene.

The moral fitness model

For ethics, moral injury is of considerable importance in several respects. It is clear that ethical and moral questions have direct clinical relevance for the diagnosis, treatment, rehabilitation and prevention of moral injury. It should be noted that recognizing, identifying and discussing moral conflicts requires a considerable degree of ethical competence within the therapeutic dialog, on the part of both therapist and patient.

And thus the phenomenon of moral injury can be situated within the broader context of ethical training and ethical competence. The literature on moral injury generally highlights different aspects, yet it does not bring them together to provide an overall picture. The Moral-Fitness-Model on Coping with Moral Harm places the phenomenon of moral injury within the broader context of ethical training and the development of ethical competence (see fig. 1).

The model represents a self-reinforcing control loop that can be divided into ten individual steps. The ethical training provided to soldiers is designed to develop individual moral fitness. In the German Armed Forces this includes a range of training formats, from low-threshold character guidance training (*Lebenskundlicher Unterricht*) and relevant courses at schools and

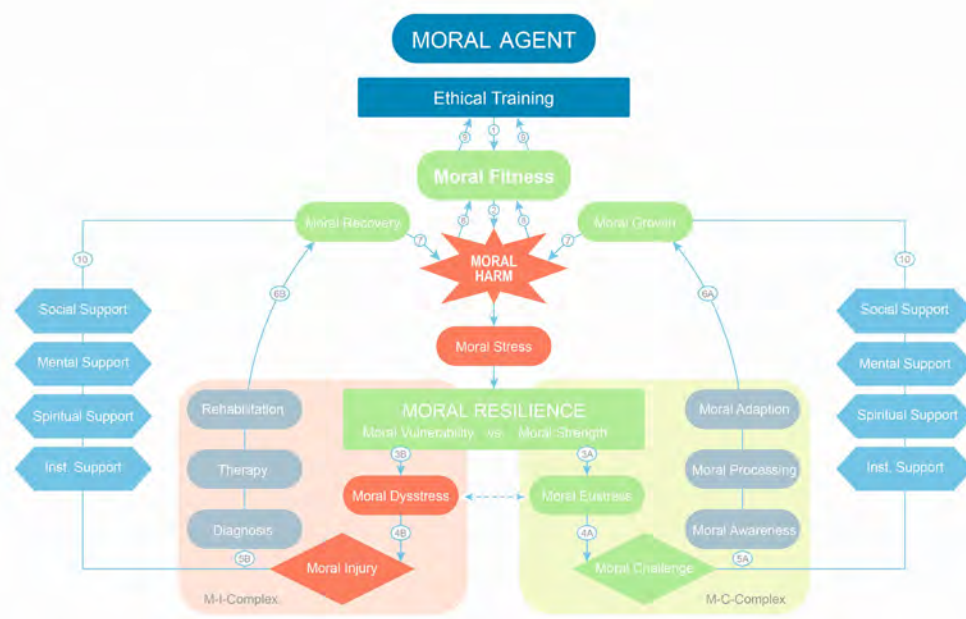


Fig. 1: The Moral-Fitness-Model on Coping with Moral Harm

academies to ethics courses at the *Bundeswehr* universities. Moral fitness first and foremost involves recognizing that we are moral agents. This goes hand in hand with an understanding of the importance of ethical questions and a willingness to engage with them. Working on and advocating moral values, principles and norms also plays an important role in acquiring ethical competence.

Moral fitness plays an important role in responding to events that cause moral harm during deployment. Moral harm must be distinguished from the concept of moral injury. Moral harm refers to the cause – the traumatic interpersonal event – whereas moral injury refers to its possible psychopathological consequence. Examples include experiencing violence and destruction, the use of weapons, injury and wounding, death and violation of the Geneva Conventions. In the context of violence and destruction, several aspects are important: seeing

destroyed houses and towns, witnessing brutality, violence and abuse, and experiencing an attack or assault. With regard to the use of weapons, the order to fire on enemy forces and the responsibility for the death of enemy combatants are significant. When it comes to injuries and wounds, this includes seeing helpless, sick and injured women and children, seeing seriously wounded comrades, or being wounded or injured yourself. Dealing with death is always a major challenge, but in operational settings this is compounded by seeing or identifying corpses and body parts. Other examples worth mentioning include witnessing the death of a comrade and being responsible for the death of a comrade. Violations of international humanitarian law cover a wide range. However, with regard to moral injury, the following points are particularly relevant: torture, disregard for the protective emblem and the use of weapons by medical personnel.

It goes without saying that these experiences can involve considerable moral stress. This moral stress may be experienced either as distress or as eustress, depending on individual resilience and in line with the classic stress model. In this context, moral resilience refers to the relationship between a person's moral vulnerability and their moral strength.

The Author



Dr. Dr. Dirk Fischer studied medicine, philosophy and Catholic theology, and gained two doctorates, one in medicine and the other in Catholic theology. He is a medical ethics advisor to the medical service of the German armed forces and director of the Institute of Military Medical Ethics at the Bundeswehr Medical Academy (Sanitätsakademie der Bundeswehr) in Munich.

Depending on this relationship, a person's development will either be shaped by moral challenge or by moral injury. A distinction can therefore be made between a moral challenge complex (M-C complex) and a moral injury complex (M-I complex). Within the moral challenge complex, moral growth can occur through various intermediate stages (moral awareness, moral processing and moral adaptation). In the case of the moral injury complex, by contrast, the focus is on the clinical treatment of moral injury (diagnosis, therapy and rehabilitation), which ideally leads to moral recovery.

An important aspect of the model is the set of supporting factors (institutional, spiritual, mental and social support). Institutional support refers to the support provided by the German armed forces. This ranges from comrades and commanding officers who are willing to listen to soldiers' concerns to members of the German *Bundestag*. Spiritual support refers to the military chaplaincy, which is generally the first point of contact when conflicts arise. Psychologists play an important role in providing mental support. Social support is also of great importance, for example, support provided by family and friends. These supporting factors play an important role in coping with and processing potentially traumatic experiences. Inadequate support can cause an experience of moral eustress to turn into moral distress, and vice versa.

It should be noted that this may lead to a re-evaluation of the experience and a strengthening of moral fitness. Ideally, the experiences gained and the ways in which they are processed are then incorporated by those affected into their ongoing ethical training.

Summary and outlook

Moral injury is gaining increasing attention as a new clinical picture, researched through an interdisciplinary approach involving psychiatry, psychology, sociology and ethics. This shows the importance of ethical competence in the prevention, diagnosis, treatment and rehabilitation of moral injury.

The importance of ethical training for everyday military life is illustrated by the moral fitness model for dealing with events that can

cause moral harm. The clinical relevance of moral injury highlights the importance of further developing ethical teaching formats in theory and practice as part of competence-focused training for soldiers. It is therefore to be expected that ethical education and competence in the German armed forces will receive significant impetus in the coming years, not least with regard to moral injury. Moral fitness will become increasingly important as a core military competence.

Concerns about the moral fitness of soldiers are particularly relevant in the context of national and alliance defense when military opponents do not comply with the legal and ethical standards laid down in internationally binding treaties. This development must never lead us to question our own commitment to legal and ethical standards. Rather, in view of this development, there is a need to reaffirm our own moral self-conception and that which we share with others. Prevention of moral injury must start here and, as part of personal development, must support the development of soldiers as responsible moral subjects.

1 Cf. Shay, Jonathan (1994): *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York.

2 Cf. Litz, Brett T. et al. (2009): *Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy*. In: *Clinical Psychology Review* 29, pp. 695–706.

3 Cf. Wiinikka-Lydon, Joseph (2019): *Mapping Moral Injury: Comparing Discourses of Moral Harm*. In: *Journal of Medicine and Philosophy* 44, pp. 175–191.

4 Cf. Fischer, Dirk (2023): *Sanitätsdienstliches Handeln im militärischen Konflikt. Eine Einführung in die Wehrmedizinethik*. In: *Zeitschrift für Medizinische Ethik* 69, pp. 59–73.

5 Cf. Fischer, Dirk (2019): *Medizinische Ethik im militärischen Kontext. Eine Herausforderung für Forschung und Lehre*. In: *Ethik und Militär* (2), pp. 50–56.

6 Cf. Schellong, Julia et al. (eds.) (2018): *Praxisbuch Psychotraumatologie*. Stuttgart, p. 29.

The Abandonment of Moral Values in a Military Context: Moral Injury as a Distinctive Focus of Ethical Reflection in the German Armed Forces
© 2025 by Rupert Dirk Fischer is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

DOI: 10.48701/opus4-835

THE PERSON UNDER-NEATH THE UNIFORM

MORAL AMBIVALENCE AND MORAL DISTRESS IN THE MILITARY

Author: *Sanneke Brouwers*

Introduction

The Dutch armed forces have once again come into the public spotlight. This follows years of budget cuts and a steadily shrinking military organization that had assumed an increasingly marginal role after the fall of the Berlin Wall. Many believed the world had become a safer place, and in the absence of substantial threats, the armed forces moved to the periphery of society.¹ Today, however, war has returned to the European continent, military personnel appear on primetime talk shows, and military training has become a topic of televised entertainment. Military experience is now framed as a source of personal development and mental resilience, especially in times of crisis. Collaboration between science and the armed forces has intensified in research and education. Even Crown Princess Amalia has enrolled in military training—the first female member of the Dutch royal family to do so. Times are changing.

This raises numerous questions—not only about rising defense budgets and military readiness, but also about the moral dimensions of soldiering and the consequences of military action. Are we witnessing the militarization of society, or are we simply strengthening civil resilience and self-reliance? Do we, as a society, truly understand what an armed conflict entails? What alternatives exist for achieving peace and security? Here the Dutch humanist Desiderius Erasmus (1469–1536) offers a timely warning: “*Dulce Bellum Inexpertis*” – “War is sweet to those who have no experience of it.” His words prompt us to listen to those who have: Dutch military veterans who served their country in various wars – near and far, just and unjust, won or lost. Their stories help us understand what soldiering means and guard us against being misled by the notion that war is anything but bitter.

We all know that military work is physically and mentally demanding, but its moral pressures are often overlooked. Soldiers regularly face conflict, danger, injustice, and violations of human dignity. Such experiences may leave

Abstract

This article examines the often-overlooked moral pressures of military service, drawing on the author’s doctoral research on moral distress among Dutch veterans. Against the backdrop of the renewed public prominence of the armed forces, it argues that moral ambivalence is an integral part of soldiering. Based on a narrative study with 25 active or retired service members of diverse backgrounds, the research identifies morally stressful events during deployment and analyzes their cognitive and emotional components. Feelings of powerlessness, anger, and disappointment frequently emerged, rooted in experiences of violence and strained relationships. Role theory proved helpful in understanding tensions between personal and professional values and expectations, which may lead to a dissonance between identity and action and even failed self-constitution. The study shows how restricted autonomy, coercive compliance, and institutional constraints can contribute to moral distress, while opportunities for agency (room for maneuver) and social recognition help mitigate it. The findings underline that moral distress should not be confined to the clinical realm. Rather, it is a moral phenomenon requiring an adequate moral response from society. Veterans’ experiences thus invite broader reflection on responsibility, recognition, and the ethical foundations of military engagement.

deep emotional marks – powerlessness, anger, and moral distress. To illuminate these dynamics, I draw on my doctoral research, “Moral Experiences in the Armed Forces: A Conceptual and Empirical Analysis of Moral Distress in Veterans.” The central research questions are: What kinds of events during deployment do veterans find morally stressful? Can these experiences be understood as role conflicts? What are their cognitive and emotional components? My research maps the kinds of situations veterans regard as morally taxing and highlights the moral dimensions of deployment.

Role theory proved useful in understanding how soldiers work with different value systems in their personal or professional roles. Soldiers often feel torn between being protectors and perpetrators, wanting to protect and support, but sometimes causing harm in the end. This dual role is emotionally complex and difficult to process.

Besides identifying the moral incidents, part of this article will also deal with the question of what to do with the findings.

The following topics will be covered and illustrated with examples from my study:

- Moral distress as an integral part of military professionalism
- Method and results
- Failed self-constitution due to moral distress
- Room for maneuver as a role strategy to prevent moral distress
- Recognition as a role strategy to cope with moral distress and moral responsibility
- Concluding thoughts

Moral distress as an integral part of military professionalism

The moral tension soldiers can experience has two main sources. They operate

1. within a field of violence (on the edges of civilization),
2. within a hierarchical structure (which pressures personal moral integrity).

This means that moral ambivalence and the resulting moral distress can be seen as an integral part of military service. Soldiers

should be prepared for this during training, supported before deployment, and cared for after missions.² Veteran’s mental care and especially the military chaplaincy³ should pay close attention to the moral burden that affects veterans’ mental and physical health and well-being. Fortunately, the concept of moral injury has gained increasing attention and is widely recognized among veterans.⁴

Jonathan Shay is considered one of the first scholars to have used the concept of moral injury. He gives the following definition:

“Moral injury is a betrayal of what’s right by a person in a position of authority in a high-stakes situation.”⁵

The feeling of betrayal arises from the fact that soldiers act within a command structure and therefore cannot determine their actions

Doubts, questions, and disappointment do not only occur in high-stakes situations. They may also be triggered by seemingly “small” issues

themselves. Shay underlines the institutional cause of moral injury. Litz et al. offer a broader definition that reflects how veterans commonly experience it:

“The lasting psychological, biological, spiritual, behavioral and social impact of perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations of the self.”⁶

Symptoms of moral injury sometimes resemble those of Post-Traumatic Stress Disorder (PTSD). They can be difficult to distinguish because moral injury often occurs in combination with PTSD.⁷ In short, PTSD is based on fear caused by life-threatening situations whereas moral injury arises from violations of deep-seated moral and ethical beliefs and expectations.

However, doubts, questions, and disappointment do not only occur in high-stakes situations; they may also be triggered by seemingly “small” issues. We overlook this point if we only focus on moral injury (which

can nevertheless arise from prolonged moral distress) in a narrow, clinical sense. Moral distress is the more suitable term for these kinds of experiences. It was coined by Andrew Jameton in 1984:

“Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.”⁸

Moral injury and moral distress are related but differ in severity.⁹ In my research, however, I prefer to use the concept of moral distress for two reasons. First, it is broader, which makes it recognizable for all military personnel in their professional role. Moral distress includes smaller conflicts of values that might seem minor at first glance but still affect someone deeply. This allows for

experiences.¹² Incorporating the affective level reveals that it is sometimes difficult for an outsider to understand how a veteran feels about a (moral) incident.

The sample included 25 veterans, both active and former service members, diverse in military and personal backgrounds. They were divided into three groups: those with no mental health issues, those with mild issues, and those with serious problems.

Large differences emerged in the number of negative affections the veterans expressed. Many participants mentioned ambivalent feelings, and the majority described morally stressful experiences. The most common emotions were powerlessness, anger, and disappointment. There are two main sources of moral distress: violence and relations.

Experience with violence can occur at three levels. Sometimes they had to use force themselves, sometimes they saw others in danger, and sometimes they witnessed harm to civilians. Veterans struggled with their own actions, others’ actions, and decisions made by the military institution.

Relationships with fellow soldiers can be a source of strength, but also pain. Veterans recounted experiences of bullying, sexism, and abuse of power. These experiences were especially painful because they came from comrades. At the same time, strong bonds and mutual support were deeply valued. When a comrade is injured or killed, survivors may start wondering if they could have done more.¹³ This so-called “survivor’s guilt” can be intense and long-lasting.

Moral experience and perceived problem severity differ largely between individuals. The following examples are incidents that veterans perceived to be their emotionally most negative experience during deployment.

- *Bosnia/Croatia deployment, 19 years old, the only woman: “I got a report for wearing a colored hair tie. I wasn’t allowed to be a woman.”*
- *“On my video screen (UAV), I watch her being dumped in a ditch – only wearing a blouse, covered in blood – where she dies before my very eyes. I feel so powerless.*

The painful feelings reported by veterans show that their conscience is functioning well

a broader and more nuanced understanding of veterans’ experiences. Second, in my opinion, moral distress is not an injury that can be treated or cured. Instead, I agree with other scholars who argue that moral injury and moral distress should not be confined to the clinical domain because it is a healthy response that signals a person’s awareness of their moral obligations¹⁰ and is therefore evidence of a good character¹¹. The painful feelings reported by veterans show that their conscience is functioning well. In addition, moral experiences are not necessarily connected with mental problems or a moral burden. Moral distress can be seen as a sign of mental health, not illness.

Method and results

The aim of my research was to understand what kind of events veterans find morally stressful. I used the Self-Confrontation Method (SCM), a narrative approach that allows for the identification and analysis of both cognitive and emotional aspects of personal

This is the worst thing I have ever experienced.

- *“When I had to make weather forecasts, I often saw aerial photographs of the target beforehand. I’d sometimes see children playing or a dog lying there. Then you knew it might be bombed in a few hours.”*
- *“I’m sitting in front of the door to Role 2 [field hospital]. Mulder is there with some other colleagues. I want to go in, but I can’t.”*

Failed self-constitution as a result of moral distress

Role theory is helpful to understand moral tension in the military context. Soldiers in their professional role have restricted autonomy and cannot necessarily follow their own moral compass but must obey orders within the chain of command. This institutionally restricted autonomy requires compliance from military personnel¹⁴ and can lead to role tension at the personal level.

Soldiers can experience conflicts between roles and the corresponding expectations and values which may lead to a dissonance between one’s identity and acts. Role tension is defined by Biddle as follows:

“The current appearance of two or more incompatible expectations for the behavior of a person.”¹⁵

Role tension can exist between the personal and the professional role (role discontinuity) or within the professional role (role overload), e.g. when soldiers have different professional roles like warrior, diplomat, and community worker¹⁶ (Broesder, 2008) with often incompatible value systems.

Moral distress resulting from role tension can affect personal identity. This claim can be substantiated by Christine Korsgaard’s self-constitution theory which links identity formation to ethics. This theory states that the source of normativity lies in the human project of self-constitution.¹⁷ In our actions we express what we consider important. Consequently, acting is the way to build identity. This assumes that we can choose which actions we take or refrain from taking. That does

not apply to the military role which restricts individual freedom to direct one’s actions. In operational military practice this means that soldiers may have to perform actions that conflict with their values or refrain from acting in line with their values. But these actions, performed in the professional role and on order, become part of identity as well. This may result in a failed self-constitution, a dissonance between “who one is” and “what one did”.

The following quotes demonstrate how performing the military role may affect identity.

- *“I can’t look at myself in the mirror. I never look into my own eyes. When I do look, I see someone who has failed.”*
- *“The military has knocked the feeling out of me. Because of: culture, hierarchy, seniority, following orders, listening and no room for initiative.”*
- *“Half of me has never come back but is still out there burning trash and unloading planes.”*

Not all veterans experienced deep role conflict. Some felt they were “different people” at work and at home. Interestingly, most veterans, especially those with mental health issues, valued their soldier identity more positively than their civilian identity.

Veterans also described their most positive deployment experiences, linked to feelings such as happiness, comradeship, and self-confidence. Analysis revealed two role strategies that help mitigate moral distress. The first is room for maneuver. Veterans who were able, at least to some degree, to decide what to do and how to act recount more positive experiences. The second is establishing relationships of social recognition. Both strategies are elaborated in the next sections.

Room for maneuver as a role-strategy to prevent moral distress

Compliance is an essential factor in the armed forces, an organization based on coercion. Soldiers may respond with acceptance or (silent) resistance.¹⁸ But expressing feelings of discomfort or objections can be very important because acknowledging role conflict hon-

ors the person behind the soldier. Feelings of ambivalence about mission goals are part of the job and should not be neglected.

In the following example, the veteran clearly voiced his objections. This was associated with self-confidence and positive feelings at the affective level:

- *“In the management team I expressed my dissatisfaction about the security of factory ships that were emptying Somalia’s Exclusive Economic Zone.”*

On the other hand, situations of coercive compliance resulted in negative feelings or even feelings of betrayal. Veterans who carried out an order they already doubted retain very negative emotions. Although soldiers operate within a chain of command, they do not seem to make any distinction between functional and personal responsibility in critical situations; rather, they feel personally involved.¹⁹ When an action feels wrong from the beginning, it is difficult to process. Although it confirms one’s own judgement, it leads to a negative self-evaluation.

The following statement may serve to illustrate this point:

- *“I’m wondering if I should have shot after all. The fact that I didn’t act bothers me. I wonder what happened to that woman.”*

At times, veterans felt abandoned by their superiors or had to manage complex situations without any rules or official channels. But interestingly, the absence of organizational guidelines or strict oversight on missions can have a positive effect, giving soldiers room for maneuver to resolve problems. It is precisely during deployment that soldiers often experience the freedom to make their own choices and become aware of their military identity that emerges in making those choices.²⁰ Although compliance is an important pillar of the military organization, veterans often

reflect very positively on situations where they could take initiative. That also applies to cases of disobedience or burdensome situations with complex moral dilemmas, as the following quote shows:

- *“I was ordered to eliminate a 14-year-old boy with a walkie-talkie. One of our cars is stuck in the wadi. But... I didn’t do it.”*

Allowing a certain room for maneuver may relieve role tension experienced and lead to less conflictive experiences of agency. In these moments, the conflict between the military and the personal roles is reduced to a minimum. These are experiences veterans judge to be their most positive and where they take on the role of helper. In these cases, soldiers could express their moral commitment and reflect their values in action. I want to underline this principle with a quote from my study.

- *“During my mission we did a foot patrol. When we passed a small group of children they waved at us and smiled. I felt this is why I do this job.”*

Recognition as a role strategy to cope with moral distress and moral responsibility

The second role strategy concerns societal recognition. We build our identity not only by expressing our values in action; there is also a social dimension. This means that a veteran’s self-image is not only shaped by actions and experiences during deployment, but also by the way others value them. According to Honneth, identity does not only have an individual side, but also needs confirmation from others. The struggle for recognition, based on mutual dependence, is the main motivation for human action. “One’s relationship to oneself, then, is not a matter of a solitary ego appraising itself, but an intersubjective process, in which one’s attitude towards oneself emerges in one’s encounter with others’ attitudes toward oneself.”²¹ These relationships need to be developed. This involves social struggles. When relationships fail, one may feel misunderstood or ignored, a negative experience that motivates people to build mutual social connections and work towards a more just so-

The Author



Sanneke Brouwers, born in 1979, has a master’s degree in theology from Radboud University in Nijmegen, Netherlands. She has been a military chaplain in the Dutch armed forces since 2008 and was deployed several times with the Dutch Ballistic Missile Defence Task Force. From 2019 to 2025, she worked at the Netherlands Veterans Institute. In December 2025, she earned a PhD from the Tilburg School of Catholic Theology.

ciety. These are ethical relationships based on love, justice and solidarity. Experiences of being ignored motivate us to connect. People are therefore mutually dependent on each other for identity construction.

Veterans long for recognition because they often work far from home, under difficult conditions, even risking their lives. Morally committed to their employment, they act on behalf of the country they serve. But at the same time, the work of military personnel is invisible for civilians, for reasons of security or because they are deployed abroad. It is important to note that recognition does not necessarily mean appreciation, but simply acknowledgement of their efforts. A truthful and honest account of military work must include achievements, attempts, ideals—but also failures, mistakes, and traumatic events.

Sherman adds another aspect when she argues that saying “thank you for your service” is not enough.²² Society as a “moral community” shares veterans’ moral responsibility and cannot simply delegate it to them. Supporting veterans and helping them find their place in society, especially when they struggle with psychological or moral burdens of missions, is also a civilian task. But I think we should not stop here. We cannot ignore that their suffering points to another reality, the faceless and nameless victims of war whose human dignity has been taken away.

Findings from my research show the importance of (mis)recognition at various levels. The first is self-recognition: some veterans did not consider themselves being a “real” veteran for different reasons, among them fear of being stigmatized (for example “veterans have PTSD”). This is paradoxical because veterans often complain about societal misrecognition but also contribute to negative framing.²³ The second level is about recognition from close relatives and friends. At the third level, they expect recognition from society or the institution. I quote examples of misrecognition from each of these levels:

1. self-recognition:

- *“Old veterans fought for the Netherlands. That was useful. They can look back on it with satisfaction.”*

2. Inner circle:

- *“I had an argument with my friend because he thought that dying was ‘part of the military profession’. I do not agree with him. Maybe it counts for the risk but not for the outcome.”*

3. Society/institution

- *“I am part of a society that does not care about what happened in Lebanon.”*
- *“I applied for a combat badge for the crew, but it was rejected by the committee because it did not meet the definition.”*

A truthful and honest account of military work must include achievements, attempts, ideals – but also failures, mistakes, and traumatic events

Others recounted very positive and meaningful experiences of recognition, associated with strong feelings of self-esteem and connectedness.

- *“I walked along in the parade, the audience clapped and cheered and that meant a lot to me. I thought: ‘Yes, I did all these deployments and I can be proud of that.’”*

Concluding thoughts

The moral suffering that soldiers experience during and after deployment should be shared widely in society in order to awaken a strong collective commitment to peace and security and “become each other’s neighbor”²⁴. This means that adequate care and support are essential, but the underlying moral questions cannot be answered solely by individual clinical treatment. Our veteran’s moral distress requires more than that, i.e. a moral response. Questions concerning military deployment, national and global security in the Netherlands and the world, justice and human dignity concern us all. I advocate for addressing these moral questions in society to see how we might contribute to a more just and peaceful world.

- 1 Moskos, C. C., Williams, J. A., & Segal, D. R. (2000): *The Postmodern Military: Armed Forces After the Cold War*. Oxford/New York.
- 2 Wildering, G. and Iersel, F. v. (2014): *Morele vorming in de krijgsmacht: een katholiek perspectief*. Budel.
- 3 Schuhmann, C. et al. (2023): How military chaplains strengthen the moral resilience of soldiers and veterans: Results from a case studies project in the Netherlands. In: *Pastoral Psychology* 72 (5), pp. 605–624. <https://doi.org/10.1007/s11089-023-01097-5>.
- 4 Vermetten, E. et al. (2018): *Moral Decisions and Military Mental Health*. <https://www.sto.nato.int/document/moral-decisions-and-military-mental-health-2/>. DOI: 10.14339/STO-TR-HFM-179.
- 5 Shay, J. (1994). *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York.
- 6 Litz, B. T. et al.: (2009). Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy. In: *Clinical Psychology Review* 29 (8), pp. 695–706, p. 697. <https://doi.org/10.1016/j.cpr.2009.07.003>.
- 7 Barnes, H. A., Hurley, R. A. and Taber, K. H. (2019): Moral Injury and PTSD: Often Co-Occurring Yet Mechanistically Different. In: *The Journal of Neuropsychiatry and Clinical Neurosciences*, 31 (2), A4-103. <https://doi.org/10.1176/appi.neuropsych.19020036>; Gray, M. J. et al. (2012): Adaptive disclosure: An open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. In: *Behavior Therapy* 43 (2), pp. 407-415. <https://doi.org/10.1016/j.beth.2011.09.001>.
- 8 Jameton, A. (1984): *Nursing Practice: The Ethical Issues*. Englewood Cliffs, N.J. <https://books.google.nl/books?id=whFtAAAAAAAJ>.
- 9 Litz, B. T. and Kerig, P. K. (2019): Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. In: *Journal of Traumatic Stress* 32 (3), pp. 341–349. <https://doi.org/10.1002/jts.22405>.
- 10 Brodie, B. and Lifton, R. J. (1975): Home from the War: Vietnam Veterans, Neither Victims nor Executioners. In: *Journal of Interdisciplinary History* 5 (4), p. 772. <https://doi.org/10.2307/202878>; Farnsworth, J. K. et al. (2017): A functional approach to understanding and treating military-related moral injury. In: *Journal of Contextual Behavioral Science* 6 (4), pp. 391–397. <https://doi.org/10.1016/j.jcbs.2017.07.003>.
- 11 Wiinikka-Lydon, J. (2018): Dirty Hands and Moral Injury. In: *Philosophy* 93 (3), pp. 355–374. <https://doi.org/10.1017/S0031819118000050>.
- 12 Hermans, H. J. M. and Hermans-Jansen, E. (1995): *Self-Narratives: The Construction of Meaning in Psychotherapy*. New York/London.
- 13 Kubany, E. S. (1994): A cognitive model of guilt typology in combat-related PTSD. In: *Journal of Traumatic Stress* 7 (1), pp. 3–19.
- 14 Etzioni, A. (1975): *A Comparative Analysis of Complex Organizations: On Power, Involvement, and Their Correlates*. Revised and enlarged ed. New York.
- 15 Biddle, B. J. (1986): Recent Developments in Role Theory. In: *Annual Review of Sociology* 12, pp. 67–92, p. 82. <https://doi.org/10.1146/annurev.so.12.080186.000435>.
- 16 Broesder, W. A. (2008): 'Peacekeeping Warrior': Krijger en vredessoldaat: paradox? In: *Militaire Spectator* 10, pp. 535–548. <https://militairespectator.nl/artikelen/peacekeeping-warrior>.
- 17 Korsgaard, C. M. (2009): *Self-Constitution: Agency, Identity, and Integrity*. Oxford/New York, p. 4.
- 18 NATO (2019): A psychological guide for leaders across the deployment circle. In: *Allied Medical Publication AMedP-8.10*. Brussels, pp. 80.
- 19 van Bruggen, J. P. (2025): *Morele grenzen in oorlogsgebied: Persoonlijke verantwoordelijkheid van Nederlandse militairen*. Utrecht, p. 240. <https://research.tilburguniversity.edu/en/publications/349b2b45-c04a-420a-bb58-fd8a9845b1c0>.
- 20 van Bruggen, J. P. (2025), see endnote 18.
- 21 Honneth, A. (1995): *The Struggle for Recognition: The Moral Grammar of Social Conflicts*. Trans. J. Anderson. Cambridge, Mass., p. xii.
- 22 Sherman, Nancy (2015): *Afterwar. Healing the Moral Injuries of our Soldiers*. New York.
- 23 De Reuver, Y. (2022): *Veteran under construction: Identification processes among Dutch veterans who served in military missions in Lebanon, Srebrenica, and Uruzgan*. Radboud Universiteit, Nijmegen. <https://www.nlveteraneninstituut.nl/content/uploads/2022/05/PDF-Veteran-Under-Construction-Yvon-de-Reuver.pdf>.
- 24 Halik, T. (2018): *Raak de wonden aan: Over niet zien en toch geloven*. Trans. K. d. Wildt and H. d. Wildt. Utrecht. <https://books.google.nl/books?id=B6Zy-DwAAQBAJ>.

The Person Underneath the Uniform © 2025 by Sanneke Brouwers is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

DOI: 10.48701/opus4-827

EMPATHY'S ROLE IN MILITARY MEANING

Author: Kevin Cutright

Must “empathetic soldier” be counterintuitive?

There is an instinctive resistance to considering empathy as compatible with, and even essential for, the military profession. There are many reasonable concerns behind this resistance, which are generally addressed with clear definitions of two things: what we mean by “empathy” and what we mean by “soldiering.” Recently, however, the resistance has been amplified by a troubling disdain in popular discourse. I listened to a podcast episode entitled “Is Empathy Toxic?”¹ By the end, I found the more recent concerns about empathy simplistic and unconvincing. Honesty is also a virtue that can be toxic, as well as any other virtue that is taken to an extreme or applied foolishly. One of the critiques cited in the podcast suggests that empathy entails jumping into quicksand with someone who is trapped by it. Empathetically putting oneself into the circumstances of another supposedly means literally doing so. Yet plenty of formal examinations of empathy (and, I suspect, plenty of the critic’s personal moments of it) distinguish it from “emotional contagion,” the automatic and unhelpful mirroring of another person’s experience.

Similar to emotional contagion, many have also distinguished “emotional empathy” (feeling others’ feelings) from “cognitive empathy” (understanding others’ thoughts and feelings).² A popular and far more reasonable critique of empathy than what I cited above focuses on emotional empathy.³ I agree with all of the author’s concerns; they are, however, limited to emotional empathy, which is defined along the lines of emotional contagion. His ideal of “rational compassion” resembles the exercise of empathy balanced with other virtues and skills that one finds across empathy scholarship and that I have employed in the past; I hesitate to use his phrase, though, because “rational compassion” seems just as susceptible to various interpretations that shroud “empathy” – except without the clarifications available in the literature.

Abstract

This paper defends empathy as essential to the military profession while addressing concerns about its potential risks, including moral injury. The author challenges recent critiques that dismiss empathy as toxic, arguing these critiques conflate empathy with emotional contagion. Properly understood, empathy involves understanding another’s thoughts and feelings within their full context – a capability that enhances both the cognitive and moral dimensions of soldiering. Empathy improves soldiers’ thinking by reducing stereotypical assumptions, countering confirmation bias, and providing perspective on how others perceive them. Morally, empathy reinforces the humanity of subordinates, local populations, and enemies, countering dehumanization and grounding soldiers in two vital realities: war’s tragic nature and the necessity of aiming toward just and lasting peace. While excessive empathy risks over-identification, hesitation, or selective application, abandoning it entirely leaves soldiers’ judgments equally error-prone and morally compromised.

Using Susan Wolf’s philosophical approach to life’s meaning as “active engagement in projects of worth,” the author analyzes the case of an Army officer that illustrates how defining success solely through outcomes – rather than recognizing meaning in worthy purposes and ethical means – intensifies susceptibility to moral injury, particularly when outcomes depend on factors beyond one’s control as in the collective action of war. Soldiers require mature philosophical preparation integrating empathy with other virtues to derive meaning from their service and reduce vulnerability to moral injury.

When I employ the term empathy, I mean cognitive empathy; the only clarification I would add is that I still mean for emotions to be accounted for, even if not mirrored. Empathy is an understanding of another's thoughts and feelings in the thick of their personal, circumstantial, and cultural context. Importantly, this understanding involves a sense of how another's experience feels; empathy is not merely a theoretical claim about what another is experiencing. However, this felt characteristic need not overwhelm a differentiation between oneself and the other.

Ultimately, if "empathy" comes to mean merely emotional contagion, then I am willing to drop the term and use "perspective-taking," or "experientially understanding" a person, or even "rational compassion." My use of the term "empathy" – which may, in fact, be subject to semantic shifts – hinges on its operational definition. What remains steadfast is the obligation (and the benefit) of soldiers grasping the nature of another person's experience to some relevant degree. This grasp helps soldiers think more realistically and more accurately. Soldiers are better set to avoid assumptions fueled by shallow stereotypes of others. Empathy also grants them a view of themselves from the perspectives of others. In these ways, empathy improves the objectivity of their thinking by helping them avoid confirmation bias, naively assuming their perspective is exclusively and exhaustively true, or presuming silence from others means agreement.

Empathy also improves the morality of soldiers' decisions. This contribution is probably more obvious than the superior thinking noted above. By reinforcing the humanity of fellow soldiers, especially subordinates, empathy counters the dismissiveness that may accompany rank and privilege. Empathy also fosters a better appreciation for local populations by unveiling their perspectives, priorities, and motivations. Thirdly, by illuminating the humanity of enemies, empathy counters the dehumanizing tendencies that are so often the root of immorality and gratuitous violence in war. Taken together, this humanizing impact of empathy spurs individuals away

from self-absorption and toward a respect for others that grounds genuine justice. It motivates soldiers to act in light of two vital moral realities: war is a moral tragedy, and the only proper intention that warrants it is an aim for a just and lasting peace.

If unchecked by other important virtues, empathy can certainly lead soldiers astray in terms of their thinking and their moral decision-making. An excess of empathy may promote over-rapport, identifying so much with another's experience that it erodes one's own independent judgment. Similarly, excessive empathy may lead individuals to constant and unwarranted second-guessing of their decisions and actions. In this manner, it may cause dangerous hesitation in high-stakes situations that demand quick action. Such hesitation might also stem from empathy enveloping individuals in the tragic nature of war (yes – like quicksand). Finally, soldiers may also ap-

***Like any other virtue,
employing empathy in isolation will be
error-prone and morally fraught.
It requires the balance of other virtues***

ply empathy too selectively, amplifying social connection with an in-group to the point of eclipsing the humanity of an out-group.

These positive and negative aspects of empathy reinforce the fact that the military profession requires a mature approach to morality. Like any other virtue, employing empathy in isolation will be error-prone and morally fraught. It requires the balance of other virtues. The fundamental point that I want to make is simply that abandoning empathy altogether also makes soldiers' judgments error-prone and morally fraught. Empathy matters to soldiering well.

A second point deserves brief attention: the military profession requires a mature sense of masculinity as much as morality. There should be no lingering insistence that empathy is only a feminine virtue, just as stoic toughness is not merely a masculine one. All soldiers must be empathetic to properly fulfill their duties. Tra-

ditional martial virtues remain important; they simply need to be balanced by other virtues such as empathy. It is precisely when they are not that moral injury becomes a greater risk.

Is empathy a route to moral injury?

I maintain that empathy matters to soldiering well. I offer moral injury as evidence. Lack of empathy is apparent in many instances of moral injury, either in the injured individual or his superiors. The instances often revolve around the two moral realities mentioned above. Some cases highlight a neglect of the tragic nature of war – soldiers are shocked by its tragedy when they were expecting glory. Other cases highlight a neglect of a proper

down empathetic impulses, it is argued, and allow soldiers a reprieve from these troubling questions.

But this attempt to care for them backfires, and I again turn to cases of moral injury as evidence. The literature has numerous examples of soldiers who stoically endure combat and then crumble in the process of “reflective suffering” later.⁵ The solution cannot be to avoid such reflection permanently (either by the soldier’s own volition, or training, or medical interventions); that would curse the soldier to subconscious and confusing upheavals or, perhaps worst, a complete deadening of social and emotional impulses and abilities. The only true solution is twofold: ensure soldiers participate in wars and battles that can withstand moral scrutiny, and ensure they are equipped to process their empathetic understanding of others.⁶

Therefore, empathy’s contribution to moral injury is not enough to dispense with it. It should not be perceived as the cause of moral injury but merely its conduit. We do not blind a soldier to ensure they do not suffer the glare of the sun; neither should we extinguish empathy to prevent moral injury. Like the eye, the empathetic sense is overwhelmingly useful and essential to the soldier’s well-being.

Meaning and moral injury: equipping soldiers philosophically

I have become convinced that soldiers are better prepared to avoid or overcome moral injury when they deepen their philosophical framework regarding life’s meaning. This topic is obviously too broad to address fully; I will merely illustrate one example by considering Susan Wolf’s examination of meaning and tie some of her insights to one instance of moral injury.

Wolf defines meaning as “active engagement in projects or activities of worth.”⁷ There is both a subjective and objective component, and a lack of either one, Wolf claims, will hinder the meaningfulness of one’s life. Cases of moral injury support Wolf’s overall argument that meaning is a component of a person’s well-being. They also support her claim that

Empathy should not be perceived as the cause of moral injury but merely its conduit

intention toward a just and lasting peace – soldiers feel guilty for harboring a worse intention, even if it is never manifested in immoral actions.⁴ Fostering empathy in soldiers can preempt these instances of moral injury by having soldiers grapple with war’s moral realities before colliding with them on the battlefield.

While moral injury reinforces empathy’s benefit to military personnel, I must also admit that empathy can contribute to moral injury. The improved moral awareness via empathy can place soldiers at greater risk for it. Military training underscores this risk every time it attempts to diminish soldiers’ moral awareness and numb them to the moral complexities of war. The same training can suppress soldiers’ critical thinking and attempt to turn them into automatons. Cultural and nationalist propaganda can reduce moral awareness in its denigration of adversaries and veneration of the country. Such training and propaganda are sometimes defended as a way to care for soldiers, sparing them from moral turmoil and doubt. Better to tamp

success in pursuing projects of worth matters to meaning, though I think it is less straightforward than she implies: the more that success in a project depends on factors outside of one's control, the more that some meaning resides in one's purposes and means, not solely outcomes.

One occasion of meaninglessness that Wolf examines is what she calls the Bankrupt case, a situation where a person is actively engaged in a project that is worthwhile, but it fails.⁸ Consider a scientist whose life's work is rendered obsolete by another's technological breakthrough, or a wife who devotes all her energies to a marriage that collapses due to the husband's infidelity.

As another sobering instance of the Bankrupt case, consider the moral injury of U.S. Army officer Jeff Hall, who became suicidal after proving unable to shake the guilt from a deployment to Iraq. He claims it is "not from killing, or seeing bodies severed, or blown up. It was from betrayal, from moral betrayal."⁹ He describes one specific instance in Iraq where he witnessed a local family traveling in their car and accidentally killed during an attack. The gruesome deaths disturbed Hall, but not as much as the shamefully bungled responses by his chain of command and the bureaucracy that replaced the regime of Saddam Hussein. Hall proved unable to honor the surviving relatives' request to bury the bodies quickly; it took over a month to finally give the family the remains, which were "unembalmed and rotted beyond recognition." He was ordered to deliver solace money to the family but was aghast when he counted merely \$750. The uncle receiving the paltry amount tossed the bills on the ground. Finally, the family requested death certificates to coordinate the burial. Hall retrieved them from the Ministry of Health but could not convince the official to remove "enemy" stamped in "bold, red letters." It is one thing to endure the unintended deaths that war is bound to entail; it is another to endure the humiliation and powerlessness stemming from the casual incompetence and carelessness of one's own authorities.

In the account of Hall's experience, he does

not seem troubled by the worthiness of the overarching war he was involved in. He was anguished by the impossibility of engaging well in the subordinate projects entailed by it. In Wolf's terms, he was actively engaged in "doing right" by this innocent Iraqi family, a project that maintained its worth over his whole deployment. He never became convinced that his specific project was not worthwhile (nor, objectively, is the worth of assisting the Iraqi family in doubt). It is precisely this worth that caused him to continue suffering following his redeployment. Hall's

It is one thing to endure the unintended deaths that war is bound to entail. It is another to endure the humiliation and powerlessness stemming from the casual incompetence and carelessness of one's own authorities

extreme remorse is an example of how important success can be for the meaningfulness of one's efforts (perhaps even more so if one questions the larger context of those efforts). As Wolf highlights, "in order to avoid Bankruptcy, it seems necessary that one's activities be at least to some degree successful (though it may not be easy to determine what counts as the right kind or degree of success)." She then summarizes her overall thesis on meaning with a similar qualification: "A meaningful life is one that is actively and at least somewhat successfully engaged in a project (or projects) of positive value."¹⁰

Wolf is quick to point out that the Bankrupt case is her most controversial category of meaninglessness. It hinges on how much success in accomplishing the project really matters. What is behind the phrases "to some degree," "right kind," and "at least somewhat" regarding success? Wolf discusses success as it refers to achievement, which is the most natural sense, but we might also discuss success in two other ways: in terms of purpose and of means. Both of these senses of success offer some measure of meaning independent of achievement itself. Success in purpose simply refers to deliberating on aims that are good and choosing a goal that is worthy of our

effort. Consider it being successful in the first step of agency, a person’s “capacity to act.”¹¹

Similarly, we can be successful in action, the second step of agency, even if we fail to achieve the intended outcome. This idea might be clearest when considering a farmer who is quite competent at tilling the fields and planting seeds, yet still fails to harvest much because of a drought. Would we describe him as a “successful farmer”? We may hesitate because of the lack of a crop, but we would seem

When one does not control all the factors involved, but clings to the achievement of the intended outcome as the only source of meaning, one becomes highly susceptible to moral injury

to hesitate just as much at labeling him a “failed farmer.” This tension between what the farmer controls and what he does not helps explain Wolf’s qualification that success matters only “somewhat” for meaning. Achievement of actual outcomes seems less constitutive of meaning the less that it is in our control. To approach the same tension from a different angle, we might hesitate to declare the farmer a success if he responds to the drought by stealing water from the local community. Even with an abundant crop, his means to achieve it affects our judgment concerning success. Thus, there seem to be three distinct ways of being successful: choosing a worthwhile end, pursuing the worthwhile end in a certain way, and actually achieving a pursued end.

In light of the meaning that is possible through an agent’s purposes, means, and

actual outcomes, Wolf’s Bankrupt archetype needs some refinement. The Bankrupt person might fail to achieve goals, but choosing worthwhile goals at all secures at least a modicum of meaning. Secondly, his methods of pursuing them can add to this meaning (or detract, as with the farmer stealing water). These refinements are especially true if the agent does not control the selection of his goals, as in the case of military personnel.¹² For those suffering moral injury, recommended therapies include deriving meaning from what one does control. Psychologists focus on soldiers recrafting their personal narrative, tracing a line through their traumatic circumstances to divide that which they controlled from that which they did not.¹³ The Bankrupt person, in this sense, may be able to derive meaning from chosen purposes or methods even if the project itself is not successful.

Hall’s case might be more poignant because of the greater control he ostensibly had over his specific project of assisting the Iraqi family. The chances for moral injury to incapacitate him increased because of his proximity to those who exercised such uncaring control over his attempts to assist; it was all the easier to blame his own inability to influence them. His agency was more limited than expected (arguably, it was reasonable to expect more). He did not exercise control even over the subordinate project that was his focus. Hall points to a betrayal on the part of those who did control those outcomes; he is left with the (admittedly meager) consolation of good intentions and actions fueled by an empathetic consideration of the Iraqi family.

Hall’s case also demonstrates the damage made possible by defining success only in terms of results. When one does not control all the factors involved, but clings to the achievement of the intended outcome as the only source of meaning, one becomes highly susceptible to moral injury.

Meaning from projects, chosen or received

Hall’s struggles highlight the point that “humans are both agents and patients.”¹⁴ They

The Author



Lieutenant Colonel (Retired) Kevin Cutright was an associate dean and associate professor of philosophy at the U.S. Military Academy. He served two tours in Iraq as well as two tours in South Korea. His operational experiences have driven his interest in the ethics of military planning and conduct, the relevance of empathy to the military profession, and moral injury. He examines these topics in his book, “The Empathetic Soldier.” His education has also included a PhD in philosophy from Saint Louis University, an MA in philosophy from

Vanderbilt University, and a master’s degree in military art and science from the U.S. Army’s School of Advanced Military Studies.

actively choose ends and initiate plans for those ends, and, at the same time, passively receive events and consequences in their lives that they do not choose. They are never exclusively an agent with utter control over everything; nor are they ever merely a patient in control of nothing. They are always simultaneously both agent and patient, even though specific circumstances will vary the amount of each at any given time.

People often choose their own projects; this ability seems to be a highly valued part of the freedom they cherish. But this ability is not always present. People commonly receive projects handed down “from on high.” In corporate settings, political movements, legal mandates – and yes, military service – an individual may be compelled to pursue some project. If a project received fails to seem meaningful, or is sufficiently questionable, there remains the possibility of finding derivative projects that are worthy (or eventually revising the judgment about the project received). Most of the time, a person’s agency is not exhausted by the received project but can still find expression in these derivative projects.

Admittedly, this search for a worthwhile derivative project may be problematic. To the extent that a derivative project contributes to some overall project that is meaningless, this “coping mechanism” for meaning (finding a goal considered worthy) will fall short. However, it is also important to acknowledge that a derivative project could bolster the meaningfulness of the overarching project, granting it greater legitimacy due to the worthiness secured in its granular details.¹⁵ In either case, the reality is that sweeping, large-scale projects commonly have “empty spaces” within which agents can exercise a substantial amount of autonomy. Such is often the situation for military personnel.

What makes military service members unique is not their patency regarding the projects they pursue. As noted, many civilians across all walks of life passively receive projects outside of their control that they then actively engage. Military personnel are unique in that the projects may fall outside

normal moral limits, involving destruction or seizure of persons or property in an environment often lacking any substantial rule of law. In the military context, overall projects are generally considered worthwhile if they conform to the moral principles of just war theory, specifically *jus ad bellum*. Soldiers abdicate a significant portion of their autonomy regarding these principles to senior political and military leaders. They always retain some moral responsibility regarding the worth of overarching projects. Should a proposed military campaign violate *jus ad bellum* principles flagrantly enough, then it would be the responsibility of service members to disobey deployment orders. Short of such a clear mandate, however, soldiers are generally excused of such responsibility and allowed to defer to the judgment of senior leaders.

Regardless of the moral status of invading Iraq, Hall found a subordinate project of meaning. He was actively engaged in assist-

As long as a project is of worth, it seems wrong to declare its entire pursuit meaningless if it is unsuccessful

ing the family of the Iraqi noncombatants killed in battle. The tragedy here is that even the subordinate project that he invested himself in proved futile. While Hall may have reasonably set aside judgments about how worthwhile the overarching project was, he could not avoid the clear bankruptcy of his project to help the Iraqi family. His example illustrates the risk that is still present when attempting this “coping mechanism,” as I have been calling it (namely, focusing on subordinate projects that are worthwhile).

As long as a project is of worth, it seems wrong to declare its entire pursuit meaningless if it is unsuccessful. If the outcomes are even partially out of one’s control, there seems to be at least some meaning derived from what remains within one’s control – the purpose that corresponds to the worthy project and the means employed to bring

it about. I've been treating these as two aspects of a person's agency. The third aspect would be the actual outcomes when exercising one's agency. One invitation to moral injury is for an individual to define success solely in terms of the project's results.

Note the key role that empathy plays in each of these three aspects. As stated earlier, empathy helps ensure one's purpose is a just and lasting peace between humans, which is the only justification that makes war worthwhile. (Hall actively pursued the new peace aimed for in his war.) Secondly, empathy helps ensure one's methods are morally respectable, in that dehumanizing tactics are avoided; just as important, empathy grants an understanding of enemies and other human actors that makes one's methods more competent. (Hall understood the need to quickly return the deceased's body to the family.) Thirdly, empathy helps ensure the results of the project are accurately assessed: it is harder to be fooled by dubious metrics if one is empathetically analyzing all the actors involved. (Hall accurately anticipated the insult of the \$750 condolence payment.)

Empathy, meaning, and moral injury

Because soldiers' duties are so consequential and increase their vulnerability to moral injury, they deserve sufficient preparation with a mature mental framework. They should be directly presented with moral injury as one of the many risks within the military profession. While empathy enables moral wounds to occur, it should also be defended as a foundational reference in the profession for competent and ethical action. The meaningfulness soldiers hope to secure, and the moral injury they hope to avoid, through military service hinges on integrating empathy with other relevant virtues. Hall deserved leaders who understood this truth and built a unit culture to help him succeed in projects of genuine worth, as well as cope with the difficulties of one's best efforts falling short.

1 Vox Media Today, Explained (2025): Is Empathy Toxic? <https://megaphone.link/VMP2143823863> (accessed 11 Oct 2025).

2 My thanks to Rüdiger Frank for suggesting these short-form definitions.

3 Bloom, Paul (2016): *Against Empathy: the Case for Rational Compassion*. New York.

4 This latter feature is what seems to have drawn many to the study of moral injury, puzzled as they were by a soldier exhibiting trauma symptoms despite no war crimes to point to. I have argued elsewhere (*The Empathetic Soldier*. New York, 2022, pp. 56–61 and 70–74) that the principle of Right Intention in just war theory should not reside solely under the category of *jus ad bellum* but also be explicitly listed under *jus in bello*.

5 Wilson, Mark (2014): Moral grief and reflective virtue. In: Werpehowski, William and Soltis, Kathryn Getek (eds.): *Virtue and the Moral Life*. New York, p. 61.

6 Besides others, might soldiers also need to process an empathetic understanding of themselves? My thanks to Angela Reinders for this question. Self-empathy seems odd to me in how it suggests that one must come to grasp one's own thoughts and feelings, instead of those things being immediately apparent. And yet, how often I struggle to tell my spouse how I feel and why. There may be something to this notion of self-empathy; one's own thoughts and feelings may not be obvious. Some prominent scholars, such as Nancy Sherman, certainly employ the idea of self-empathy. I still think the process of self-empathy differs in important ways from other-oriented empathy. I also want to distinguish it from the self-understanding that can arise from empathetically considering others' experience of oneself, which maintains the other as the target of one's empathetic effort. This insight into oneself from others' experience is its own distinct reward (an idea I owe to Edith Stein, at least as presented by Zahavi, Dan (2014): *Self and Other: Exploring Subjectivity, Empathy, and Shame*. Oxford, p. 140).

7 Wolf, Susan (2014): *The Variety of Values: Essays on Morality, Meaning, and Love*. New York, p. 113.

8 *Ibid.*, pp. 92–93.

9 This account is from Sherman, Nancy (2015): *Afterwar*. Chapter 4 (Kindle file). See also the article by Nancy Sherman in this issue.

10 Wolf, Susan (2014), see endnote 7, p. 94.

11 Stanford Encyclopedia of Philosophy (2015/2019): Agency. <http://plato.stanford.edu/entries/agency/> (accessed 11 Oct 2025).

12 This thought warrants further attention, which can be found in the scholarship on collective intentionality, collective responsibility, and group agency (for the latter, see endnote 11).

13 Wood, David (2014): *Moral Injury: Healing*. In: *The Huffington Post*, 20 March (accessed 12 Oct 2025).

14 Russell, Daniel C. (2015): *Happiness for Humans*. New York, p. 66. I follow Russell's use of the term "patient" for one who passively receives uncontrolled circumstances, consequences, etc.

15 My thanks to Rüdiger Frank for this excellent point about bolstering the larger project's meaningfulness.

Empathy's Role in Military Meaning © 2025
by Kevin Cutright is licensed under Creative
Commons Attribution-NonCommercial-NoD-
erivatives 4.0 International. To view a copy of
this license, visit [https://creativecommons.org/
licenses/by-nc-nd/4.0/](https://creativecommons.org/licenses/by-nc-nd/4.0/)

DOI: 10.48701/opus4-829

MORAL INJURY AND THE POSSIBILITY OF SELF-FORGIVENESS

Author: Philipp Gisbertz-Astolfi

"I don't have very long to live. No, Doc, no, no, I'm not suicidal, it's just that sometimes I don't give a fuck. I don't care if I live or die. I've been waiting to die ever since I got back from Vietnam. When I get that way, my wife, my kids – and I really love them – it's 'Get the fuck away from me!' Once when my daughter was younger and I was that way, she came up behind me and before I knew it I had her by her throat up against the wall. I can still see her eyes. I put her down and just walked out of the house without saying anything to anybody and didn't come back for a week. I felt lower than dogshit. I hate it that my kids behave so careful around me. I made them that way, and I hate it. Every time I see them being so careful I think of that look in her eyes and I get this feeling here [puts his palm on his belly] like a big stone sitting there."

"I never tried to kill myself, but a lot of the time I just don't care. For years I used to go to the Combat Zone [the Boston redlight district] after midnight and just walk the alleys. If I saw someone down an alley in the dark, I wouldn't go the other way, I'd go down there thinking, 'Maybe I'll get lucky.'"¹

Abstract

If you yourself have committed serious moral wrongs, failed to prevent them, or if you have witnessed such wrongs – especially when they were carried out by superiors or were structural in nature – your confidence in your own moral integrity, or in human morality more broadly, may be shaken. Such moral injury is marked by harm to the moral self-image and moral agency of those affected. They come to see themselves as morally deficient to a pathological degree and to be tormented by guilt, or their moral values may erode, leaving them morally disoriented. They no longer see themselves as fully fledged moral agents. Self-forgiveness is one way out of this condition. However, those affected may wonder whether self-forgiveness conflicts with the ethically appropriate acceptance of responsibility and guilt for one's own actions. Is merciless self-blame not the ethically appropriate response to the gravest wrong one has committed? We must therefore examine the conditions under which self-forgiveness is ethically justified. I argue that ethical justification requires, on the one hand, regaining a fundamental respect for one's own humanity as a being capable of morality – albeit including moral misconduct. Every human being is owed this respect, regardless of their actions. Its restoration is therefore always ethically justified and required. Building on this, offenders must also sincerely engage in taking responsibility, show remorse, seek, where appropriate, to make amends and, above all, work to improve their character. They are then also ethically justified in forgiving themselves for their past moral failures.

I. Introduction

People who have experienced war, whether as combatants or as civilians, face a markedly increased risk of developing post-traumatic stress disorder and moral injury. The accounts collected by Jonathan Shay offer only a small glimpse into the circumstances of those suffering from these conditions – circumstances that are almost incomprehensible to anyone not directly affected. But they still convey something of the burden of suffering associated with these conditions.

War not only affects life, limb, and property, but also the psyche. War experiences traumatize soldiers and civilians in a variety of ways. When such trauma results in psychological disorder, it is generally referred to as post-traumatic stress disorder (PTSD). Symptoms of this trauma-related disorder include nightmares and flashbacks, hypervigilance (a persistent sense of threat), jumpiness, sleep dis-

turbances; difficulty concentrating; outbursts of anger, feelings of failure and guilt (including survivor guilt), as well as difficulties interacting with others and sustaining relationships. This often leads to alcohol abuse, drug addiction, domestic violence, unemployment and incapacity to work, social isolation and other catastrophic effects on a person's own life and on the lives of those around them.²

Whereas all forms of mental illness resulting from traumatic experiences were previously classified as PTSD, there is now recognition of a similar but in some respects distinct condition, namely moral injury. If you yourself have committed serious moral wrongs, failed to prevent them, or if you have witnessed such wrongs – especially when they were carried out by superiors or were structural in nature – your confidence in your own moral integrity, or in human morality more broadly, may be shaken. The term thus derives from the fact that what is violated in such cases is a person's moral self-image and moral agency. They come to see themselves as morally deficient to a pathological degree and are tormented by guilt, or their moral values may erode, leaving them morally disoriented. They no longer see themselves as fully fledged moral agents.

This means that the distinction between PTSD and moral injury lies in their origins: PTSD arises from traumatic, overwhelming and frightening experiences, whereas moral injury stems from the perception of one's own moral reprehensibility. Now, I am not a psychologist and therefore cannot, and do not wish to, comment on the specifics of these conditions. Yet, if moral injury is tied to moral wrongdoing, moral self-image and the loss of moral agency – that is, to concepts central to practical philosophy – then it stands to reason that philosophy can and must make important contributions here.

I will attempt to make such a philosophical contribution in what follows. If moral injury is marked by the conjunction of serious moral wrongdoing and the subsequent erosion of moral self-image and moral agency, then the question arises as to whether and how an ethical working-through of the wrongdoing can

restore moral self-image and enable a person to regain moral agency. In particular, the question arises as to whether those affected can forgive themselves for their moral wrongdoing and thereby restore confidence in their own moral character.

However, philosophy does not approach this question from an empirical-psychological perspective. It is not concerned with whether, or how, this can be achieved in (often therapeutic) practice. Rather, it concerns the conceptual and ethical conditions of ethically justified self-forgiveness – that is, the question of when one may regard oneself as morally rehabilitated not merely for the sake of one's own healing (and thus, in a sense, self-deceptively), but rather when such a conviction of restored moral integrity would in fact be ethically warranted.

II. Is it even possible to forgive oneself?

When we ask whether people who have suffered moral injury can forgive themselves, we

Most authors in the philosophy of forgiveness agree, in general, that forgiveness is conceptually limited to victims. That is because it would seem absurd for an uninvolved person to say that they have forgiven

must first pose a more fundamental question: "What does it mean to forgive oneself?" Most authors in the philosophy of forgiveness agree, in general, that forgiveness is conceptually limited to victims. That is because it would seem absurd for an uninvolved person to say that they have forgiven. Let us imagine for a moment that I, as a completely uninvolved person, were to say to you: "I forgive Ratko Mladić for the Srebrenica massacre." I suspect you would not know what to make of this remark and would not only be puzzled that I regard myself as ethically entitled to do so, but also unsure what the content of the statement is supposed to be at all. What exactly could I be forgiving when I was not even a victim?

At its core, only the victim of a moral violation can forgive the offender. There are, of course, cases in which those who forgive are not completely uninvolved, yet are also not direct victims. For example, we can certainly understand, conceptually, that a daughter might say she forgives a murderer for killing

We can certainly understand, conceptually, that a daughter might say she forgives a murderer for killing her father. After all, she is an indirect victim, because she too has suffered harm – and in this sense she can forgive the crime and the offender

her father. Here it is not the immediate victim – the father – who forgives (which would not even be possible), but someone emotionally close to him. After all, she is an indirect victim, because she too has suffered harm – the loss of her father – and in this sense she can forgive the crime and the offender.

When we speak of forgiving oneself, this can mean two things.³ First, we may forgive ourselves for indirect harm we have suffered, for example our own emotional distress. This may concern moral failings, such as our own fear or cowardice that prevented us from helping someone we wished to help. It can also refer to entirely amoral failures, such as a missed penalty kick that continues to weigh emotionally.⁴ In such a case, we may regard ourselves as an (at least indirect) victim of our own actions. But the more interesting – and here relevant – case is different. Second, we also speak of forgiving ourselves when we do not see ourselves (even indirectly) as a victim, but as a perpetrator. In this case, we forgive ourselves for our own moral wrongdoing against others. But how is that possible if, conceptually, forgiveness is reserved for victims (even indirect ones)?

Occasionally, it is argued that this conceptual restriction is mistaken and that genuine third-party forgiveness does exist.⁵ The daughter, in our case, could therefore not only forgive the wrong done to her in her indirect role as a victim, but also the murder itself, even if she did not hold that role. However, this form of third-party forgiveness is usually limited

to cases of indirect involvement, especially through a personal connection to the crime or the victim – and perhaps also to the perpetrator. After all, we can imagine that friends of a perpetrator might resent the crime in a distinctly involved way – one that differs from the general moral condemnation expressed by those not involved. A connection to the act or to someone involved, but not the victim status itself, then forms the basis for forgiveness. Similarly, self-forgiveness could be grounded in such a personal connection to oneself as the offender.

If one does not accept such third-party forgiveness as a conceptual possibility, one is unlikely to accept the possibility of genuine self-forgiveness either. Even so, one may still ask whether there are structural similarities between genuine forgiveness and this form of self-forgiveness, which would allow for applying conclusions from the philosophy of forgiveness to self-forgiveness. The conceptual question would then no longer be of central normative importance for many follow-up questions. As we shall see, such structural similarities do indeed exist. Thus, we need not determine, beyond this point, whether genuine third-party forgiveness is conceptually possible.

III. Self-forgiveness and moral injury

If we grant that it is meaningful to speak of the possibility of forgiving oneself, the question arises, in the context of our topic, to what extent such self-forgiveness is connected to moral injury. In this regard, it is helpful to consider the function and effect of self-forgiveness. Margaret Holmgren writes:

“The first task for the wrongdoer is to recover enough self-respect to recognize that she is a valuable human being in spite of what she has done. Without self-respect, it is unlikely that she will be able to accomplish any of the other tasks involved in responding to her own wrong.”

Here the connection between self-forgiveness and the restoration of one’s moral self-image already becomes apparent. The

connection to the disruption of our moral self-image and moral agency becomes even clearer in Nancy Snow, who writes:

“Self-forgiveness for moral wrongs is essential for maintaining the capability for moral agency. After a serious moral failure, we must, to regain our bearings as functioning moral agents, be able to recognize and accept our imperfections and forgive ourselves for having them and for sometimes acting wrongly.”

This process is by no means confined to the most serious forms of moral wrongdoing, such as rape, murder or crimes against humanity, and the respective moral injuries in the offenders. For Holmgren and Snow, it is evident that we all must routinely forgive and overlook moral missteps – though, as we shall see, not without first taking responsibility for them and seeking to improve. But in cases of the most serious moral wrongdoing, moral agency and moral self-image, or moral self-respect, can erode to such an extent that we are often unable to do so. This is precisely when the ethical questions become most pressing: when may, and when should, we forgive ourselves for having harmed others? When is a person justified in restoring their own moral self-image? After all, it cannot be ruled out in principle that, in cases of the most serious moral wrongdoings, a destabilized moral self-image and profound self-reproach may constitute the ethically appropriate response for a person guilty of such acts.

In the case of moral injury in particular, the disruption of our moral self-image and moral agency, as well as the resulting exceptional need to restore them, raise ethically difficult questions about the justifiability of such restoration through self-forgiveness. As Robin Dillon puts it, forgiving yourself “seems a self-indulgent cheat, an attempt to feel good about yourself that betrays a failure of responsibility”⁶. If we want to dispel this appearance and understand a form of overcoming moral injury that is ethically acceptable rather than merely self-interested or therapeutic, we must confront the ethical question of the justifiability of self-forgiveness and the conditions under which such self-forgiveness can be justified.

IV. (When) can we forgive ourselves?

To answer this question, it can be helpful to first consider when we are permitted to forgive others, and when we may even, in a certain sense, be obligated to do so. There are, in principle, two types of ethical positions here: those who hold that a victim should always be permitted to forgive⁷ (and that doing so is always ethically valuable), and those who hold that certain conditions must be met for forgiveness to be ethically justified.⁸ According to the core view of this second group, hasty forgiveness is a sign of a lack of self-respect. You diminish yourself and your own moral rights, and do not take your own claims as a victim seriously enough, if you forgive offenders, for instance, when they show no remorse. If forgiveness involves forswearing blame and negative feelings toward the offender, then it

The possibility of unconditional self-absolution would stand in stark contradiction to the very idea of ethical and moral duties and responsibility

must be based on the thought that we need not attribute the act entirely to the offender’s character. In other words, we have reason to believe that the act does not adequately reflect the offender’s character, and for that reason we no longer hold the person fully responsible for it. Forgiveness is therefore justified – and indeed typically called for – only where there is sufficient reason to believe that the offender is a better person than the isolated act alone would suggest. Classic indications of this are remorse and apology, perhaps even penance or compensation, as well as a deeper understanding of the offender as a person – for example, when she is a friend whose character we know well enough to recognize that the act does not reflect who she is.

The point here is not to determine which of these positions is preferable when it comes to forgiveness by the victim. In the case of self-forgiveness – that is, the offender’s relinquishing

of self-blame – it seems clear that this is not always justifiable: even if victims are always permitted to forgive offenders, the same does not hold for the offenders themselves. Such a possibility of unconditional self-absolution would stand in stark contradiction to the very idea of ethical and moral duties and responsibility. Hence, the first group of theories is not relevant here. Instead, we can appeal to the criteria proposed by the second group of theories to determine the basic conditions that ethically legitimate self-forgiveness must meet. According to this view, offenders must

Only those who regard themselves as responsible for an action can even experience self-blame

not forgive themselves if they have no reason to believe that the act does not reflect their character. They must therefore repent of their actions and actively strive to improve their character. If possible, they should apologize to the victims and do their best to make amends. This in turn requires being aware of one's own moral wrongdoing and taking responsibility for it. Only those who regard themselves as responsible for an action can even experience self-blame. Those who deflect this blame, this responsibility, and this guilt, or rationalize them away, are not forgiving themselves; they are attempting to undermine the very object of forgiveness – blame and blameworthiness.⁹ In ethics, we call this “justifying”, “condoning” or “excusing”, but not “forgiving” – where the wrongness of the action and one's own guilt must be acknowledged.

The Author



Philipp Gisbertz-Astolfi has been working at the Chair of Legal and Social Philosophy in Göttingen since 2012. At Göttingen, he earned his doctorate in law (Dr. iur.) in 2017 with a dissertation on the legal philosophy of human dignity. In the same year, he received the Young Scholar Prize from the International Association for Philosophy of Law and Social Philosophy. After a research stay in Oxford, he earned his PhD in 2024 with a dissertation on the philosophy of war and peace. He is currently working on a habilitation project on the philosophy of forgiveness.

The fundamental requirement for ethically legitimate self-forgiveness lies precisely in recognizing one's responsibility and accepting the corresponding consequences of one's actions, including repentance and efforts to improve. Moreover, further requirements may of course apply, such as engaging with the victims appropriately by apologizing or offering to make amends, insofar as this is possible.

It is also worth noting the opposite, and frequent, problem: offenders may not have committed any morally wrongful act, yet still regard their actions as ethically abhorrent – for example, when soldiers have legitimately killed child soldiers in combat. Here, the appropriate ethical response is not self-forgiveness but rather recognizing the legitimacy of one's own actions. In any case, there are, of course, no issues of ethical legitimacy in overcoming self-blame here, since this blame is not justified to begin with.

V. The loss of moral agency and the demands of ethics

As we have seen, we can forgive ourselves only by acknowledging responsibility for the wrongdoing and drawing the appropriate conclusions from it, such as remorse and an effort to improve. In the case of serious moral injury, however, our analysis encounters fundamental problems: those who lose their moral agency through a profound loss of self-respect – who, for ethical reasons, are no longer able to comply with ethical and moral requirements – also seem unable to initiate or successfully carry out this process of repentance and improvement. It is precisely this ability that has been compromised.

Margaret Holmgren therefore regards the restoration of a minimal degree of self-respect as the first step in the process of self-forgiveness. Only once this self-respect has been regained can one adequately assume responsibility and strive for improvement, and thereby ultimately forgive oneself.¹⁰ However, this raises two problems. First, this initial step itself would need to be justified before it could be justified on the basis of any subsequent improvement in character. And second, the

very problem that must be addressed lies in the radical loss of self-respect itself. As Robin Dillon writes:

“It is odd that respect for one’s intrinsically valuable self is both the starting point of the process that positions one to forgive oneself appropriately and what self-forgiveness is supposed to yield.”¹¹

But Dillon also offers a solution to these two intertwined problems: we can distinguish between different forms of self-respect. Avishai Margalit, for example, distinguishes between “respect” and “esteem”¹² and Stephen Darwall between “recognition respect” and “appraisal respect”.¹³ The distinction they both draw is that we should recognize one another and ourselves as human beings fundamentally capable of morality (respect/recognition respect), independently of our actions, achievements or character traits. This can be understood as human dignity: the right of all persons to be respected as human beings, or as moral agents.¹⁴ In contrast, the specific assessment of actions, achievements and character (esteem/appraisal respect) varies from person to person. What we acknowledge in one another – beyond our shared humanity – is, of course, entirely different in different people. Some are better, and some are worse, at playing soccer, doing math or telling stories.

The same applies to moral conduct: some people are better at it than others. But this does not change the fact that we are beings who can confront the question of moral duty at all, because we are moral agents – that is, we can respond to ethical reasons. Otherwise, there would ultimately be no basis for blaming ourselves for our own actions. We have a legitimate claim to respect as human beings and as moral agents.

If this is correct, then the first step in the process described by Holmgren – restoring self-respect – concerns this fundamental respect for oneself as a human being (respect/recognition respect). This does not require any special ethical justification, because every human being – even the most serious criminal – has a right, both toward themselves and toward others, to be treated with respect as a

human being. However, once this fundamental acknowledgment of one’s own capacity for moral action has been restored, one can begin the further process of repentance and self-improvement and, ultimately, revise one’s own assessment of character (esteem/appraisal respect) in an ethically legitimate manner through an act of self-forgiveness.

If we roughly distinguish three steps – (1)

One can imagine that regaining self-respect under conditions of profound doubt about humanity’s morality as such creates a difficult cycle that is hard to break, especially after the systematic and traumatic experiences of war

restoring self-respect, (2) repentance and self-improvement, and (3) self-forgiveness – then step 1 is justified by the universal right of all human beings to respect and self-respect, while step 3 is justified by step 2.

It should not be overlooked that the first step will be especially difficult when, in light of the systematic injustice one has witnessed and participated in, one has not only lost confidence in one’s own moral agency but also in humanity’s capacity for morality as such. Then it is not only one’s own self-respect that must be restored, but also one’s respect for humanity as a whole, including oneself. Ethically, this does not pose further problems, but one can imagine that regaining self-respect under conditions of profound doubt about humanity’s morality as such creates a difficult cycle torn between a loss of confidence in one’s own and in humanity’s moral agency that is hard to break, especially after the systematic and traumatic experiences of war. In *All Quiet on the Western Front*, Erich Maria Remarque gave a striking expression to this erosion of trust in humanity:

“Albert expresses it: ‘The war has ruined us for everything.’ He is right. We are not youth any longer. We don’t want to take the world by storm. We are fleeing. We fly from ourselves. From our life. We were eighteen and had begun to love life and the world; and we had to shoot it to pieces. The first bomb, the first explosion, burst in our hearts. We are cut off

from activity, from striving, from progress. We believe in such things no longer, we believe in the war.”¹⁵

VI. Summary

An ethical justification for self-forgiveness requires, as we have seen, on the one hand, regaining a fundamental respect for one’s own humanity as a being capable of morality – albeit including moral misconduct. Since this should not be disputed in any case – even where a morally bad character has been revealed – this step is always ethically justified, and indeed necessary. Building on this, offenders must also take responsibility with integrity, show remorse, seek, where appropriate, to make amends and, above all, work to improve their character. They are then also ethically justified in forgiving themselves for their past moral failures.

Can this ethical analysis, even if it is not its primary aim, help those who suffer from moral injury? It may at least offer guidance on how to make an ethically sincere effort to do so, namely by first regaining confidence in the universal value and claim to respect possessed by all human beings, including oneself, and then improving one’s own character so that one’s present self no longer needs to blame itself for past deeds. In practice, both steps are, of course, far more difficult for those suffering from moral injury than they may appear here. Knowing that one can forgive oneself in an ethically legitimate way seems to me extraordinarily important, so as not to give the impression that self-forgiveness – rather than merciless self-blame and reproach – only increases the moral devaluation of one’s actions and thus further compromises one’s character.

1 Shay, Jonathan (2003): *Achilles in Vietnam. Combat Trauma and the Undoing of Character*. New York, pp. xvi–xvii.

2 Cf. Wood, Nathan Gabriel (2024): Proportionality and Combat Trauma. In: *Philosophical Studies* 181, pp. 513–533, pp. 522 f.

3 Cf. Horsbrugh, H. J. N. (1974): Forgiveness. In: *Canadian Journal of Philosophy* 4 (2), pp. 269–282, p. 276.

4 The example is taken from: Snow, Nancy E. (1993): Self-Forgiveness. In: *Journal of Value Inquiry* 27, pp. 75–80, p. 76.

5 MacLachlan, Alice (2017): In Defense of Third-Party Forgiveness. In: Norlock, Kathryn J. (ed.), *The Moral Psychology of Forgiveness*. London/New York, pp. 135–160.

6 Dillon, Robin S. (2001): Self-Forgiveness and Self-Respect. In: *Ethics* 112 (1), pp. 53–83, p. 53.

7 For example: Garrard, Eve and McNaughton, David (2022): “In Defence of Unconditional Forgiveness.” In: *Proceedings of the Aristotelian Society* 103 (1), pp. 39–60.

8 For example: Murphy, Jeffrie G. (1982): Forgiveness and Resentment. In: *Midwest Studies in Philosophy* 7 (1), pp. 503–516.

9 Cf. for example Milam, Per-Erik (2017): How Is Self-Forgiveness Possible? In: *Pacific Philosophical Quarterly* 98, pp. 49–69, p. 58; Holmgren, Margaret R. (1998): Self-Forgiveness and Responsible Moral Agency. In: *The Journal of Value Inquiry* 32 (1), pp. 75–91, p. 77.

10 Holmgren, Margaret R. (1998), see endnote 9.

11 Dillon, Robin p. (2001), see endnote 6, p. 56.

12 Margalit, Avishai (1996): *The Decent Society*. Cambridge, MA/London, pp. 44–48.

13 Darwall, Stephen (2006): *The Second-Person Standpoint*. Cambridge, MA/London, pp. 122–126.

14 Cf. for example Kant, Immanuel (1793): *Grundlegung zur Metaphysik der Sitten*. In: *Königliche Preußische Akademie der Wissenschaften* (ed.): *Kant’s gesammelte Schriften*, vol. IV. Berlin 1900 ff., pp. 385–464, pp. 434–436; Darwall, Stephen (2006): see endnote 13, passim, especially pp. 243–276; von der Pfordten, Dietmar (2023): *Menschenwürde*. 3rd ed. Munich; Gisbertz, Philipp (2018): *Overcoming Doctrinal School Thought. A Unifying Approach to Human Dignity*. In: *Ratio Juris* 31 (2), pp. 196–207.

15 Remarque, Erich Maria (1936): *All Quiet on the Western Front*. Translated from the German by A.W. Wheen. London, p. 100.

Moral Injury and the Possibility of Self-Forgiveness © 2025 by Philipp Gisbertz-Astolfi is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

DOI: 10.48701/opus4-831

EVEN STOIC WARRIORS SHOW FEELINGS

Author: Nancy Sherman

Human experience stripped of emotions would be unrecognizable, a zombie-like existence, and at best, a pathology. At all ages and in almost all walks of life, we understand the world, in part, through the lenses of our emotions. We are sensitive to threats through the warning system of fear. We recognize the loss of loved ones through sorrow and grief. We attach to others through love and friendship. We care for others through bonds of camaraderie, empathy, and trust. We achieve our goals through desire and in the case of team work, a commitment to shared ends and a collaborative spirit in bringing them about. We work toward a lasting peace with hope and trust in our partners.

In all this, emotions engage us with others and the tasks at hand. Emotions aren't blind impulses, but modes of perception, often quite fine-tuned. They are sensitivities, which in conjunction with what we see and hear and know through other modes of experience, enable us to discern the particulars of complex situations and make choices in light of those assessments. To function well, emotions need to be cultivated and constrained by a sense of what is morally decent and right. Anger that is little more than wild vengeance or hope that is Pollyannaish do little good in guiding wise or prudent choice. Emotions that serve us well are responsive to reason and the needs of ourselves and others. They are part of the fabric of good character.

The training of emotions is crucial in the training of a responsible and competent military corps. It is not an optional part of military education. And yet, emotions often get a bad press in the military. Or if not maligned, only some are viewed as part of military bearing. A warrior's anger may be encouraged by commanders, and from Homeric times on, anger is often viewed as a way to whet a soldier's appetite for war. But a warrior's grief, in contrast, is often seen as showing weakness and a lack of toughness or resolve. Some commanders think grief should be suppressed or part of a private moment. "Suck it up and truck on," is a mantra I've heard over and over again at the military academies where I've taught. The more polite phrase is: "Be stoic." But that's an extreme

Abstract

Emotions are modes of perception, they help us understand the world and engage us with others and the tasks at hand. They are part of the fabric of good character, and their training is not an optional part of military education. Yet, emotions often get a bad press in the military, or only some of them are valued. A supposedly "stoic" attitude, which focuses on toughness and maligns expressions of grief as signs of weakness, is based on a flawed and harmful understanding of Stoicism. Ancient philosophy and literature reveal a much broader and more enlightened understanding of emotions and the need to educate them. With reference to the teachings and reflections of Seneca, Epictetus, and Marcus Aurelius, it is shown that Stoicism can hardly be interpreted as a guide to suppressing emotions and severing emotional ties.

War and military service confront soldiers with numerous stressors and painful emotions. A nuanced perception of emotions and appropriate means of expression play a decisive role in processing the whole range of moral injuries soldiers may incur. However, for these injuries to heal and for bringing soldiers back into the community, society must also be willing to listen to their stories and acknowledge their experiences.

brand of Stoicism, and a deeply flawed one that can be harmful and leave lasting psychological and moral injuries.

It's also a misreading of core teachings in ancient Stoicism, and a misunderstanding of the Stoic account of the emotions. It may be a popularized meaning of "stoicism" with a little "s," but it distorts the broader lessons of ancient Stoicism. It also distorts other prominent views in the ancient Greco-Roman tradition, and in particular, Aristotle's nuanced conception of emotions and how we educate and habituate them in character training. We do military men and women a grave disservice if we celebrate these ancient traditions, but fail to draw the right lessons from them. We don't just do them a disservice. We put at risk their mental health and well-being. Urging soldiers routinely to suppress their emotions or indefinitely defer expression of painful experiences of grief or loss, becomes a recipe for emotional numbing in life. It also forces boiling inner rage to seek other outlets, at times in violent action once home and stateside. For some, self-medication through alcohol or drugs becomes a way to appease inner anguish. Too often, mental health care is stigmatized in the military, and in public life, in general. For those in the military seeking psychological help, whether through chaplaincies or medical corps, is often viewed as a career killer. But avoiding mental health care is the real killer. It can be a recipe for allowing deep soul wounds to fester.

If we are to understand the role of emotions in well-being, then it's important to understand what emotions are. The Greco-Roman account of emotions is rich and recognized by many contemporary research and clinical psychologists as profoundly prescient. We can begin with the account of Aristotle (384–322 BCE) whose view served as a backdrop for later Stoic positions.

Aristotle on Emotions

Aristotle argues that emotions are, in part, cognitive. They are not just desires or feelings of pleasure and pain. They have those elements, but at their core is a belief, perception, or judgment about something in one's environment. In

the case of anger, it is a perception or judgment that you've been unjustly offended or wronged. The judgment is charged, infused with feelings of pain or distress focused on that belief. The apparent unjust offense may stir up a desire to respond and react. In keeping with the archaic Homeric tradition, Aristotle says that the reaction is often a desire for revenge. But we can respond to transgressions through means other than revenge. We may want to reach out to an offender and open a discussion about the transgression or seek interventions through the law or higher authorities. An eye for an eye is not the only way to respond to offenses.

What's key in Aristotle's account is that anger can be fitting and appropriate. It can be apt, or as Aristotle famously says, it can "hit the mean." "The person who gets angry about the things one should, and further, in the way one should, and further, in the way one should and both when and for as long as he should is praised."

We do military men and women a grave disservice if we celebrate ancient traditions, but fail to draw the right lessons from them

Anger that hits the mean is a feeling of proper distress at being wronged and an appropriate responsiveness to it. He tells us that those who are fully calm in the face of the worst transgressions may simply be senseless or numb. That kind of indifference is a defect of character as much as boiling rage is. It may also be a sign of servility, a surrendering of one's own will. But significantly, retribution doesn't have to be the response to justified anger. Feelings of moral outrage may be critical in recognizing harmful injustices, but outrage doesn't license retribution. If it is state actors who commit injustices, taking up arms may not be the only solution to fighting back.¹

The Stoics on Emotions

The first and second century Roman Stoics, Epictetus, Seneca, and Marcus Aurelius take direct aim at Aristotle's position. Anger is a vice,

they argue. It doesn't assist virtue in its work, nor is its assistance ever required to motivate appropriate action. Seneca (around 4 BCE–65 CE) is unequivocal on the point. "Anger has nothing useful about it and doesn't stir the mind to warlike deeds." It's a vice in all of its forms, and virtue should never resort to it. He underscores the point through an analogy with the skillful use of weaponry: When there is need for aggressive action, true virtue doesn't well up with anger, but becomes calm, "just as missiles launched by catapults are in the control of the artillerymen who calibrate the catapults' torque."²

Seneca's metaphor relies on how a catapult works: you need the right tension in a stretched band or torque in a rope so that once the tension or torque is relaxed, the stored-up energy is

They mislead us through and through. In the case of anger, insults and offenses, abuses and assaults, violations and transgressions, are mistakenly believed to be real harms. Therefore, what the Stoics try to teach is that they are, in fact, things that shouldn't matter to us. They are "indifferents." We can't easily control the harms that affect us from outside, just as we can't control strokes of bad luck or the vicissitudes of fortune. What we can control, though, is our own goodness, our virtue. And that is what we need to focus on. "Some things are up to us and some are not up to us," is how Epictetus opens the *Enchiridion* or *Handbook*. We need to recalibrate values and learn new emotional and behavioral attitudes toward things outside our control if we are to make our way calmly and with equanimity in the world.³

Is that a recipe for suppressing emotions? Are Stoics, in general, urging calm even in the face of the gravest violations of personal dignity or, in the case of states, violations of sovereignty or human rights? I'd argue no. Granted, the Stoics don't take up these issues. But given their sophisticated view of the cognitive content of emotions and our need, as they urge, routinely to assess the judgments and beliefs at the core of our emotional responses, then it would seem likely that they have ample resources to guide us in these matters. Education of the emotions, and not suppression is part of their broader and more enlightened modern mandate. As we read the ancient Stoics, we need to remember that a writer like Epictetus was an enslaved person during the time of Nero. He found freedom through inner control and equanimity. It was the only liberation he could find in the face of severe deprivations. The situations some of us find ourselves in aren't necessary his. But what remains the same is the need to educate emotions with wisdom and full respect for the humanity of individuals. That is something a general Stoic education in the emotions can teach.

Education of the emotions, and not suppression is part of the Stoics' broader and more enlightened modern mandate

released and moves the catapult arm forward, launching the projectile. Virtue, too, has its own tension and stored energy that can be properly modulated and impel action. It is self-sufficient as a driver of action. It doesn't require, as Seneca says here, any "assist" from the impulse of anger. Virtue can do its work on its own. And far better than if it has to quell inflamed tempers or out-of-control rage.

In short, anger resists modulation. The earlier Greek Stoic, Chrysippus, compares anger with the movements of a fast runner – once in stride a runner can't easily stop. The point is similar to Seneca's: anger is like a missile launched by an artillery operator who has lost control or never had it in the first place.

Anger may be a runaway impulse, but like all ordinary emotions, its more fundamental flaw, on the Stoic view, is that it is misinformed. It is based on an error of judgment. As with Aristotle, the Stoics conceive of ordinary emotions as, at their core, kinds of beliefs or judgements. But on the Stoic view, they are false beliefs about what is really good or bad in the world.

Admiral James B. Stockdale and Epictetus

A career naval officer I came to know found solace in Epictetus's teachings. He saw Epictetus's situation as like his own. In a remarkably

prescient moment, James B. Stockdale, then a senior U.S. Navy pilot shot down over Vietnam, muttered to himself on September 9, 1965 as he parachuted into enemy hands, “Five years down there at least. I’m leaving the world of technology and entering the world of Epictetus.” Epictetus’s *Enchiridion* had been Stockdale’s bedtime reading in the many carrier wardrooms he occupied as he cruised the waters off Vietnam in the mid-1960’s. He committed much of Epictetus’s slim book to memory. Stoic tonics would hold the key to his survival for seven and a half years as a prisoner of war in North Vietnam. It was a philosophy that met the challenges of POW life when dignity and nearly all nourishments of the body and soul were deprived. Survival in POW camp was an extreme experiment in carving out control in the face of unspeakable deprivations.

But even for Stockdale, living as a Stoic did not mean stamping out emotions or the desire for attachment and connection. He wrote to his wife Sybil longingly through secret codes and invisible ink. He stayed connected with troops in his chain of command in the prison cells. He longed for their company, even if it had to be expressed only in taps of morse code on a prison wall or in the coded swish of a brush in a bucket the prisoners used to relieve themselves. He never lost hope and it was kindled by knowing his wife Sybil was fighting hard in Washington D.C. for the release of the American POW’s, even if it would take seven years. What Stoicism taught him was not emotional flatness or the suppression of desire and affect, but the wiliness to survive and to seek control where he could find it. He faced near impossible challenges: 2 and ½ years in solitary confinement, often in leg irons. Torture to reveal state secrets. A broken leg, suffered when he was pummeled by a street gang when his parachute hit ground. The break never healed and caused him endless pain during his incarceration and long after. Stoicism involved “toughing it out.” But it did not wipe out his hope, his love, his attachment to his family, troops, and country. He stayed connected and emotionally alive. That emotional spirit was crucial in how he led his troops, even in captivity. And how he survived.⁴

Marcus Aurelius: We are connected

Another more celebrated military leader also turned to Stoicism for inner strength. But again, it was a Stoicism infused heavily with emotions and social connection. That leader was Marcus Aurelius, the supreme Roman military commander and emperor during the second century (121–180 CE). Writing at nightfall during the Germanic campaigns along the Danube, battlefield images weighed upon him and reminded him of the importance of sustaining human connection. Picture a dismembered hand and head lying apart from the rest of the human trunk, he reflected. That’s what “man makes of himself... when he cuts himself off” from “the world” of which he is a part. Visceral images of intimate killing and dismemberment of body parts may have haunted him. But he harnessed the image to remind himself

For Admiral James B. Stockdale, Stoicism involved “toughing it out.” But it did not wipe out his hope, his love, his attachment to his family, troops, and country

not just of the integrity of the intact body, but the integrity of a fellowship of humanity united by a common purpose.

Marcus’s notes to himself were meant to be private. But over time, they became public, widely read and known to us as *The Meditations*. They were the meditations of a commander seeking inner strength as he faced the onslaught of the enemy and too, the Antonine pandemic-level plague that was gripping both him and his troops. But they were also the meditations of a leader insisting on the connection and cooperation of humans as part of greater fellowship of humanity. As rational and reasonable beings, we are “constituted for one fellowship of cooperation.” You should say to yourself regularly: “I am a member of a system made of rational beings.”⁵ The idea would influence the European Rational Enlightenment, and in particular, the work of Immanuel Kant. He, too, would urge a realm of rational human

beings, connected through the moral law but also through the emotion of respect (*Achtung*) for the reason embodied in each person as a moral agent. He was urging the cooperative endeavors that Marcus insisted were crucial to a fighting force, and its *esprit de corps*. But more critically, each was urging the cooperative spirit and sense of connection necessary for living in a shared world of law and reason.

Moral Injury

Emotions connect us with others. But they also connect us with ourselves. To acknowledge our emotions, recognize them, name them, manage them when they are wayward, and educate them when they need direction is all part of self-knowledge. We know ourselves, in part, through the testimony of our emotions.

But war unleashes painful emotions often hard to bear and that rack the souls of soldiers. Sometimes they are of shame or guilt for accidents that occur on one's watch but that are beyond one's control. Sometimes for carrying out operations that one knows to be unjust or in violation of rules of engagement, though ordered by a commander. Sometimes for participating in a war whose cause one once thought was just, but now has come to believe is unjust or futile. Sometimes for being the cause of collateral killings that should have been minimized. Sometimes for having one's hands tied as one watches one's buddies killed by insurgents posing as noncombatants.

War has no shortage of stressors that can shatter one's sense of having a good soul or a reliable compass that can steer one to do what is right and fully avoid what is wrong. If

posttraumatic stress is, most fundamentally, a fear reaction to life threats, moral injury is a response to moral threats. It is a reaction to what one takes to be grievous moral transgressions that can overwhelm one's sense of goodness and humanity. It can corrode the belief that one still has a good soul. A soldier can feel she herself did something grievously wrong, such as killing a child in a car that rammed through a checkpoint she was securing and that was critical for protecting a military base. Or accidentally killing a buddy, as one soldier I knew who suffered from the horrific luck of a turret gun misfiring while he was in command and taking the life of one of his own privates. Or being ordered by a commander to give consolation money to the civilian survivors of an accidental killing, but the money being a mere pittance of what the family suffered. In that case, there was the added indignity of being unable to produce the bodies of the family members for a timely burial, and so the corpses rotted, exposed in the hot Iraqi sun for months. When they were finally retrieved, the Iraqi officials labeled the victims "enemy combatants," though they were nothing of the sort.⁶

These are the kinds of incidents that can erode a soldier's sense of goodness. They eat away at the sense that in war a soldier can still be a good person. What kind of person will they be when they come home? Will these wounds haunt forever? And yet, if a soldier were numb to the intense human suffering and detritus of war, we would think them wanton, hardened, and lacking in moral conscience. We want service members to develop adequate psychological armor. But we don't want them to be inured to the moral and emotional reactions that are part of the impact of killing and bearing arms.

No single moral injury fits all. For the individual soldier, acknowledging moral injury often requires coming to feel the fine grain of the emotions. It is a moral accounting through the emotions and an understanding of them, their roots and ways to begin to heal the wounds. Individual soldiers must take responsibility for their actions. But so too must political leaders for the wars to which they send their citizen soldiers. It is not soldiers who declare war. But

The Author



Nancy Sherman is Distinguished University Professor and Professor of Philosophy at Georgetown University. She has an affiliate appointment with Georgetown Law's Center on National Security and the Law. Sherman consults and advocates on behalf of the mental health of service members and veterans in the U.S. and abroad. She lectures internationally on ancient philosophy, military ethics, moral injury, the moral psychology of war, and the emotions. She is the author of over 70 articles and several books in these areas. Her forthcoming title is

"How to Have a Soul: What Aristotle Teaches Us About Lasting Happiness" (Yale). For more, see www.nancysherman.com.

elected political leaders. And the voters who elect them. Still, it is soldiers who can both suffer moral wounds and incur them. Civilians in war zones, too, suffer horrific grievous injuries and fatalities, as we see daily around the world.

Not acknowledged enough are the wounds military women suffer at the hands of their own comrades. I once interviewed an Air Force woman, whom I will here call “Sally,” who was twenty-two when she deployed to Iraq. Walking into the chow hall every day became a brutal reminder of her perilous state as a woman in a predominantly male and sexist military. “I would walk in and everybody would stare at me.” “I felt like a deer in hunting season.” It wasn’t just her peers. It was officers too, the very people she was supposed to be able to turn to for support. But it wasn’t just the daily ogling at meals that was stressful and made her worry about whether she could trust her battle mates in combat. But in addition, she noticed that when she did her laundry and then came back to fold her belongings, she would regularly be missing her undergarments. Her bras and panties were stolen, as part of a prank, she suspected, by hostile males. She felt exposed and worried as to how she would explain to her mother why she regularly needed several new care packages, not of goodies, but of underwear. Given the ogling of her commanders, she had no confidence that she could turn to them for help. She didn’t think she could trust them. And so, she endured on her own. In the case of other women, some have told medical military colleagues that there were no receptacles near outhouses on bases to deposit dirty tampons and little concern for women’s needs for healthy feminine care. They were mocked for being women with menstrual cycles.

Another woman I know, now a senior military officer and fighter pilot, and recipient of many distinguished military and academic awards, began her career when an officer to whom she reported told her that her very presence on base would be disruptive to the “status quo” and tear down “heritage and tradition.” Her initial way of breaking into the “bro network” was to “outbro the bros,” singing raunchier songs, repeat sexist remarks, outdrink the men at bars. As she later recognized, the strategy

was itself undermining her own dignity. Her healing came through the healthy mentorship of a senior military officer who saw her talent, knew her academic brilliance, and supported her career.⁷

Not all women service members can find those mentors. And in the United States at the present moment, opportunities for senior women in the military are becoming more and

Not acknowledged enough are the wounds military women suffer at the hands of their own comrades

more tenuous. More grievous military moral injuries, incurred by leadership itself, may soon be on the rise. It is a way of depleting investment in a nation’s skill and talent. It is a self-inflicted wound and a terrible and tragic depletion of a fighting force.

Moral Healing

How do you heal the wounds of war? How do you return home to family and friends who may have not served or do not know first-hand the stresses of war? Here, again, recognizing the role of emotions is crucial. In this case, the emotions of trust and hope are key.

The ancient Greek tradition once again offers lessons. The great tragedian Sophocles was himself a military general. His generation had witnessed decades of non-stop war. He created what we can call homecoming plays for soldiers and non-soldiers alike. One such play was *Philoctetes*, about a wounded Greek warrior abandoned by Odysseus on the way to Troy.

Philoctetes had become a liability to his fellow sailors. A wound he contracted from a serpent’s bite left him wailing in pain. The stench of the open wound and his cries of agony became unbearable to his fellow sailors. And so he was marooned by his own crew, left to fend for himself for ten years on a desolate island in the Peloponnese. That is, until Philoctetes’ sacred bow, a gift from the demigod Heracles, which was his salvation in hunting down

food for himself on the barren island, was now deemed by the Greeks' to be their last hope for defeating the Trojans. And so, Odysseus returned to rescue Philoctetes (and specifically, his bow). The wily Odysseus dared not show his face, since he was in part responsible for abandoning his own sailor. But he coached a younger and pliant fighter, one Neoptolemus, on how to build rapport with Philoctetes in order to secure the bow.

The twist in the play is that real trust is cultivated in a bond that grows between the young Neoptolemus (whose name actually means "young warrior") and the forlorn and older Philoctetes (whose name connotes friendship or friendly feeling). Through that new friend-

We often shy away from hearing soldiers' stories, thinking we won't understand or won't know what to say

ship, Philoctetes begins to heal. He regains trust in his fellow sailors and a renewed sense of hope in himself and his worth. He can return home, the moral healing already begun. Bonds of trust and rapport with others who understand his travails help heal his wounds of war.

Sophocles tells this tale before an audience of some 15,000 in the great amphitheater in Athens. Veterans would fill the audience with their families. And, too, in the front rows, political and military leaders would take their seats, eager to hear and see the great tragedian's tale. They understood its lessons for resilience. They also understood that they, as the homecoming community, were critical in the healing of their soldiers. Many had themselves gone to war. But even if they hadn't, they knew the hardship of endless wars and wanted to be there for those who finally returned. Sophocles, as a general, knew that, too. He was helping his country heal from decades of war. He was helping soldiers return home and recommit to civic life.

It is a lesson for all of us. We send soldiers to war, but often are not there to help them return home or find safety, housing, adequate

medical care, and trust once home. We often shy away from hearing their stories, thinking we won't understand or won't know what to say. So we sometimes just say "thank you for your service." It's a pat response that leaves many soldiers I know cold and alienated. They feel isolated. Part of my work in the university and in communities at large has been listening to soldiers and telling their stories, as they tell them to me. That itself is a way to build trust and to bring soldiers back home into the community.

We are still fighting protracted wars, in Ukraine, Gaza, North Africa, Yemen and more. Service members of all stripes need the support of their home countries, and too, of the international community. Civilians in war zones are starving and numbers of fatalities are horrific. Taking care of the psychological and moral wounds of war is a collective task and not just a soldier's private burden.

1 Aristotle (2024): *Nicomachean Ethics*. Trans. C.D.C. Reeve. Indianapolis, 1125b30–35.

2 Seneca. (2010): *On Anger*. Trans. R. Kaster. Chicago, I.9.1–2.

3 Epictetus (1983): *The Handbook*, p. 11. For more on Stoicism, see Sherman, Nancy (2021): *Stoic Wisdom*. New York.

4 See Sherman, Nancy (2005): *Stoic Warriors*. New York, pp. 1–9.

5 Aurelius, Marcus (2011). *Meditations*. Trans. Hard, Robin. 8.34; 7.13.

6 Sherman, Nancy (2015): *Afterwar*. New York, pp. 77–81.

7 For these accounts in depth, see Sherman, Nancy (2015): *Afterwar*. New York, pp. 105–147.

Even Stoic Warriors Show Feelings © 2025 by Nancy Sherman is licensed under Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

DOI: 10.48701/opus4-832

“MY VALUE SYSTEM WAS TURNED COMPLETELY UPSIDE DOWN”

André Hassan Khan is an Oberstabsfeldwebel (OR-9) in his 30th year of service. As a trained sensor operator on the Heron 1, he was a highly sought-after specialist, completing 27 overseas deployments. Working as part of a team with the pilot who remotely controlled the unmanned aerial vehicle, he was tasked with operating the cameras and providing an initial assessment of the captured images. He has written about his experiences and his post-traumatic stress disorder (PTSD) in a book (see below), from which we have reproduced short passages in this interview.

At the time of our conversation, he had completed outpatient therapy in Kiel, and was undergoing reintegration at a Bundeswehr office. André

Hassan Khan is also politically active with the “Liberal Soldiers and Veterans Association” (Liberale Soldaten und Veteranen e.V.), which is affiliated with the Free Democratic Party (FDP).

Mr. Hassan Khan, how and when did you join the German armed forces?

In 1995, I did my basic training in the army as a conscript. Once I'd completed my compulsory service, I switched to logistics and supplies, and later to the Aeronautical Information Service (*Flugberatungsdienst*) with Air Transport Wing 63 in Rendsburg. In 2009, I read an e-mail saying that people could apply for training on an unmanned reconnaissance system. In terms of its size and capabilities, the Heron 1 was something completely new at the time. I was interested, applied, and was accepted.

And then you went on missions?

I had already been to Afghanistan twice as an Aeronautical Information Service Officer (*Flugberater*). The missions with Heron 1 began in 2010. Initially three times a year, usually for six weeks – sometimes shorter, sometimes longer – kind of hopping in and hopping out. As specialists, we were often needed.

What do you see through the camera?

Actually, there were several cameras on board. There is a normal zoom camera and one that lets you zoom in extremely close, for example, if you want to know what's that just to the right of that wall? There's also an infrared camera that detects heat signatures. This can tell you if a person is still alive. If you set black for warm and white for cold, for exam-

ple, the brighter an object appears, the less life it has in it.

Did you find your service and images like this burdening?

Not at all, at first. I had no problem passing on the coordinates of enemy shooters, so that these targets could be “neutralized”, as it is so unpleasantly called. In Mali, we once investigated an attack on a camp in Gao, in which around 100 people had been killed. That wasn't so burdening either, because it had already happened.

But then there was a mission that was different ...

Yes, that was in Afghanistan in early 2017. The Taliban had disguised themselves as Afghan soldiers and gained access to an Afghan army base with an ambulance which supposedly had injured personnel in it, only to then simply massacre the defenseless people inside the base during Friday prayers. At that point, I had already completed at least fifteen missions, but never experienced anything like this. For one thing, everything was so confused: Who was innocent, and who wasn't? There were small explosions going off everywhere in the fire, probably because of flammable materials that were stored in various places.

And why else?

Afghan forces, when they finally arrived, tried to kill the attackers whom we had managed to identify after two hours of carnage. Once again, we could only watch helplessly as they fired into the fenced-off compound from their Humvees, with no regard for friend or foe. That turned my value system completely upside down.

I could have felt relieved, but the way they [the Taliban] were stopped was shocking to me. The Afghan army's counterattack was like an execution. [...] It affected me in a way that even now, years later, I can hardly put into words. [...] For a while it seemed as if every ounce of human dignity, empathy and humanity had gone out the window down there in the barracks.

Did you notice any immediate change after this experience?

Of course, it was extremely stressful, but I didn't realize it at the time. Although we are sitting in the ground control station, mentally we are always right there in the action. That's difficult for outsiders to understand.

As usual, we got on with things more or less as if nothing had happened. After the landing, we did the paperwork and dismissed the whole episode, just thinking "well, that was pretty intense". But even coming back home didn't feel the same as it usually did; then I developed asthma and other physical complaints. At some point, it became unbearable – not to mention that my marriage was also suffering. It was as if my body was trying to tell me: Hey, there's something wrong with you, you should start paying attention.

So those affected by PTSD actually feel the physical symptoms first?

For me, it was like that. Only afterwards did the mood swings and other symptoms appear, until my mental state eventually deteriorated significantly. Post-traumatic stress disorder or moral injury – which is what we're talking about in my case – is a bit like dementia: It creeps up on you, and once it's there, it's too late.

But you still went on missions after this experience?

Yes, I enjoyed being on missions. There was this sense of camaraderie, and we could only fly the Heron for real on missions – at home, we only had the simulator. I didn't usually have any trouble sleeping while I was there, either. But suddenly, nothing worked anymore. All I did was brood. You don't even know exactly what about, but it won't let you go. Only four hours of sleep, that's just self-destructive.

When and how did you come to the decision of doing something about it?

My wife had been saying to me for some time: Something isn't right with you, you should go and get checked out. To begin with, I didn't believe her, and even told her that maybe it

was her who should get herself checked out... we had a lot of tensions at home.

I was so afraid of losing my job and, especially, my reputation within the armed forces, that I preferred to put a burden on my wife and our relationship rather than take steps to solve my problems. Above all, I would never have admitted that I might have lost control of my life. [...] There's a joke about a wrong-way driver who hears on the radio: "Look out, there's a wrong-way driver coming toward you on the A1." To which he exclaims indignantly: "One? There's hundreds of them!" That's exactly what PTSD does to the mind of patients. It makes you think that the whole world around you is getting stranger and stranger, but you yourself are not.

At some point, I totally lost it in my office at home, and when my wife said something to

***All I did was brood.
You don't even know exactly what
about, but it won't let you go***

me about it, I lashed out at her verbally, too. That was the moment when I said, I'm taking my things and going to the doctor right now.

And what happened next?

I had taken my folder with the Troops in Contact forms with me. These are used in the Operational Command headquarters (*Einsatzführungskommando*) to document stressful events like rocket attacks and so on. The military physician looked at it, closed the folder and said: Let's get started then. Very soon after that, I had my first appointment at the *Bundeswehr* hospital in Hamburg.

You have three foster children. Did they suffer because of your illness?

My wife and I did everything we could to shield them from it. The two youngest were too young to notice in any case. No, the children were more like lifesavers. If the family isn't there anymore, which isn't uncommon,



Photo: Jens Umbach/laif

André Hassan Khan

then you lose your structure – get up in the morning, shower, go to work, do the shopping – and then everything can go down the pan. Because our children have special needs, we had to take extra care. That made it all the more challenging, but I can only be grateful for the fact that they were there and still are.

What kind of therapy did you do?

I opted for outpatient therapy in Kiel because I didn't want to be away all the time again. I also got my assistance dog from an indepen-

dent organization near Rostock. A very good friend made this possible by collecting donations during his deployment in Gao. Psychotherapy was important, of course, but when Byrdie arrived, even after the first training session, you could immediately see a big change.

... So she senses that?

Exactly, she's trained to sense me.

And how did your therapist work with you?

We went to the mall, for example. I heard steps behind me, in front of me, beside me, in my mind's eye I saw the bakery explode, it was terrible ... But facing up to it was helpful, to realize that the cash register beeping is just a cash register beeping, the bakery is not going to burst into flames, and the man at the post-office counter carefully wrapping his parcel isn't about to blow something up. It takes a while to get your head round that.

Did this completely rid you of PTSD and its symptoms?

No, it's all still there. But you can learn to deal with it – some people better than others. My therapist says that PTSD is like having a neighbor you don't like. When they ring your doorbell, you go to the door and say "oh, not today" and shut the door again. But the minaret that kept appearing in the images during the 2017 operation has burned itself deep into my memory. There's a mosque not far from where I live, and I still avoid driving past it because the minaret brings back memories that I really don't want to have.

And the fact that your values were thrown into disarray, your brooding – did you deal with that, too?

Absolutely, because that was also a major part of the problem. It was quite difficult to start with, because you can't get a handle on it. It sounds a bit silly but my therapist would often say: Don't worry yourself so much, you're doing great. At first, you don't believe it, but our talks really helped to gain clarity over the situation. And the EMDR (*Eye Movement Desensitization and Reprocessing*) therapy was a game-changer. It mimics REM sleep to access locked-away memories. This is supposed to

Self-care and personal responsibility are essential, especially for us soldiers. That's our resilience

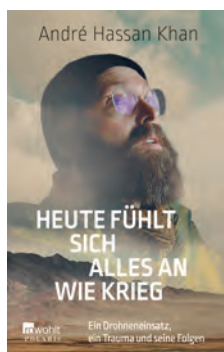
dent organization near Rostock. A very good friend made this possible by collecting donations during his deployment in Gao. Psychotherapy was important, of course, but when Byrdie arrived, even after the first training session, you could immediately see a big change.

Then writing the book together with my co-author was like a second therapy. Because I not only had to reflect on my life story, but also come to terms with the PTSD, the day everything happened, the time afterwards, and so on.

How did (or does) PTSD affect your everyday life? What did you find most difficult?

It was almost impossible to go shopping, for example, because I couldn't keep track of all the people around me. Constantly scanning my surroundings was incredibly restrictive. I also experienced very strong intrusive thoughts and fear in the dark. It makes your

The Book



The excerpts are taken from André Hassan Khan's book "Heute fühlt sich alles an wie Krieg: Ein Drohneinsatz, ein Trauma und seine Folgen". Hamburg: Rowohlt, 2024. (Excerpts translated from German)

lead to emotional overload and an outburst. I got a fit of laughter.

At the lowest point of my life, I'm sitting with my psychologist and I can't stop laughing. I can't even say what I'm laughing about, as there's no real trigger. [...] I hadn't felt this way for months. But now I was sitting here, talking about my ordeal, and I couldn't help myself. [...] This laughter broke through the armor that my illness had built around my feelings and increasingly around my body over the course of three years.

I found this very disturbing at first because actually it's a subject that only makes you want to cry. But when you can't feel yourself anymore, it's great if you can allow yourself to do that.

Looking back, what lessons have you learned from your story? Do you have any important messages for your fellow soldiers or for society?

On the one hand, it has made us and our relationship very strong, but basically, it's still a disaster. I don't want to complain, but sometimes there are relapses, and you just have to get through them. I can cope with it now, but not everyone can.

Self-care and personal responsibility are essential, especially for us soldiers. That's our resilience. As far as society is concerned, we know from surveys that the German armed forces are generally well regarded. Veterans Day has had a big impact, but it would be nice if society sought more contact and if people in general would show more concern for each other and look out for each other again – like we do here in our village.

And I would like to see PTSD taken seriously as an illness. There are still lots of people who make light of it or use the term flippantly: "You're giving me PTSD with that" or something along those lines. It would be great if it wasn't like that.

Mr. Hassan Khan, thank you very much for the interview.

Questions by Rüdiger Frank.

“DEPLOYMENT MAKES YOUR SOUL TURN GRAY”

Jonathan Göllner is a Catholic military chaplain in Deanery Cologne (Dekanat Köln). He is currently undergoing occupational rehabilitation.

Twice he accompanied soldiers of the German armed forces in Afghanistan. In this interview, he talks about various psychologically and morally stressful events, the traces they have left behind, and what he has gained despite his illness.

Mr. Göllner, you were diagnosed with post-traumatic stress disorder and depression. How are you doing right now?

I'm doing well. I had another course of therapy in the first half of the year and am very stable now.

How did your illness develop?

It goes back to when I accompanied the mission in Afghanistan in 2009. After several courses of therapy and inpatient stays in the years after that, I was relatively well for a long time – until I was retraumatized by the Ukraine war. The Gaza war in October 2023 was the final straw. I went to the *Bundeswehr* hospital in Koblenz right away. However, I didn't get an inpatient therapy place again until March 2025, at a different facility.

What did you experience in Afghanistan?

The first time, in Mazar-i-Sharif in 2006/2007, had no lasting effects. When I was in Kunduz from August to November 2009, there wasn't one triggering event, but a string of many stressors. The so-called Kunduz air strike played a major role during this period, particularly in terms of moral injury.

Could you explain that in more detail?

I had got into the habit of flicking through all the TV news channels every morning in my room. When I heard about the air strike, I went straight to the command building, where everything was already in motion. I experienced this situation as a loss of control. The world's media were in uproar, saying German soldiers had committed war crimes, there were debates in the *Bundestag*, and there we were, at the end of the world, and we couldn't defend ourselves. Many journalists came to our camp, and the U.S. commander was constantly shadowed by a media entourage.

The Afghan population, on the other hand, cheered our patrols and showered them with small change. The regular rocket attacks also stopped.

Just a few weeks before my deployment, I had attended a preparatory seminar for chaplains in Berlin. Going to Afghanistan believing that we were bringing something good and then experiencing this sense of uncertainty – that was one of the key factors.

Did you have any opportunity to form your own opinion?

As military chaplains, we also observe mission operations with a discerning eye. To do this effectively, it's important to carefully sift through the facts so that we neither support decisions unreservedly nor condemn everything outright. A contradictory message you receive can instantly and radically unsettle your own values, and in that moment there's simply no time to address it. That is also a factor in trauma: being overwhelmed. Just as on a psychological level it tends to affect processing in the brain, on the moral and ethical level there is no room for processing either.

Wasn't that too much for you as a chaplain?

As a chaplain, I was totally in my role. I have rarely had so many intense conversations. I was asked, what do you say to that as a priest? Suddenly I had to contact Germany, be present in the camp, discuss things with the leadership – all at the same time, but it worked. The key factor in the trauma was the questioning of our own moral status. I once put it like this: Deployment “makes your soul turn gray” – you never get out with your hands clean.

Even if one has nothing to reproach oneself for “objectively”, apparently this feeling is quite common?

You are held collectively responsible from the outside; as a chaplain, I am also in a special position. I don't carry a weapon, but the responsibility still falls on me too, or even all the more so because I am also something like the “conscience” of the mission.

After a few weeks and the regular change of command, everything had calmed down a

bit. But when I came home and saw the story screaming at me from every newsstand, I realized the mission was far from over, even though it was officially complete.

But besides being morally overwhelmed, you said there were other events too?

Yes, I still clearly remember the regular rocket attacks. My predecessor and I wanted to have a barbecue with the new and old members of the pastoral care group. But the siren went off and we had to sprint 200 meters to the shelter. Then you get some absurd reactions: The attack was bad, but what was worse was that the steak got burnt in the meantime. Once, I was sitting in my office on a Monday morning. I had just posted the “Word for the Day” online, and was about to go for breakfast. At that moment, there was a loud bang and the door came flying at me, because of the shock wave from outside. A suicide bomber had blown himself up near the camp, but no-one else was hurt. When the all-clear was given, I thought, oh well, I wanted to have breakfast, so I went and had breakfast.

Weren't you afraid for your life?

You can't be afraid for your life for four months straight. It gets pushed into the background. But there is a constant underlying tension. It's worst for those who have to remain passive and constantly feel like they're a target. Once, I was traveling unscheduled in a convoy to another base and there was a warning. When I asked the soldiers in the stuffy armored personnel carrier what I should do if we were attacked, it dawned on me that I was reliant on others to defend or protect me. That was frightening. Moments like that, when I felt so vulnerable and helpless, had the greatest impact on me.

When and how did you notice the effects of your deployment? And how did you deal with them?

I can say exactly when it started: on December 25, 2009. During my afternoon nap, I dreamed that my lower leg had been shot right through. When I woke up, it took me a while to dare to pull back the covers and look at

my leg, that's how real the dream was. When more nightmares followed, I turned to a doctor in the barracks who I had a good working relationship with. He quickly got me an initial appointment with Dr. Peter Zimmermann in Berlin.

Have you experienced any other symptoms, past or present?

Yes, especially what is known as hypervigilance, a constant feeling of being on edge. For example, I never sit with my back to a door when we go to a restaurant. Of course, it's incredibly tiring to be constantly checking the situation.



Jonathan Göllner

What I experienced was terrible, and I didn't want it to happen, but it's part of my life story

Are you also noticing physical reactions?

It's exhausting. But it's not all negative. I notice a lot more, both good and bad. I smell the roses in a garden, but at the same time I smell the exhaust fumes from trucks and it reminds me of the tanks in Kunduz. I hear the birds singing, but I'm also much more jumpy. Apart from that, I now know what demons lurk in my basement and how to deal with them fairly well.

Does therapy really help you to get to know yourself better?

Yes, it's also referred to as post-traumatic growth. Trauma is an injury, but it does provide an opportunity for growth. Many people say, “oh my God, you poor guy...” Yes, what I experienced was terrible, and I didn't want it to happen, but it's part of my life story. In a way, I've also gained something personally. I've developed new resources.

What helped you the most during or after therapy?

One important factor was that I had read up on the subject of traumatization before my deployment. When I first saw Professor Zimmermann, I told him directly: You must ex-

cuse me – you see, normally I sit where you are sitting. Because I was diagnosing myself to a certain extent, I was able to process what I had experienced more quickly.

I would describe trauma with this analogy: A whole lot of things come crashing down on me. I stuff them into the closet in complete disorder, and push the doors shut so that it stays closed. But at some point, my strength wanes, and everything comes crashing down on me again. Then I try to stuff everything back in again and push against the doors, but this time it doesn't stay shut as long. Until I reach the point where I take the space and the time to look at everything and put it away

Many people who have experienced trauma in the line of duty have not only lost qualities, but also gained new ones

properly. And suddenly the doors stay closed on their own.

Incidentally, medication is also part of the therapy – sometimes more, sometimes less. But above all, it's about working on your own resources. I have tapped into completely new sources of resilience.

Can you give an example?

I find body awareness to be a very powerful source. During my last stay in hospital, for example, I discovered qigong.

To what extent have faith and spirituality played a role?

Spirituality plays an important role, of course, but less in the form of traditional piety and more as a quiet retreat, meditation. I live my life with a healthy basic trust: There is something there, there is God who carries and sustains me. My deployment helped me gain a keener understanding of many aspects of faith. It's one thing to preach about death and resurrection at Sunday service, but quite another to face the possibility of death and resurrection on your doorstep virtually every day. Nowadays, a lot of things are peripheral to me. On deployment, there is a just a tent

or a container, a chalice, a bowl of bread ... Thank God, this basic equipment proved to be sufficient.

For the soldiers too?

They don't judge you by your title, but by how credibly you represent your message as a person. Above all, you need a good coffee machine and simply an open door; everything else will follow. The "Room of Silence" was always open, and it was used a lot, even by those who didn't attend services. Many stopped by, lit candles, sometimes drew a heart or a sun in the bowl filled with sand, and placed a tea light inside. There is a need for spiritual fellowship. But I occasionally shared my concerns too when I sensed things were off track.

Did you also experience the much-described "intensity of the mission"?

For many soldiers, deployment means camaraderie, closeness, standing up for each other. I have never experienced this as intensely as I did there. I also know from many that their marriage or relationship did not survive their deployments – the experiences are just too different. For me, it was one of the reasons for my estrangement from the Benedictine community, which I was still a member of at the time.

Returning to the events in Kunduz, do you still have doubts, feelings of guilt or such-like? Or have you reached a final moral conclusion for yourself – and if so, how?

Doubts, certainly: What did the mission in Afghanistan achieve? Particularly since it was ended so abruptly. Was it worth it for soldiers to lose their lives there? Wasn't the price too high for the little that was achieved?

Feelings of guilt? No. Disappointment? Yes. Especially the feeling of having been let down by politicians and society. Responsibility for the mission in Afghanistan was delegated to the German armed forces, without realizing that people would have to pay a high price for that.

But you always need to maintain a certain distance. As a chaplain, I accompany the peo-

ple on the mission, not the mission itself. I have come to terms with my own time in Afghanistan – for the most part. I have accepted my experiences in Kunduz as part of my life story and hopefully integrated them as best I can. But the “damage” to me remains – probably forever.

Are you working as a military chaplain again after your last round of therapy?

I am still going through occupational rehabilitation. I have a position in the military deanery in Cologne and work on a project basis. My employer shows understanding for my situation and also draws on my resources to some extent. Many people who have experienced trauma in the line of duty have not only lost qualities, but also gained new ones. It's a matter of finding the right use for them. And creating space for them. It's a fact that I'm not as resilient as I used to be.

Some people have difficulty accepting that. Do you know that feeling too?

Many people with deployment-related trauma want to get back into action right away. Me too, despite everything. My job satisfaction has never been higher than it was there, because I was able to do exactly what I became a chaplain for. Thank God I'm not allowed to. But I still have the feeling that I have to prove to myself that I can do it again. Admitting to yourself that you can't do it anymore is tough.

Are there any other insights you'd like to share?

Everyone is vulnerable, even priests! You can't pray everything away; it won't work. Seek help, and do it quickly. And: Don't hide. You don't have to come right out with it, but if you're asked, you should talk about it, at least in a toned-down way. Even if you feel you really just want to retreat into the farthest corner.

Mr. Göllner, thank you very much for the interview.

Questions by Rüdiger Frank.

“SOLDIERS NEED TO BE PREPARED TO ENDURE DEEP INNER CONFLICTS”

Hauptmann Alexander Schäbler is a district youth officer (Jugendoffizier) in Potsdam. Previously, he served with the Joint Medical Service (Zentraler Sanitätsdienst) on missions in Mali and Afghanistan. In Kunduz, his responsibilities included organizing military medical care in a small, forward-deployed multinational team. Due to health issues, he requested a transfer to his current post. He has reflected on his experiences and the associated moral conflicts as part of a Master's degree in Strategic Studies.

Mr. Schäbler, what dilemmas or conflicts did you face as a member of the Joint Medical Service during your overseas deployments?

The Medical Service applies the principle of maximum care – i.e. whatever is medically necessary, must be done – during its missions abroad. Essentially, treatment must be equivalent to that provided by a German district hospital. The dilemma arises in situations where you have large numbers of wounded or sick people, especially when this requirement applies not only to German citizens or soldiers and allies, but also to soldiers of the host nation and the local population. Then demand exceeds capacity, and medical care is in short supply.

Are the capacities of the Medical Service on the ground even designed to provide such comprehensive medical care?

No. In the context of a military operation, our medical capabilities are not configured to address the full scope of local public health needs, like births and infant care. Occasionally, we encounter adult patients with birth defects, genetic disorders, or other conditions that are typically detected and treated early in Germany. The daily medical challenges in our areas of deployment are far more severe – orders of magnitude more intense than those found within Germany's highly advanced healthcare system.

Let's be specific: Does this mean you had to decide whether or not to perform an appendix operation on someone from the local population, for example?

Exactly. At home, you expect bottlenecks to be absorbed by the system. There, it was a dif-

ferent decision – turning people away based solely on their nationality or status differences. Plus, you often need an interpreter to mediate. You find yourself in a tense situation because you are a guest and helper in these countries, not an occupying power. So, the opinion of the local population also comes into play. It almost crosses over into diplomacy and politics.

So these are different roles that are hard to reconcile?

Yes. There aren't any clear dividing lines between what you can and can't do. Or between what you have to do and what you're not allowed to do.

But you also had to navigate standardized treatment guidelines designed to solve this very problem.

During my deployment in Afghanistan, the Medical Rules of Eligibility (MROE for short) were in force. These are issued by NATO and followed by Germany. They set out clearly defined national, military and political criteria for selecting who is eligible for treatment and who is not. Entire groups of the Afghan army, for example, were not covered by our treatment criteria. Members of these groups had to be turned away regardless of their injuries or pain.

Did you have to do that yourself?

Yes. Imagine there is a major incident. Suddenly there are five people lying injured at the camp gate, all wearing different uniforms: local police force, Afghan special forces or secret service. The treatment guidelines require you to decide who will be treated and who will not. This also means having to turn away someone who needs more urgent treatment and telling them their case has to be taken care of locally – while treating a less serious case, such as a member of the secret service.

Doesn't that contradict medical ethics?

In principle, these rules are entirely incompatible with German ethical, and perhaps even legal, standards. But it is always possible to override them by saying that this is a

life-threatening case: If we don't treat that person, we could be prosecuted under German law.

In your experience, what is the impact of all these factors?

The effect tends to be indirect. In the situation itself, there is always time pressure, and the information you have is often not entirely clear. Usually, you just act, including as a team. But when you have to tell the Afghan commander in a moment like that, "for reasons that can't be explained here, I can take these two and not the other three" – then of course there is incomprehension and you find yourself struggling to explain. That has an impact. So does the question of what becomes of these people after they have received treatment. What happens to someone who has had a complicated metal structure fitted to stabilize a fracture? What happens to an Afghan soldier who has had both legs and one hand amputated? Will he perhaps die of the long-term effects, or be left behind without any means of support? In a case like that, have we really saved a life? These are questions that weigh heavily on you if you are interested in the continuum of care and not just the acute emergency treatment.

But Afghanistan in particular showed that a stabilization mission can take on completely different dimensions. Ultimately, wasn't the task of providing medical assistance to our standards simply too extensive?

Absolutely. Of course, a handful of German medics cannot alleviate the suffering of northern Afghanistan. While entirely comprehensible, from a rational point of view, this is still not easy to accept. I do think all of this made me very disillusioned. Then there is the question of what principles are guiding a mission like this. Are we making a serious effort to help the local population, or is our health-care provision merely a fig leaf for hard-nosed political calculations? For a young and naive soldier – as I was in Mali in 2013 – it's a difficult moment when you realize at some point that the idea of providing assistance might not be the main priority. And you can never really shake that suspicion.

How did the stress affect you after you came back?

At first, I felt exhausted and numb. The levels of stress and excitement over there were so high that the world here seemed kind of unreal and a bit boring, artificial. Even though rationally it should have been the other way around, it felt more like I was on an alien planet in Germany. But behind this difficulty adjusting lies a deep sense of uncertainty about our worldview and self-image, and the question of why soldiers actually go on missions.

This became particularly relevant for many when Afghanistan collapsed in 2021. At the



Alexander Schäbler

Of course, a handful of German medics cannot alleviate the suffering of northern Afghanistan. While entirely comprehensible, from a rational point of view, this is still not easy to accept

time, I was still serving as a soldier in a multinational team in the Bundeswehr health system. I think it was around then that my depression started. But in my case, there were other factors too that were not related to my deployment, such as the Covid-19 pandemic.

Did you see a therapist for your depression?

Yes, I went to outpatient psychotherapy. I was signed off sick for about a year. After that, I was transferred at my own request. I started a completely new chapter in my career, and have been doing much better ever since. However, I still harbor a lot of resentment and mistrust toward superiors and authorities, and, to a certain extent, toward the system as a whole, though not necessarily toward individuals. I felt that in Afghanistan, the politicians, superiors and authorities did not communicate fairly.

But you don't question everything, do you? As a youth officer, you need to identify strongly with the "Bundeswehr system".

No. Partly thanks to my studies, I've gained a deeper understanding of how these things arise. It's not that easy, but you can make your peace with it; I communicate this to the

public as well now. When school students ask me what it was like in Afghanistan, I try to explain – give them the light version, so to speak – telling them what such an experience can do to you.

You can't just escape your shared responsibility and shift it all onto others or your superiors. I worked in a key role in the emergency medical unit and was jointly responsible for everything that happened there. And I think I can be proud of the fact that we really tried to go far beyond what we were supposed to do. This annoyed our superiors, who were stricter about the treatment rules and guidelines. But we always felt that we had to be able to look

We always felt that we had to be able to look at ourselves in the mirror and at the same time give the people we were working with the feeling that they could rely on us

at ourselves in the mirror and at the same time give the people we were working with – the Americans, the Afghans, and also the German military – the feeling that they could rely on us and trust our decisions.

Looking back on it now, didn't you sometimes feel overwhelmed?

Of course. Given our weak personnel setup, we couldn't even work in shifts. For months on end, you're the only one who can perform a particular role, such as a surgeon or emergency paramedic, so you do it 24/7. Even if you have to do three days straight because of the fighting in the region. For four months, I had two radios and two cell phones with me day and night, and they never stopped buzzing. There was almost no chance for any sleep or downtime.

To what extent was the multinational nature of your team a complicating factor?

Regardless of whether it's a military, medical or tactical situation, you find that in multinational operations, national laws and cultures clash with internationally standardized regulations and doctrines. The complexity and

potential for conflict increase massively. Politicians need to be aware of this when they send soldiers on multinational missions.

In my case, it worked well. But I suspect that the multinational nature of such missions contributes significantly to the psychological strain, especially when the host nation is also involved. For example, the Malian army with its human rights violations, or the Afghan army, which certainly fought according to very different rules than those we like to imagine.

Apart from your therapy, what else helped you deal with your experiences?

It was definitely taking an abstract, academic approach to the problem, while I was studying but also in workshops. The military medical ethicist Michael Gross at the University of Haifa, for example, has clearly identified the various dilemmas: the dilemma of resources, the dilemma of dual agency – i.e. trying to meet the demands placed on you as a soldier while also being a humanistic medic. This helped me understand everything better, to clear up the jumble of feelings and impressions. But talking to fellow soldiers and good superiors afterwards was also helpful.

For your Master's thesis, you took a critical look at the MROE guidelines mentioned earlier. Even if some of these guidelines are questionable, isn't it better to have them than to have nothing at all? Or could they be better designed?

I believe there is definitely a need for bodies of rules that anticipate situations and provide certain guidelines. However, these rules also need to be aligned with German law and German ethical standards, and adapted to the national context. At the same time, those who are subject to these rules – i.e. medical service personnel – must be well prepared in a transparent way in advance. But within the framework of mission-type tactics – which the German armed forces like to tout but rarely actually put into practice – soldiers on the ground should be given the opportunity to make decisions based on these rules, and these decisions should then be accepted and supported by third parties and superiors who

are not themselves present. This was a problem for us sometimes, because decisions were questioned from 150 kilometers away based on disciplinary law or assessment results.

Are there other specific points that could be improved, even if this might not prevent all moral conflicts?

Soldiers need to be specifically prepared for the fact that they will face moral dilemmas and may have to endure deep inner conflicts. Secondly, of course, efforts should be made to optimize structures and processes, minimizing dilemmas and limiting the consequences.

And people must be given the opportunity to talk about this whilst on deployment, for example with knowledgeable superiors, with military chaplains, and also with experienced medical professionals or people from other nations. I also think that open communication is essential as a way to gain different perspectives and limit the manifestation of bitterness and trauma. Trust breaks down bitterness, in my experience. Younger soldiers in particular, and perhaps also those who are indirectly affected, should not be forgotten in this process.

Did you get the opportunity to have such conversations during your deployment?

Not with superiors as such, because they were hardly ever there, but certainly with the very experienced doctors and sergeants in the team. I am still in close contact with some of them today.

Did pastoral care also play a role in the process of dealing with your experiences?

I had two conversations with Military Dean Adomat near the end of my deployment, which were very important to me. He wrote a letter to my superior in Germany at the time. His successor showed it to me one day. It was actually very touching and appreciative, and I felt very valued.

Is there anything else important regarding your experiences that we haven't discussed yet?

Looking to the future, under the expected national/Alliance defense scenario, moral injury will probably be the least of our concerns. On the other hand, the enduring consequences of such a war would surely inflict a profound and lasting moral injury upon an entire generation of soldiers. These psychologically injured individuals will not be able to reintegrate well into a post-war society.

A military medical research paper from the United States from 2025 points out that in large-scale combat operations, the role of prolonged care and triage will massively increase the risk of moral injury, not only for medical personnel.¹ NATO estimates put the number of casualties and deaths in Europe at 1,000 per day. In a Ukrainian frontline scenario, for example, the constant presence of attack and reconnaissance drones often means that the wounded can only be evacuated after nightfall. Sometimes, however, it can take weeks. Ordinary soldiers on the ground therefore have to try to keep their colleagues alive for much longer, and decide who receives which treatments and transport privileges. We ought to prepare ourselves for this so that we don't stumble blindly into what might lie ahead. That feeling of powerlessness when you need to help – but can't – has changed me.

Mr. Schäbler, thank you very much for the interview.

Questions by Rüdiger Frank. Assistance: Kristina Tonn.

¹ Izaguirre, Mary Krueger et al. (2025): To Conserve Fighting Strength in Large-Scale Combat Operations. In: Military Review (July–August). <https://www.armyupress.army.mil/Journals/Military-Review/English-Edition-Archives/July-August-2025/Conserve-Fighting-Strength-LSCO/> (Stand: 13.11.2025).

“JUST GIVING SOMEONE AN ADDRESS IS OFTEN NOT ENOUGH”

Lieutenant Colonel Matthias Dommès is in psychotherapy for trauma stemming from his deployment. Together with volunteers, he and his wife Mojca founded the EHRfurcht e.V. association on their estate in Brandenburg to help traumatized people out of their often dead-end situations. The association now has 88 members. An interview about the situation of those affected, the role of family members, the importance of social support and what makes working with animals unique.

Mr. Dommès, could you start by telling us how your illness developed?

Matthias Dommès: When I returned home from my last deployment in Afghanistan in 2008, the ordeal began: I had no motivation left and could no longer see any meaning in my daily life. I neglected myself as well as my relationship. The worst part is that, as someone affected, you don't notice it because it happens gradually and imperceptibly.

Moral burdens also played a role for you. Could you give us an example?

Matthias Dommès: *(to his wife)* If I can't manage it, please take over for me... During my last deployment, I saw a shepherd beat his donkey to death. The animal had collapsed under its heavy load ... *(steps out of the room)*

Mojca Dommès: We live with animals, so I can easily imagine what it must be like to witness something like that firsthand. And the soldiers weren't allowed to intervene – that wasn't their mission. I read his reports, so I'm familiar with some of what he went through. It wasn't only about animals. There are things you wouldn't wish on anyone.

As his wife, how did you experience these changes?

Mojca Dommès: Everything still seemed normal in the first few years. It wasn't until 2011/12 that I clearly noticed something was wrong – the depressive moods became more frequent, the nightmares increased and, above all, there was this complete lack of motivation. Nothing mattered to my husband anymore except withdrawing; he became passive-aggressive.

And how did you respond to that?

Mojca Dommès: At first it didn't occur to me that the cause might lie with him. You question everything – yourself, the relationship... At that point I was desperate for someone to talk to because nothing made sense to me anymore. Eventually, I urged him to go to the *Bundeswehr* hospital and get checked to see whether there might be psychological stress behind it.

Matthias Dommès: *(back in the room)* All I can say is that I would never have gone anywhere or asked for help if my wife hadn't pushed me to. I can understand why others feel the same way.

In your experience, what makes this first step so difficult?

Matthias Dommès: The German Armed Forces now offer many forms of support, but they also come with conditions. Some people may slip through the cracks, or they're already in such poor mental shape that they simply don't have the energy. If there's no family or partner to push and support you, nothing happens. Just giving someone an address isn't enough.

Mojca Dommès: Physical wounds are visible to everyone; emotional wounds are not. People who come to us often say, "I'd rather have lost my legs than be dealing with this". For those who were deployed and see themselves as "warriors," the biggest obstacle is admitting they have a weakness. But accepting help would mean doing exactly that.

They've also often had their trust betrayed when they opened up, shared their fears and distress. Then people talk behind their backs, or they get pigeonholed.

You are both in therapy. Aside from that, what helped you most in dealing with the illness and the situation?

Mojca Dommès: It was really our house, our farm and our animals. In 2009 we bought our estate in Brandenburg and moved here from Berlin. We have six horses, three dogs and a cat – they all need care early in the morning. It's hard to shut out that responsibility, even when you're depressed. If you start the day this way instead of staying in bed, you've already taken the first big step. We sometimes played off each other a bit and would say, "I have to leave for work at five tomorrow – it'll be your turn".

And this experience is what gave you the idea for your association?

Matthias Dommès: Our vet once said to me, “I was fortunate never to have to defend Germany’s freedom in the Hindu Kush. How can I help you?”. From that, the idea slowly emerged to pass on to others exactly what my wife and I had found helpful.

Mojca Dommès: The crucial thing is that we talk to each other as equals here; when you come to us, you don’t have to explain technical terms or feelings. It’s not only soldiers with PTSD or moral injury – veterans, reservists, their families, and even those who haven’t seen a doctor yet but are wondering, “Maybe something really is wrong with me?” – should be able to build networks and get support here. We try to keep the entry barrier as low as possible.

What exactly does the work with those affected look like? How does something like this actually work?

Mojca Dommès: We don’t have a set program; we tailor activities individually, because we see people with different mental and physical stresses and needs. Some want to chop wood, others prefer archery, painting or crafts. Everything is adapted to the individual and supervised by our members. But the animals are always part of it – not for the entire day, but in varying sessions, depending on how comfortable people are with animals.

Matthias Dommès: With help from our members, we gradually expanded what we offer. We have a sawmill, which means we can now include traditional crafts. We use the horses to haul trees from the forest, turn them into planks and make tables, chairs and similar items. We also have a forge where we make fittings, for example. The projects are designed so they can be completed during a person’s stay here. This gives the people who come to us a renewed sense of self-worth.

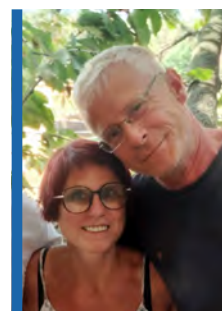
Mojca Dommès: That’s exactly what many of the people who come here no longer have. For them, the world has stopped working properly. They don’t have a job, and often no money; everything that’s part of the social norm is gone. We tell them it doesn’t matter

what they bring with them – and if, at the end of the day, they have something tangible they can be proud of, then all the better.

But that requires a lot of coordination.

Mojca Dommès: We agree on a daily structure and divide up the tasks.

Matthias Dommès: Structure is definitely important. At six in the morning the horses are fed and taken to the enclosure, and we check to make sure everything is in order. Then we have breakfast together, and that’s when you ask, “Are you making the coffee, or, will you heat up the stove in winter so we can sit in a warm room?”. It’s really just an ordinary daily routine, but some people need to write it down so they can stick to it.



Mojca and Matthias Dommès

People who come to us often say, “I’d rather have lost my legs than be dealing with this”

Mojca Dommès: If it becomes overwhelming, there’s always the option to withdraw, but that’s not the main point. This isn’t a pony farm; people really do have to accomplish something – each within their own limits, of course.

And in the best-case scenario, they realize it does them good?

Matthias Dommès: That’s exactly the whole point.

Recovering means work in a sense. Would you agree with that?

Mojca Dommès: A lot of people actually end up with sore muscles. When you’re under strain, you try to block everything out and hide from the world. Here, you’re outdoors all day doing something.

Matthias Dommès: Fresh air, the animals and hands-on work – those things alone do you good. But the word recovery doesn’t really apply when it comes to psychological stress. We’re not going to recover; it’s about learning to live with the circumstances.

Mojca Dommès: We also try to lead by example. We don’t hide the fact that therapy helps

us as well. When someone talks about their problems, we listen actively and stay with it. But of course it weighs on us as well; that's why we occasionally take a break and one of the staff steps in. Our own mental hygiene is very important to us. And we don't pretend we have a perfect marriage. We argue sometimes, and people definitely notice.

What sustains your relationship? What approaches have you found?

Matthias Dommès: For me, it's an unshakable belief in our relationship. I'm grateful to my wife for standing by me when my stress kept getting worse. This trust must never be

There are difficulties – more than in ordinary life – but it brings us closer

abused. There are difficulties – more than in ordinary life – but it brings us closer, and we talk things through from time to time.

Mojca Dommès: Yes, it's difficult. There are good times and bad, but as long as we can talk about it – which we couldn't do at all in the beginning – it becomes easier for me. Then I don't take it personally when he withdraws because he's struggling to cope with the world.

We also complement each other. For me, it's more about burnout. When I tried to take on everything – the work at home, my job, the association, the animals, and so on – he said, "Be careful, you're going too fast." Without him, I wouldn't have realized it so soon.

And when things get really tough, you grab a horse or a dog. It's incredible what animals can give back to you.

Your animals play an important role in what you offer. What can horses, for example, do that people or words cannot?

Matthias Dommès: I'll give you an example. One of our club members is a former close-protection officer in the German Armed Forces, and you can't tell at all when he's afraid or under stress. We stand next to one of our horses and talk, and he feels safe and

accepted – and suddenly the walls come crashing down, the walls that anyone with psychological issues builds to avoid feeling vulnerable. But the walls don't fall because the horse does anything; they fall because the horse takes on his heartbeat, influences his breathing, and he feels relaxed and unburdened – nothing is pulling at him anymore. Tears can come in moments like that, and he can suddenly talk about things.

Mojca Dommès: Everyone says they've never experienced anything like it before. "I didn't even know I still had feelings like that." That's the point where we say, "Hold on to that – then you can talk to a psychologist about it too". Using horses as a way to open a conversation works for anyone who's willing to engage. It's much easier than sitting across from someone and trying to talk.

Matthias Dommès: One reason is that animals don't judge you by your rank, your name, your appearance or your clothing.

Mojca Dommès: Our horses aren't therapy horses that just stand around and wait. They're very sensitive and mirror things honestly. When someone comes into the enclosure agitated and stressed, the horses pull back at first. We also look at what a person can tolerate. You might lead the horse with your eyes closed, or let the horse lead you – to let go of responsibility or to build confidence.

One last question: It's often said that people tend to seek help too late. Do you share that view?

Mojca Dommès: No, because people might think, "I don't need to report it – it's too late anyway". Many who come here for the first time look down, are shy and withdrawn – and after just three days, they leave the farm with a smile, take heart and promise to come back.

Matthias Dommès: Let's put it this way: as long as they come, it's never too late.

Mrs. Dommès, Mr. Dommès, thank you very much for the interview.

Questions by Rüdiger Frank.

For more information, see www.ehrfurcht.net

FULL ISSUES

www.ethicsandarmedforces.com **Full issues**



This issue and all other issues of “Ethics and Armed Forces” can be found **in German and English** on the homepage of the e-journal.

- 2025/1 Reconciliation
- 2024/2 Warfighting Capability
- 2024/1 AI and Autonomy in Weapons
- 2023/2 European Military Ethics
- 2023/1 Resilience
- 2022/2 War in Ukraine
- 2022/1 Women, Peace and Security
- 2021/2 Innere Führung and Military Ethos
- 2021/1 Climate Change as a Threat Multiplier
- 2020/2 Corona Pandemic
- 2020/1 Nuclear Deterrence
- 2019/2 Ethics for Soldiers
- 2019/1 Conflict Zone Cyberspace
- 2018/2 European Army
- 2018/1 Strategic foresight
- 2017 Terror
- 2016 Innere Führung
- 2015/2 Hybrid warfare
- 2015/1 Military medical ethics
- 2014/2 Cyberwar
- 2014/1 Drones and LAWS

IMPRINT

The e-journal “Ethics and Armed Forces” (ISSN 2199-4137) is a free-of-charge, non-commercial, digital publication containing journalistic and editorial content. It is produced by Zentrum für ethische Bildung in den Streitkräften – zebis, Herrengraben 4, 20459 Hamburg. Director of zebis: Dr. Veronika Bock

Note: The published articles do not necessarily reflect the opinion of the editors and publishers.

Editors

Dr. Veronika Bock, Bart van Dijk, Dr. Andrea Ellner, Prof. Dr. Thomas Elßner, Prof. Dr. Johannes Frühbauer, Prof. Dr. Alexander Merkl, Norbert Stäblein

Advisory Board

Lothar Bendel, Heinrich Dierkes, Msgr. Bernward Mezger, Dr. Angela Reinders, Cornelius Sturm, Kristina Tonn

Copy Editors

Rüdiger Frank

Person responsible for content pursuant to section 55 (2) of the German Interstate Broadcasting Agreement (Rundfunkstaatsvertrag, RStV)

Dr. Veronika Bock, Herrengraben 4, 20459 Hamburg

Contact

Tel.: +49(0)40 - 67 08 59 - 51, Fax 67 08 59 - 3
E-Mail: redaktion@zebis.eu

Service provider as the legal entity of Zentrum für ethische Bildung in den Streitkräften – zebis

Katholische Soldatenseelsorge (KS)

Legal form

Anstalt des öffentlichen Rechts

Supervision

Catholic military bishop for the German armed forces (Bundeswehr)
Am Weidendamm 2, 10117 Berlin

Authorized board of directors of KS

Director at KMBA
Msgr. Wolfgang Schilk
Diplom-Kaufmann Wolfgang Wurmb
Am Weidendamm 2
10117 Berlin

Contact KS

Telefon: +49(0)30 - 20 617 - 500
Telefax: +49(0)30 - 20 617 - 599
Info@Katholische-Soldatenseelsorge.de

Date of Publication: 15 December 2025

DOI: 10.48701/opus4-820



ethicsandarmedforces.com



zebis

Zentrum für ethische Bildung in den Streitkräften

Herrengraben 4

20459 Hamburg

Tel. +49 40 67 08 59 - 55

Fax +49 40 67 08 59 - 59

info@zebis.eu

www.zebis.eu