

## Yoga and Military Moral Injury

By Eva J. Usadi and Mary E. Coleman

With the withdrawal of U.S. troops from Afghanistan in summer 2021, a 20-year occupation has come to an end. As we watched the disturbing images of Afghans attempting to flee the advance of the Taliban, our concern was for the Afghan people as well as for military members who served there. The abandonment of our Afghan allies, many of whom the troops served closely with for years, has created or reopened wounds the nature of which are largely unknown to and little understood by ordinary citizens lucky enough to live far from conflict zones. These are the wounds of military moral injury (MMI).

MMI is separate and distinct from posttraumatic stress disorder (PTSD), as this article will explain. For those who work with veterans and active-duty military, it is important that we develop an awareness of the particular challenges that this population experiences, and especially of the potential for the presence of MMI.

### What Is Moral Injury?

In her book *Afterwar: Healing the Moral Wounds of Our Soldiers*, Nancy Sherman, PhD, defines moral injury as “experiences of serious inner conflict arising from what one takes to be grievous moral transgressions that can overwhelm one’s sense of good and humanity.” Trauma and Resiliency Resources (TRR), a 501(c)(3) public charity whose mission is to end veteran suicide, coined the phrase *military moral injury* to distinguish the term from how moral injury is now used by civilians, although there are populations who may experience moral injury unrelated to military service (e.g., police; EMTs; humanitarian-aid workers; and healthcare workers, especially with the COVID-19 pandemic). TRR (<https://trrhelp.org>) describes MMI as “the wounding to the heart and soul of warfighters—an existential and/or spiritual crisis that can be the consequence of engaging in combat operations, however necessary, during which there is a conflict between one’s ethics and one’s actions.”

The inability to come to terms with moral conflict has likely led, or at least contributed to, the suicides of many active-duty military and veterans. In fact, 30,177 active-duty and veterans of the post-9/11 wars have died by suicide, which is far more than the number of service members killed in post-9/11 war operations.<sup>1</sup> This is not solely attributable to PTSD. In fact, the U.S. Army has recently stated that, “Moral injury is often compounded by PTSD and may contribute to high suicide rates for military personnel who have deployed to combat.”<sup>2</sup>

### How Does Military Moral Injury Differ from PTSD?

A simple way to understand the difference between PTSD and MMI is that PTSD is a result of something that either happened to you (simple trauma) or something that was done to you (complex trauma). MMI is the consequence of something that *you* did or were unable to do. As one can imagine, in combat situations traumatic events occur around and to the individual. Military members are trained to react to threats; it is only after the event that the individual becomes aware of their actions and has time to reflect on them. The complex nature of combat then creates the potential for two levels of injury: (1) trauma, which causes PTSD, and (2) the realization (post-event) that the individual caused harm. An additional consideration is that the chain of command requires that the individual follow orders. The consequences of not following an order are severe. Even when the individual may feel strongly opposed to following the order, military code compels them to override their own inner directives. However, MMI is not always about following orders—it can be about giving them or making a command decision oneself.

PTSD is a cluster of related symptoms: re-experiencing, avoidance, arousal/irritability, and negative changes in thoughts and moods.<sup>3</sup> What sets MMI apart is more subtle. The expressions of MMI are more about feelings of self-loathing, disgust, inner betrayal, having sinned, being dirty, or not worthy of being part of society. These expressions fuel suicidal ideation and behavior. It is also important to recognize that MMI is not a disorder; the expressions of MMI are not symptoms. (Similarly, *PTS*, or posttraumatic stress, is increasingly used instead of *PTSD*.)

In our experience, there are visible signs of MMI. These include, but are not limited to, poor facial muscle tone; a hollow, almost faded, appearance; a lack of luster or light in the eyes; and, if there is a smile, it does not reach the eyes. There may also be a blank and unfocused gaze (the “thousand-yard stare”). Most assuredly, the person seems haunted.

### Yoga and Military Moral Injury

Both of the authors have taught yoga at TRR’s Warrior Camp, a 7-day intensive residential program for active-duty military





Author Mary Coleman, center, leads a closing circle.

and veterans of all eras with the goal of suicide prevention. Warrior Camp integrates five modalities into its program: eye movement desensitization and reprocessing (EMDR), equine-assisted psychotherapy, yoga, narrative medicine, and sweat lodge. All occur in the context of community.

Every day begins with a community yoga practice involving participants and staff. From the very first practice we cultivate self-regulation, adaptability, and resilience. As mentioned previously, MMI often coincides with a traumatic experience. When the individual is experiencing symptoms of PTSD, it is impossible to move to the deeper work of repair of the MMI. Through asana practice, we reinforce self-regulation with breathing practice and finding the point of comfort and steadiness with “effortless effort” in poses, as written of in Yoga Sutras 2.46 and 2.47. Throughout the practice the teacher guides inquiry and curiosity about physical sensations and gives permission for making modifications to allow for finding that point of grace. The use of props (e.g., blocks) is helpful to demonstrate adaptability and encourage agency. Adaptability is further reinforced by drawing awareness to improvements in asana and breath regulation. All of this builds the foundation for addressing the trauma and then moving to the repair of the MMI.

Each participant has individual yoga sessions to reinforce the three capacities (self-regulation, adaptability, resilience) required to address specific needs and to support the therapeutic process. Each evening, we introduce a short exploration of the concepts and wisdom of yoga, followed by a simple movement practice and guided systematic relaxation. The evening practice is really intended for reconnecting the participants with their breath, releasing tension or strain in the body, quieting the wandering tendencies of the mind, and supporting restorative sleep. During these evening sessions, we may introduce the Bhagavad Gita and share the story of Arjuna, the accomplished warrior who struggles through his own crisis of conscience. We introduce the concept of *dharmā*, that our life experiences can have purpose, that we can live skillfully and transform our suffering.

### Therapeutic Work Through Yogic Principles

When working with both PTSD and MMI, we approach teaching yoga as a systematic method that integrates modern science, yogic

philosophy, energetic anatomy, and the spiritual nature of human experience. In teaching at Warrior Camp, we have found that specific principles of the practice need to be reinforced: *ahimsa* (nonharming), *brahmacharya* (moderation), *aparigraha* (nongrasping), *svadhyaya* (self-awareness), and *ishvara pranidhana* (trustful surrender).

Each of these principles provides guidelines for every encounter on and off the mat. When the roaming tendencies of the mind come in the form of harmful narratives, the participant is encouraged by all members of the team to employ simple breathing practices and body awareness to recall and anchor the person in the present moment. We use asana to teach the concepts of moderation, nongrasping, and yielding on the mat so that these concepts can be used off the mat while working in the other modalities for repair and in participants’ day-to-day lives.

By its very nature, the practice of yoga is the union between the individual and the deepest self. We yoga professionals have all likely experienced the practice’s transformational power. The goal of yoga is to master the roaming tendencies of the mind so that we become established in our essential nature (Yoga Sutras 1.2 and 1.3)—what might be considered the center of awareness, the soul. From our perspective, MMI is a loss of the connection to this deepest self. By following the wisdom and the steps offered in the Yoga Sutras and those Krishna shared in the Bhagavad Gita, the practitioner learns to move awareness inward toward reunification.

*It is important to recognize that MMI is not a disorder; the expressions of MMI are not symptoms. Similarly, PTS, or posttraumatic stress, is increasingly used instead of PTSD.*

Accessing the subtle anatomy is how we begin the journey to reconnect to the soul—and to repair MMI. (One doesn’t “get over” or heal from MMI; rather, the mended place becomes part of the fabric of one’s life.) Asana and pranayama are the doorways into this work. Using the energies of the first, second, and third chakras to cultivate safety, stability, flexibility, contentment, strength, and personal power, we may establish a fertile ground for transformation and reconnection to self/soul. Additionally, working with the energies of the fifth chakra allows for creative expression and supports truth (*satya*). Many trauma-affected individuals may talk around the truth, but in our experience repair of MMI requires that the individual faces the truth of what happened: “I did this and I am saying this out loud to you.”

Moving inward from the gross to the subtle body with encouragement and guidance from the yoga therapist is critical. Encouraging curiosity, openness, inquiry, and self-acceptance helps the individual cultivate an environment where they feel safe to explore and connect with the deeper dimensions of themselves. During practice, we usually begin with guiding awareness to the breath with loving curiosity. We often will ask: “How are we coming into practice today physically, mentally, and emotionally?” and “How does what we are experiencing influence the practice?” and “How can we take care of ourselves so that we can benefit from the practice?” These questions create safety and curiosity and can open doorways to the deeper self.

The Afghans who served the U.S. military as interpreters, guides, assistants in logistics and nation-building, and those who simply became friends with military personnel and who have now been left to the Taliban present a situation contrary to the internationally accepted military ethos of “no one left behind.” We may soon see a sharp increase in MMI.

It is important to understand that working with MMI requires a team of professionals. It requires individuals who are well-trained in the treatment of trauma and the repair of MMI. As suicide is a real consequence of MMI, it is imperative that a safe environment for healing and repair is available, and this can best be provided through a team approach that includes mental health professionals. According to the U.S. Department of Veterans Affairs National Veteran Suicide Prevention Annual Report for 2020, rates of suicide continue to increase among veterans, with an average of 17 per day taking their lives. It is important for yoga therapists to maintain a clear understanding of their scope of practice so that we can maintain safety for all involved. Yoga therapists also should establish clear communications with the mental health professionals, with the clients’ permission, so that appropriate goals and expectations can be coordinated.

## Resources

### Articles

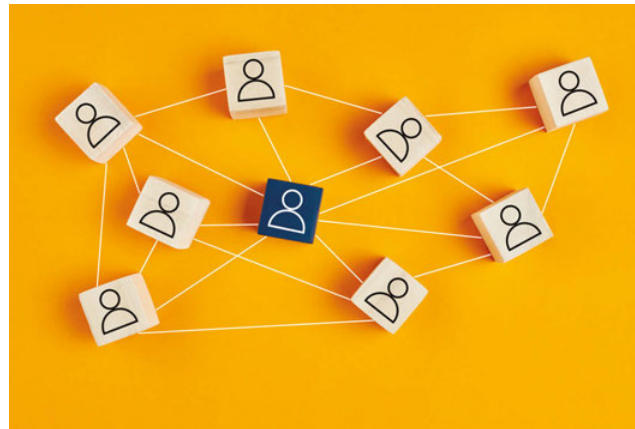
“The Morally Injured,” by Tyler E. Boudreau, available at [www.massreview.org/sites/default/files/Boudreau.pdf](http://www.massreview.org/sites/default/files/Boudreau.pdf)  
“The Moral Injury of Abandoning Afghan Allies,” by Brianna Keilar, available at [www.cnn.com/2021/08/18/politics/home-front-afghanistan-vets-allies/index.html](http://www.cnn.com/2021/08/18/politics/home-front-afghanistan-vets-allies/index.html)

### Books

*War and Moral Injury—A Reader*, edited by Robert Emmet Meagher and Douglas A. Pryer  
*Soul Repair: Recovering from Moral Injury After War*, by Rita Nakashima Brock and Gabriella Lettini  
*What Have We Done: The Moral Injury of Our Longest Wars*, by David Wood  
*Afterwar: Healing the Moral Wounds of Our Soldiers*, by Nancy Sherman  
*Care for the Sorrowing Soul: Healing Moral Injury from Military Service and Implications for the Rest of Us*, by Duane Larson and Jeff Zust  
*Packing Inferno: The Unmaking of a Marine*, by Tyler E. Boudreau

### Suicide Awareness/Prevention

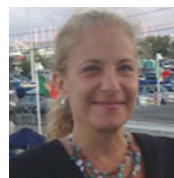
<https://cssrs.columbia.edu/the-columbia-scale-cssrs/cssrs-for-families-friends-and-neighbors/>



The understanding of MMI is still expanding. An important first step to gaining knowledge of MMI is to educate oneself through study from leaders in this field. This article’s resources list includes starting points in the form of articles, books, and suicide-prevention tools. Yoga therapists working with veteran populations will be well-served to cultivate intelligence relating to MMI. Both authors welcome any inquiry in the area of trauma or MMI as we seek to support the healing and repair of military veterans. **YTT**

### References

1. Suitt, T. H. (2021). High suicide rate among United States service members and veterans of the post 9/11 wars. *20 Years of War: A Cost of War Research Series*. Retrieved from [https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt\\_Suicides\\_Costs%20of%20War\\_June%2021%202021.pdf](https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt_Suicides_Costs%20of%20War_June%2021%202021.pdf)
2. U.S. Department of the Army. (2020). Moral injury, the chaplain corps, and moral leadership. *Moral Leadership, Pamphlet* 165–19, Section 3-5.
3. Avery, T. J. (2018). Yoga and PTSD: A primer on symptoms and potential mechanisms for change. *Yoga Therapy Today, Winter*, 14–16.



*Eva J. Usadi, MA, BCD, CGP (eva@trrhelp.org), founder of Trauma and Resiliency Resources and clinical director of TRR’s Warrior Camp, is a trauma therapist in private practice. She is a trained yoga teacher and certified in EMDR, sensorimotor psychotherapy, group psychotherapy, and equine-assisted psychotherapy.*



*Mary E. Coleman, E-RYT 500 (melliecoleman@gmail.com), is a yoga teacher from Columbus, Ohio, who is dedicated to sharing the benefits of yoga. Mary has volunteered and taught yoga at TRR’s Warrior Camp since 2016.*