Moral injury and the potential utility of art therapy in treatment

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Moral injury is defined as profound psychological distress that is experienced after an event(s) that violates one's deeply held moral or ethical code.[1] Morally injurious events typically include acts of omission, commission or betrayal by trusted others. Unlike 'classically' traumatic or frightening events, potentially morally injurious events (PMIEs) do not necessarily involve a threat to life. Nonetheless, PMIEs can cause feelings of significant shame, guilt, anger and worthlessness and can contribute towards negative appraisals about the self (eg, 'I am a terrible person', 'I am a failure') and others (eg, 'my colleagues don't care about me'). These alterations in beliefs and affect can in turn contribute towards the development of a range of mental health difficulties, including post-traumatic stress disorder (PTSD), depression and suicidal ideation.[2–4]

Much of the moral injury research to date has focused on military personnel/veterans, who may experience moral injury-related mental health difficulties after PMIEs such as killing in combat, witnessing ethnic cleansing or experiencing within ranks betrayal.[5] However, moral injury is not limited by occupation and other professional groups, such as journalists, police, social workers and veterinarians, have been found to experience PMIEs.[2 3] Moreover, the ongoing COVID-19 Pandemic has thrown into sharp focus that frontline staff may be especially at risk of moral injury; for example, if healthcare workers are unable to care for patients at a standard, they would ordinarily consider to be 'good enough' or they feel that they received inadequate personal protective equipment from their employer.[6 7]

The experience of moral injury related mental health difficulties can have far reaching implications for a patient's daily functioning. Studies have consistently found that moral injury can negatively impact an individual's social and occupational functioning; with affected individuals reporting familial breakdown, pervasive difficulties interacting with authority figures and unemployment due to their distress related to the morally injurious event(s) and their maladaptive coping responses.[1 5 8]

Taken together, moral injury is increasingly becoming recognised as a key public health concern. Despite this, supporting individuals with moral injury-related mental health difficulties presents a number of challenges. A first challenge is that, currently, no validated treatment for moral injury-related mental health difficulties exists. Recent studies have found that clinicians report using elements of a variety of trauma-informed treatments, but there is considerable uncertainty about whether such treatments are effective long term.[9] Second, psychological treatments such as trauma focused cognitive behavioural therapy (TF-CBT) for PTSD that are often used to treat moral injury-related mental health difficulties may not directly target the high levels of functional impairment associated with moral injury. Third, asking patients to directly discuss their experiences of PMIEs, including intense emotions of anger, self-loathing, shame and guilt, may not be suitable for all patients and could lead to their dropping out of treatment. Finally, concerns have been raised that using some exposure-based treatments—such as prolonged exposure—could potentially worsen patient symptoms by repeated re-exposure to feelings of shame and guilt.[10]

A treatment approach that may overcome a number of these obstacles is art therapy. 'Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication'.[11] While other forms of creative arts—such as theatre, poetry and so on—may have therapeutic benefits, in this article we will focus on art therapy in the form of image making.

ART THERAPY: TARGETING FUNCTIONAL IMPAIRMENT

The therapeutic value of expressive arts in recovery following trauma exposure is well documented.[12] There is evidence that arts engagement can promote well-being and empowerment and reduce loneliness which may moderate the negative functional impairment outcomes associated with PMIE exposure.[13] Arts-based interventions have also been found to improve self-esteem and resiliency[14] following trauma exposure which may be particularly beneficial for individuals who have experienced moral injury and a patient treatment plan that incorporates expressive art may also help individuals to 'find their voice', rewrite self-blame narratives and minimise isolation.[15]

Moreover, art therapy is an insight-orientated psychological treatment that combines creative expression with reflective analysis to promote an adaptive change in patient cognitions and affect. Art therapy can be delivered in a group or individual format. Particularly in cases of moral injury, group art therapy may provide an opportunity for patients to recognise their own problems and feelings mirrored in the images of others, thereby helping to reduce isolation, to find personal and shared meaning and to learn how others manage.

ART THERAPY: ENGAGEMENT

Previous studies have found high rates of dropout or low engagement with standard exposure-based PTSD treatments, and this is often thought to reflect symptoms of avoidance. Importantly, there is growing evidence that art therapy can help to overcome patient avoidance and facilitate engagement with further psychological interventions.[16 17] An image produced in art therapy may be a first attempt at externalising deep shame or guilt that is unbearable to talk about. For patients who are reluctant to speak about their morally injurious experiences due to profound feelings of shame or guilt or perhaps legal concerns,[18] art therapy offers an alternative treatment that is less confrontational than verbal therapy approaches. The image produced is a symbolic representation of the event and associated affect that can be decoded within the therapeutic alliance with the art therapist when the patient is ready. Although some patients might choose not to speak directly about their morally injurious experience, the image produced in art therapy holds the personal meaning of the experience and can provide a cathartic release within a supportive therapeutic relationship.

ART THERAPY: ALLEVIATING DIFFICULT EMOTIONS

Some exposure-based PTSD treatments have been hypothesised to potentially

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worsen distress following PMIEs due to clients being repeatedly re-exposed to feelings of shame and guilt,[10] whereas art therapy may instead facilitate the emergence of these distressing feelings at a more manageable pace. The non-verbal operations of art therapy enable this process by employing imagination and creativity. The use of symbolism and metaphor in the production of an image creates a safe distance from which to explore meaning and content.[17] Image-making can enable the expression of difficult material while spontaneously providing a pleasant sensory experience and the reduction of cortisol through the soothing effects of using art materials.[19 20] Biological indicators have been used to gather empirical evidence that charts change related to artmaking, for instance, through tracking heart rate variability and monitoring cortisol levels. There is growing association between artmaking and stress reduction. Furthermore, barriers to progress, such as previously unidentified concerns or anxiety, can find expression through image-making, and once recognised, can begin to be challenged. Over time, this can enable patients to consider new perspectives and integrate these into the trauma memory.

ART THERAPY: AN EXAMPLE

Our institution has successfully used art therapy to treat military veterans with moral injury-related distress. A composite case study is presented below:

> John (pseudonym), a British Army veteran, was involved in the death of a child while on active service. He retained no memory of the early years of his own child who was born a few years later. His marriage eventually broke down and he was homeless for some time. At a particularly low point, he tried to take his own life. John became a recluse, unable to work due to chronic physical and mental health problems. Deeply distrustful and self-critical, he found it hard to form and maintain relationships and considered himself 'a waste of space'. When formal treatment was accessed, John did not engage with cognitive behavioural therapy and was referred for art therapy. He had no experience of art before but said that he would 'give it a go'. John seemed to find the process soothing and meaningful and described looking forward to the sessions. He enjoyed using the art materials and experimented with different techniques. As the story of his morally injurious experience began to emerge through his imagery, initially it remained implicit. Gradually, he began putting words to the experience and expressed his shame, guilt and deep sorrow. For him, progress involved finding a way of living with suffering—having his trauma witnessed non-judgmentally, sitting with the pain and uncertainty and holding on to hope of a better future. John began developing an interest in art and poetry and joined a local creative writing group. He now paints regularly with a group of fellow veterans and feels that he has something to offer to society.

CONCLUSION

Taken together, it is possible that art therapy may be a particularly beneficial approach for cases of moral injury—especially if a patient is particularly struggling or reluctant to disclose the event. Art therapy may reduce distress through cathartic release and when delivered in group settings, it may reduce feelings of isolation and improve adaptive coping. As research into potential treatment options for moral injury-related mental health difficulties expands, we recommend that art therapy is considered and evaluated as a potential treatment option for cases of moral injury. In light of the growing evidence of the number of NHS frontline staff reporting PMIE exposure during the COVID-19 Pandemic,[7] a viable potential future study could investigate the benefits of group art therapy for intensive care unit staff. This format may allow for staff to process challenging PMIEs and associated distress and may also provide staff with social support. Such timely interventions could lessen the long-term effects of PMIEs.

Treatment of moral injury related mental health difficulties represents a number of challenges for clinical care teams. To respond to these challenges, incorporating therapeutic components from other less traditional domains, such as art therapy, could overcome barriers to care and contribute towards considerable improvements in patient outcomes. As our theoretical understanding of moral injury continues to grow, there is increasing recognition that there is not only 'one' way of reaching moral or psychological repair. As efforts to design and deliver treatments for moral injury-related mental health difficulties continue, it is recommended that researchers consider the value to other, perhaps less traditional, approaches and address patient recovery from a more holistic perspective.

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