**“Posttraumatic Stress Disorder Weaponized; a Theory of Moral Injury”**

Duncan MacIntosh,

Dalhousie University

**Part 1. Introduction**

This chapter first gives a conceptual analysis of that form of Post-Traumatic Stress Injury which is variously described as moral injury, moral exhaustion, moral fatigue or broken spirit. The chapter elucidates several puzzles in the concept that must be sorted out before we can know how to treat such injury. For example, one form of moral injury is a soldier’s feeling suicidal guilt from perpetrating even killings that were morally justified or excused. Why then does the soldier feel guilty? Is this form of injury necessarily based in an error of moral self-evaluation? Relatedly, making moral decisions in war is said to be extremely stressing. But why should this be so in comparison with other sorts of decision? After all, where one aims to do the morally right thing and it is clear what to do, there is no occasion for moral agonizing over the decision. While if it is not clear what to do, then even if you get the decision wrong this couldn’t have been helped; so again, there is nothing to agonize over. The explanations for these phenomena are complex, but one possibility is that, while a soldier or commander may have done the all-things-considered right thing and so should feel no guilt on that account, they still had to make a choice among evils; and even if they chose the lesser evil, they still had to impose an evil on someone. This goes against our natural empathy and moral training.

The chapter then explores the likelihood of this injury—specifically its tendency to cause suicide—being preventable or treatable with emotion numbing drugs. It argues that while moral injury is not just an injury of felt emotion and so can’t be perfectly handled this way, under some conditions such drugs could help. Various moral arguments against using such drugs are dealt with.

Next, since moral injury is an injury, it can be weaponized. The chapter explores the feasibility of this, the morality of using moral injury as a method of warfare, and some historical precedents; and it reflects on proper rules of deployment of it and methods of defense from it. One theme here is that some moral injuries, those caused by the violation of false moral views and absurd cult doctrines, are objectively lesser harms than kinetic injuries, but might be even more effective in changing enemy behaviors. They should therefore be used as the lesser of evils, and their use is therefore less likely to cause guilt and so moral injury in their perpetrators. But there are puzzles here too. For even a moral injury caused by the violation of an absurd moral code psychologically harms the person who holds the code. For example, someone might be shocked and morally disoriented by the desecration of their religious symbols even if their religion is false. How are we to balance the psychological reality of the moral harm with the objective fact that no real harm has been done by desecrating a false text? Finally, how are we to protect ourselves from moral pseudo-injury by the violation of erroneous parts of our own moral codes?

**Part 2. What is Moral Injury? What Are Its Causes?**

This essay is about a very specific sort of post-traumatic stress injury, namely, moral injury. A person’s morality is constituted by their feelings and judgements about which sorts of actions are right and which wrong, what sort of character one ought to have, what can be expected of decent people, and what can be taken for granted in a socially safe world, one in which people may be expected to behave decently. If you believe in God your moral outlook might include the idea that, because the world is supervised by a divine being, things will tend to work out for the best. And where they don’t, there will be good reasons from norms about how people should act—if you sin, bad things should happen to you, otherwise not. Moral injury is said to occur when a person becomes profoundly troubled, perhaps to the point of being suicidal, by having been victim of, witness to, or perpetrator of moral mistreatment (Shay 2014). An example of the first would be being betrayed by a fellow soldier, commander or politician (e.g., discovering that the war in which one fought was unjust), of the second, witnessing a fellow soldier commit an atrocity, of the third, finding yourself having to kill someone to save your troop, finding that you have inadvertently killed an innocent in battle, or realizing that you yourself have committed an atrocity.

For the sake of argument I shall suppose that there exists such a phenomenon and that its symptoms owe mainly to the violation of a person’s moral expectations. It seems plausible to think there is such a kind of injury that goes beyond physical injury. If a rock rolls down a mountain and hits you in the head, you’ve had a physical injury. But if you’ve been hit by a rock, and you discover that it was thrown at you out of sheer malice and with no good moral justification—if you realize that someone purely hates you and means you harm—then you may well feel injured in a way additional to the mere physical injury. You may feel this even if the person has been arrested and will not be able to cause you further harm. You may feel injured from the very unfairness of what has happened to you.

There is controversy about whether moral injury exists, however, and if it does, about whether it can be understood conceptually or causally separately from such things as battle-field sustained gross physical injury yielding shock, pain, debilitation, sleeplessness or hormonal imbalance, or from more subtle physical injury nonetheless yielding physical brain damage at the micro level that results in macro-level emotional disturbance, or from befuddlement by the chaos one experienced, or, upon one’s return from combat, by ostracism by one’s community, the disorientations involved in returning to a calmer life, lack of money, difficulty finding employment (Xenakis 2013; Xenakis 2014), or incentivized malingering, possibly unconsciously, from the availability of disability pay (Freuh 2003). Nevertheless, I shall suppose that there is such a thing as being damaged simply by having experienced, witnessed or perpetrated some violation of morality. Such injury is probably dose-dependent—the more of such things one experiences, the greater one’s likelihood of being morally injured and the worse the injury is likely to be. But the injury might take different forms in different people, forms variously including extreme fearfulness, anger, emotional numbing, moral callousing, depression and suicidality.

It is not clear how prevalent moral injury is, nor how many people commit suicide from it, nor whether in the populations where it occurs suicide is more common than in other populations. The literature presents conflicting numbers about American and Canadian soldiers involved in Afghanistan, for example, and in statistical comparisons between soldiers and similar-aged civilians. But in the U.S., it seems that Army veterans’ suicide rate is 1.5 to 2 times higher than non-veterans (Office of Public and Intergovernmental Affairs).

As with other sorts of harm, probably people vary in how susceptible they are, and in how able they are to recover; probably there are more or less good ways to treat it, and different people may require different sorts of treatment.

Further, since this kind of injury arises from violation of one’s moral expectations, probably whether one will be injured by a given experience will depend partly on whether one has moral views and expectations of a sort that will be challenged in the situations one faces—people with different conceptions of morality might be injured by different environments. But this is compatible with the possibility that some specific moral expectations are found in nearly all persons, either from evolved human hard-wiring, or from almost inevitably being formed as part of people being social animals, and therefore as part of living in groups. For the very existence of groups requires and so presupposes that people treat each other in certain ways, and so sustain certain normative expectations in and of each other.

Next, either way, it may be that to understand this sort of injury, we must see its victims as in part victims of their own nation’s moral attitudes and political policies (Xenakis 2013; Xenakis 2014). For the nation’s moral attitudes will create persons, including war fighters, of a certain moral sensibility, while the nation’s political policies may put its warfighters in situations likely to result in the violation of their moral expectations, and so in moral injury. Suppose one is from a religious nation that teaches that it is always sinful to kill. Suppose one’s nation’s religion puts one in a war with a nation of conflicting religion and so sends some of its citizens to kill in war. Then this nation’s moral education produces citizens likely to be traumatized by the killing they will have to do during this war. If moral injury is a disease, then, we must think of it as in part a political disease, one of the polity of the war-fighter. Unlike other diseases, this one may be eradicable, if not necessarily curable in a given sufferer, simply by a change in political policy (or, of course, by a change in the nation’s moral outlook). In the foregoing case of moral injury sustained in religiously premised war, the occasions of moral trauma would vanish if the nation’s policies didn’t allow religiously premised wars; or if its religion didn’t represent all killing as a sin. One consequence of this is that, if it is the business of psychiatry to treat moral injury, then psychiatry itself is necessarily a politically implicated and properly politically involved profession in the treatment of post-traumatic stress injury (Xenakis 2013; Xenakis 2014).

A further factor in whether one will sustain moral injury may be one’s motivation in being a war fighter. Many people in the volunteer army are tender-hearted—they join with the aim of altruistic service like a member of one of the helping professions; yet they witness the opposite of this motive all the time, and are often forced to act inimically to helping motives. I think of the horror stories told to me by people tasked with reconstruction of one war zone or another, people who have philosophies of leadership premised on the idea that it is better to have people be motivated by love rather than fear or greed, and yet who regularly witness the violation of these expectations by others, and so have their hearts broken over and over.

Other people may be in the forces out of a sense of honor and so might be particularly susceptible to self-condemnation if they are helpless to prevent dishonorable behavior towards others, or if they end up perpetrating or being victim of it. On the other hand, those who join from mercenary impulse, or as thrill seekers, or because they are from families of career soldiers going back generations, may be less susceptible to moral injury, the first because of callousness, the second, because they are titillated by the experience of combat and killing, the third, because they’ve been trained from birth to understand the character of war. Another sort of person perhaps unlikely to experience moral injury is someone well-versed in the meta-moral arts of forgiveness, or someone morally intelligent enough to be able to see right away that excusing or justifying conditions for their conduct are present, so that their feeling guilty would be inappropriate. Yet another would be someone well-loved and so very stable from childhood, and so someone unlikely to see themselves in a disproportionately bad light if they have to be the perpetrator of a prima facie problematic killing. Likewise for certain disordered personality types, for example, narcissists, who are more likely to project responsibility and judgements of wrong-doing onto others than to take it upon themselves. Likewise for pessimists, who may not be surprised at bad conduct from supervisors, peers or even themselves, and, also, for similar reasons, people from environments of very low moral expectation.

Whether moral injury will be common might also depend on the moral character of the war itself, and on the morally relevant aspects of the specific contexts in which people are called upon to kill. If what triggers moral injury is having responsibility for committing morally questionable actions, then making sure that the actions are in fact morally legitimate and that the moral arguments in favor of them have been extensively rehearsed, or making sure that the actions occur with attenuated responsibility, may prevent moral injury. If the war is a just war against vile enemies perhaps guilt will be less likely. Likewise if one is fighting as a conscript rather than as a volunteer. For perhaps the fact that one is fighting under coercion will make one feel morally relieved of responsibility for any killing one engages in. Another thing that might be morally relieving is fighting with clear rules of engagement so that one is merely carrying out a decision made by someone higher up. And arguably those decisions being made as high up as possible, and as far as possible from the battlefield and so from the direct emotional effects of battle and killing, the less moral injury there will be all around. For the soldier is then merely following orders, while the commander giving them never has to directly experience killing, and both parties are thereby saved from guilt.

But admittedly these last few claims are conjectural. For it may be that a killing is more easily born if engaged in with full reflection and deliberation. Killing done instead from extreme prior conditioning and reflex-building may make more moral trauma for the killer, since all the moral processing of the killing occurs only after the fact. Relatedly, killing in direct self-defense may be more easily borne than killing done from a distance and not under personal threat—killing by drone, for example—since the latter feels unnecessary and so insufficiently morally pretexted. And one can imagine this being a problem for those who kill by commanding others to kill rather than directly—especially if they nonetheless witness the killing first hand or telemetrically. This may argue for shielding commanders ever more from this sort of experience the higher up the chain of command one goes and so the more killing for which one’s orders make one responsible. Of course there are limits on the moral advisability of this precaution, since too much of it may overly insulate decision-makers from the moral significance of their decisions—more on this in a moment.

Those sorts of issues apart, the foregoing seems to be a fairly uncontroversial characterization of moral injury. But there is also much in the very concept of such injury that is puzzling. I turn now to these puzzles, things we must sort out if we are to understand this injury’s meaning, prevention and treatment.

**Part 3. Puzzles About Moral Injury**

**3.1 Some Moral Injury as Based in Misplaced Guilt?**

A strange fact about a certain form of moral injury is that it seems predicated on a kind of error of self-judgment. After all, among the paradigms of moral injury are such things feeling guilty for having killed someone even if for a good reason, or even if the killing was inadvertent. In the first case, there was a justification for the action, so that it was a morally right action, and so there is nothing properly to feel guilty about; while in the second, there was an excuse—what happened was not one’s fault—so again there is nothing properly to feel guilty for. So it seems that, in some instances, the phenomenon of moral injury is born of a mistaken moral attitude.

Some philosophers would argue that it can be appropriate to feel badly about doing even an action there was all things considered morally best reason to do, something classically argued for by Williams (2002). I shall say more about this below, specifically, about why this might be so, what sorts of bad feelings might be appropriate, and just how badly one should feel. I shall suggest that feeling badly is understandable, but feeling suicidal levels of guilt would be morally inappropriate and something we should take steps to prevent. This is not to deny that there are situations where it is morally unclear what the right course is—in Williams’ cases, there are Utilitarian considerations in favor of one course of action, integrity-based considerations in favor of the opposite action, and if this cannot be resolved, someone sympathetic to both sorts of reasoning might feel bad no matter what they do. My own view is that they should not feel this way—again, more below.

At any rate, if soldiers can feel catastrophically badly even for morally justified or excused actions, then, contrary to some of the approaches to dealing with moral injury mooted above, it may be that sometimes no amount of making sure that a soldier’s killing is just or excused will do much to prevent the soldier from being morally injured by their actions.

**3.2 On the Possibility of Preventing Moral Injury by Moral Offloading**

If this is true, we might try to prevent moral injury not by making sure that only just or excused killing is called for, but by taking decisions to kill away from the soldier entirely—we could save their conscience by “moral offloading”. For example, maybe we can shift the moral burden onto autonomous weapons systems that will do the killing for us, thereby sparing us unbearable guilt. But then of course someone must program the weapons and someone must order them into battle. And here arguably we place people at risk of a different kind of violation of their moral sensibilities. Commanders and weapons programmers face some different moral stresses than soldiers in battle.

The soldier in battle must make decisions under conditions of extreme fear, exhaustion, distraction by physical chaos and personal physical discomfort, and must make choices, especially when dealing with insurgencies interpenetrating civilian populations, that require making subtle discriminations (can the person approaching the troop be trusted?), and require that they be made instantly. And all of this might be morally harrowing due to the possibility of error, and due to the intensity of the circumstance.

But commanders and programmers, even though making less fraught decisions in less emotionally intense circumstances, may face a guilt of their own. One hears high level decision makers speaking also of their own moral injury, in their case, sometimes described as moral fatigue, moral exhaustion. This phenomenon raises many questions of its own. What is moral fatigue? Is it different from other kinds of fatigue? Is it compatible with morality having bright lines, or is it caused by having to make distinctions among shades of grey over and over again? Is it simple frustration at having to continually engage evil, or at being regularly disappointed by the behaviour of people? Is it something that can be cited in exculpation of moral error? Would virtuous people be victim of it, perhaps even more than non-virtuous? Is it being used against us as a weapon? For example, is it part of what makes terrorism effective as a strategy, namely, that it wears people down morally? And how do we stop it from affecting people? Or should it be stopped? Maybe it's a sign of moral goodness in people and we should instead reduce our expectations about people engaged in these sorts of struggles, perhaps by limiting their exposure—their dosage. Is it something at risk of impairing even the President’s decisions? Should it be taken into account in the philosophy of leadership and in the instruction of armed forces members? Who needs to be on guard against it: military personnel, policy makers, the public, even academics who theorize war?

We cannot cover all of these issues here, but let us at least begin addressing the central question of why those tasked with making moral decisions even outside of the stress of battle contexts should experience their own form of moral injury, namely, moral fatigue. What is especially fatiguing about making those decisions?

**3.3 The Puzzle of the Difficulty of Moral Decision Making**

So, on to the form of moral injury commanders are supposedly especially susceptible to, namely, the moral exhaustion and self-condemnation that comes from having repeatedly to make morally difficult decisions, to order morally difficult things. It is puzzling what is so difficult about making moral decisions compared to making other kinds of decisions. For in any given case either it is clear what to do or it is not. If it is clear then the right decision is obvious, so why is it a decision difficult to make? Why should it be likely to produce guilt? Meanwhile, if the decision is not obvious, then whomever makes it would have an excuse or justification for any error, in neither case being liable to moral recrimination. So again it’s puzzling why the decision would be difficult—especially difficult in some way particular to morality—and why it’s likely to yield guilt.

**3.4 Explanations of These Puzzling Phenomena**

One explanation for these susceptibilities to misplaced moral self-condemnation and fatigue in both commanders and soldiers may be that, while they are well-schooled in the moral codes by which they live, they are not well-schooled in the wise application of moral reprobation and forgiveness upon violation of the code. We teach children moral codes with great alacrity; and children retain these lessons into adulthood. But we are less likely to teach people the principles of kindness, mercy, forgiveness and self-compassion in the application of moral codes, in part because we are in the habit of thinking it is not up to the individual person whether they are to be forgiven—that is a decision for their community, or a judge, or God.

At any rate, the mere fact that one has violated a moral code is not itself purely decisive of the degree of blame and self-hate one should be in for. One should be in for less reprobation, whether from one’s self or from others, to the degree that one’s violation of the code was justified or excused, for example. But since war is such an unusual context relative to most people’s experiences, war fighters are inexperienced in what sort of thing should count as a justifying or excusing condition for an action prima facie violating a moral code. For example, in a soldier’s life but not a civilian’s, it may be a justification or excuse for killing that one was under an order.

Another fact that should figure in determining the degree to which one should be condemned for an action is one’s own personal history of victimhood. A battered wife who kills may lack immediate justification—on the day there may not have been an act of her husband she can plausibly cite as making her killing a justified act of self-defense. And she might not, on that day, have recourse to excusing conditions such as inadvertence or accident. But her history of abuse may mean that, even if she is convicted of a crime, it should be a lesser crime, or she should get a lesser sentence. Perhaps she reacted with lethal force to a minor immediate provocation but also to an accumulation of provocations; so her crime was one of passion, or perhaps no crime at all—she might not have been in her right head. Likewise for soldiers. We must consider what they’ve been through lest we judge too quickly. And again, we might be unexperienced about which historical facts in a soldier’s life can be exculpatory.

**3.5 Other Possible Explanations of Why Moral Decision-Making is Difficult and Exhausting**

Another possible explanation of the difficulty of moral decision making, and of guilt from it, might be that any moral decision is also at the same time another kind of decision, one that, for reasons unrelated to morality, is difficult. And since doing an immoral action is something necessarily committed by doing some other action—we always do immoral action “X” by means of doing some other action “Y,” for example, murder someone by hitting them on the head—it would be unsurprising if at least some morally evaluable actions are difficult for reasons unrelated to morality. Some decisions and conditions of decision are hard anyway—decisions that must be made fast, or on little sleep, or under personal threat, or with poor, conflicting or rapidly changing information, or taking account of many factors, or that involve balancing strongly conflicting non-moral values, or that must be made according to parameters of goodness in decision-making that are in effect being improvised as we go along, or that involve a steep learning curve; or because they are decisions no one would ordinarily voluntarily emplace themselves to have to make—the decisions are thrust upon us only by such extremely unwelcome events as war. All of these are plausible contributors. But the difficulty of moral decisions almost certainly owes to more than just these factors.

One possible reason why these things are experienced as difficult is that they may present us with a conflict between competing moral considerations—for example, on the one hand, immediately felt love and empathy for others, and, on the other hand, more cerebrally registered all-things-considered moral requirements taking into account consequences for large numbers of people. There may be a conclusive consequentialist argument for me having to kill someone, say, but there is still the fact that I’ll have to kill someone for whom I’m going to have empathy. And empathy is formed quickly—in mere seconds as our eyes focus on each other and we notice this focusing, for example (Thagard 2007). And even where we don’t actually meet those we must kill (or order killed), we know that they are people, and we can’t help but imagine them as beings with whom we could, would, or should empathize. Think of having to put a pet down. The pet is clearly in pain, ending its suffering is the best course, but it’s still difficult—one doesn’t want to have to say goodbye to one’s friend, and it is hard to bear the idea of the suffering, fear and sadness they may feel in their dying moments.

A phenomenon related to this that might be explanatory of the difficulty of making moral decisions is that arguably they typically put two of one’s mental systems, the so-called fast and slow systems, into conflict (Kahneman 2011). The fast system is intuitive, emotional and habitual, and so gives an impulse towards moral judgements instantly upon apprehension of a situation calling for them. The slow system is deliberative, pre-habitual, abstract, argument-considering and argument-responsive, requiring higher-order cognitive processing. It therefore takes longer to produce its judgments, and may yield ones at odds with the fast system’s. The conflict may be metaphorically described as your heart and gut telling you one thing, your head, another.

Interestingly, the fast-slow difference may have different effects depending on what one’s relation is to battle. If one is engaged in actual battle where one’s killing has a self-defensive element, perhaps one’s fast system will judge a killing morally okay, while one’s slow system may retrospectively percolate a doubt. Meanwhile, the slow systems in the minds of political and military commanders may judge some ordered killing just, but the fast systems of the soldiers who must do the killing might have the reverse judgment when they see exactly who they have to kill and how. And a soldier’s slow-system-generated later guilt may put them at odds with the slow-system-formulated policies of those politically and militarily in charge of the war.

Another reason moral decision making in war is difficult might be this: almost all new things are difficult at first, and killing someone for the first time is as new as something gets.

Yet another reason is that killing goes against so much of our training, both training into physical habits—killing is something we acquire such habits to avoid, for example, in the form of good driving skills—and social and moral habits. We all know that killing is only wrong all other things equal, but most of us are unpracticed in the un-equal circumstances of war. A further factor about these sorts of decisions is that there is a much higher level of accountability for them—they will be reviewed, and ones found wrong will be recriminated.

Then there is the fact of social expectations: we spend most of our time in environments where we’d be censored for doing what must be done in war.

Further, while our moral sensibilities have been mainly evolved for interactions in small groups, the considerations that justify wars involve relations between much larger groups. So these are foreign to us and difficult to balance against small-group, interpersonal morality.

Perhaps many of these factors boil down to one: while the soldier or commander may have done the all-things-considered right thing and so should feel no guilt on that account, they still had to make a choice among evils. Perhaps they had to decide whether to kill an aggressor or let many innocents die. And even if the agent chose the lesser evil the agent still had to impose an evil on someone. The agent had to kill the aggressor, for example. This goes against our natural empathy and moral training.

This would explain why moral fatigue can overwhelm even people engaged in prima facie purely constructive activities. Imagine there is food shortage from natural disaster and you must decide to whom to give rations. Naturally you feed the hungriest. But this means you must inflict a period of extreme hunger on the hungry-but-not-hungriest. That is to inflict an evil, one, again, that will go against your empathy and early training. And we can see how this might be exhausting—morally exhausting.

**Part 4. On the Possibility of Preventing and Treating Moral Injury Guilt with Emotion-Numbing Drugs**

Soon I want to moot whether it can be morally appropriate to prevent or treat moral injury with drugs. But first, we should note that drugs are likely to be of limited efficacy as vaccination or treatment, whether these be drugs administered before or after military engagements to induce amnesia about actions in the participants, or drugs to calm emotional intensity in battle, or to numb feelings after battle. For moral injury results of an assault on one’s concept of one’s self, of others, and of the world, one experienced by all of one’s senses, and processed and up-taken by one’s whole being, including all of one’s capacities for cognitive processing. Moral judgements are of the whole self, made with all of one’s faculties, and integrating all the aspects of one’s self. Moral injuries are violations of the norms by which one lives and with which one navigates the social world. They are thus induced by experiences leading to emotions and cognitions, thence to judgements. Meanwhile, drugs can affect only one small part of the whole system that is a person—their immediate emotional response to an event, for instance, or the intensity of that response, or the emotional tone of the person’s event memory of it, or possibly even their conscious event memory, but not their whole body memory of it. Consider that, even under anesthesia, the body can store trauma not recalled by the mind. (Here and in the next few paragraphs the literature in psychology and psychotherapy on “somatics” is central. Tougaw (2018) is a quick introduction, Van der Kolk (2014), a seminal academic treatment of these ideas and their application to the theory and treatment of psychological trauma.)

One’s moral judgements are informed by so many things that a given judgment is over-determined by many inputs to and systems of the self, and so the judgements are unlikely to be able to be changed or prevented by something that operates only on some small aspect of one’s self. Matters would be different if all of these processes had to pass their information and verdicts through one central processor in the brain action on which by drugs might positively color the resulting judgments and affects. And I suppose it is possible that there is such a thing. But on the evidence and in light of analysis of the concepts in play, this seems unlikely, or unlikely to be the panacea one might have hoped—more on this below.

Thus moral injury is more likely to be successfully prevented or treated by processes that involve the whole self, and that are therefore likely to result in a modification of the whole self, including one’s self as a being embedded in a social community—processes like formal talk therapy, discussion with friends, ceremonies of re-acceptance by communities, talking things through with people who have had similar experiences, having occasion to notice that one’s life is able to continue with some normalcy even after such experiences, occasions for deep moral reflection with someone who is morally neutral, training in the mindful experiencing and acceptance of feelings like guilt, and so on (Carr 2014; Sherman 2015).

Interestingly, things effective as treatments may not work in advance like vaccinations. For example, we know that the self-inflicted moral injury of perpetrating a justified or accidental killing can be healed by loving reception back into one’s community, something the ancient Greeks practiced (Kamienski 2012). Mightn’t it then be possible to “vaccinate” a soldier against such injury by loving them in advance, making them feel loved and accepted even in anticipation of the horrible things they’ll then have to do?

Unlikely. I’m speculating here, but while it seems likely that love can heal, and while loved people generally tend to be more resilient, arguably the foregoing administration of love can’t prevent self-perpetrated moral injury, because anyone to whom the “cure in advance” is administered would in effect be socialized into a blooming, blossoming love of and acceptance of humanity, a love that would be brutalized by having to kill. Thus one would be left with no soldiers since those vaccinated would be unwilling to serve. Or one would be left with soldiers who, while willing to kill, perhaps from love of their own citizens and conviction that the war’s cause is good and just, would be even more damaged by the killing they must do in war.

Conversely, drugs are less likely to work as treatment than as vaccination. For while drugs can usefully numb emotions before these contribute to laying down intense memories of the events that will later be remembered in a self-condemning light, the judgments can then affect a person’s behavior in spite of the numbing by drugs of the emotions associated with the recall of these events. The events are already remembered as horrible, the judgment of one’s self already made. And now one will have the further disorientation of not feeling intense emotion on recalling one of one’s actions that one strongly self-condemns. (More on this below, including references to the relevant literature, when we discuss recovering from guilt.)

In general, drugs are likely to be unsatisfactory both in prophylaxis and treatment of moral injury due to the fact that the signal emitted by the moral character of an event—for example, whether the event involves a moral or immoral action—is able to overcome enormous amounts of noise in the system/person receiving the signal, including such noise as the numbing of emotionality by drugs. Someone who due to drugs can’t feel moral revulsion at some horrible action may still be able to associate the action with other actions they know to be wrong, and so be able to judge it wrong in the moment. Indeed, their ability to deal with the event may be impaired precisely by the dissonance of their judgment with their drug-impaired emotionality in the moment. For in addition to judging themselves harshly for the action they cognitively know to be morally wrong, they may also judge themselves morally faulty for lacking morally required feelings about the event. Apparently it is important to be able to have feelings of guilt in order to recover from moral injury, and to be able to see one’s feelings of guilt as evidence that one is still a decent person (Sherman 2014; Hurley 2010).

 Related to this is the operation of the aforementioned fast and slow systems in forming moral judgment (Kahneman 2011). Maybe drugs can numb the emotional processing of a given event, thus preventing the fast system’s revulsion at the prospective act and so permitting a soldier to do the act. But the soldier’s slow system will still be processing the act and months later may conclude that the act was morally unforgivable, at which point the soldier may face impulses to suicide. One can imagine this happening even for events the soldier might have been involved with under the influence of amnesia inducing drugs. For the soldier could later acquire detailed information about what they did in the event, and even though the soldier might not first-hand remember their actions, they might still judge themselves for them.

 These considerations amount to the observation that the kind of moral injury which is extreme guilt even for justified or excused actions is judgment-mediated—it occurs by one’s judging oneself suicide-deserving. And since one’s feelings and moods are only part of what contributes to one’s moral judgements of one’s self, the chemical manipulation of these feelings and moods is unlikely to completely prevent or cure moral injury. Rather, the ideal vaccination and therapy would be a vaccinating or therapizing of one’s judgment; and this is characteristically a discursive undertaking, one that involves arguments, narratives, discussions with others who form part of one’s moral community, and so on.

 On the other hand, the feelings of grief and guilt experienced by soldiers can be overwhelming, in part because the events about which soldiers feel these things are typically highly emotionally stressing, and so accompanied by intense emotions. This, as we know, is how the brain decides which things to retain in the most detailed, persistent and emotionally valenced memories. And drugs given before the event can attenuate the emotions that would be felt at the time of the formation of the memory of morally significant actions and events, while drugs given after can lessen the emotional intensity of the experience of the activation of such memories. So to the degree that strong emotion drives someone to suicide, such drugs might be of help. Note, however, that lots of people have strong feelings but don’t kill themselves. They can accept their emotions and process what they mean—hence the method and power of mindfulness techniques in dealing with strong memories and unpleasant feelings. So it isn’t purely the intensity of emotions like guilt that leads to suicide, but also how they are experienced, processed and contextualized. Meanwhile, people with lessened affect can likewise be suicide risks—reduced affect is a symptom of depression, which can lead to suicide. So reducing emotionality won’t necessarily save someone from suicide either.

Still, drugs may have some efficacy and might sometimes work better than nothing. In fact, there is a specific kind of moral mistake for which they might be compensatory, a mistake related to one known in the literature on weakness of will and procrastination. As George Ainslie (2001) has observed, people will often opt for short-term small gains over larger longer-term gains—they’ll choose two dollars to be given to them right now over ten dollars to be given in a month. The explanation is that the short-term gains look larger to us because of their temporal proximity, so we misjudge them as being better than larger long-term gains, much as a short building seen close up can look taller than objectively taller buildings that are farther away. The explanation for this tendency, in turn, is that we evolved in environments where long-term gains couldn’t be relied upon. Much of rational management of one’s own life decisions involves trying to compensate for this bias in a world better structured to fulfill promises of long-term gain. Relatedly, emotionally intense factors weigh more in our judgements about what to do or about how to morally judge ourselves than do emotionally mild factors. This again makes sense in the evolutionary context of a simple, socially small, short-term world. But in a world of more complex situations, this tendency can be inappropriately activated when artificial factors have inflated the felt emotional significance of an event. So, for example, we might know cognitively that killing one aggressor to save many innocent people is a good and right thing to do, something we should not condemn ourselves for. But if the killing occurs in an environment likely to elevate our emotional response—an environment of chaos, in a desperate moment riven with fear, and perhaps too with empathy conflicting us—this killing is likely to become emotionally valenced out of proportion to its real moral significance. Thus one can’t experience the morally positive significance of the lives saved because it is overwhelmed by the artificially emphasized negative significance of the taking of the life that had to be sacrificed. This excessive emotional saliencing is something drugs might help moderate, both before, during and after such events. So we must explore whether it can be morally appropriate to use them to prevent or treat moral injury.

**Part 5. On the Ethics of Treating Moral Injury Guilt with Emotion-Numbing Drugs**

So: suppose that there is some killing that justice requires. Suppose some of the people who do the killing will sustain damage from this in the form of guilt they can’t live with. Would there be anything wrong with protecting them against unlivable guilt with sound moral suasion? Arguably not. With treating them with talk therapy and moral suasion after they sustain such an injury? Again, arguably not.

What about with drugs that reduce the emotional intensity with which horrifying experiences are felt? Since such emotions are part of what make memories of events so intense, and so memories of the horror of killing someone so unbearable, these drugs may help prevent unbearable guilt. Would it be morally okay to administer such drugs before soldiers have to engage in just killing? Here, many will protest.

But why? After all, I doubt anyone would object if we only sent in soldiers whom we knew in advance would be resilient in these kinds of situations, soldiers morally clear-headed and able to live with what must be done. So what’s the difference if we instead take someone who wouldn’t be like that and convert them using pharmacology?

Perhaps the worry is that we wouldn’t really be converting the soldier into a morally sound person, but into someone morally damaged; for drugs alone can’t create a morally balanced individual. But while the principle here may be true—drugs don’t make persons moral—the principle’s application here may be misguided. For all we’re talking about is administering a chemical that may inhibit impulses to suicide. We’re not pretending to thereby create a morally perfect soldier, only one less likely to die by their own hand.

Moreover, surely we wouldn’t require that a soldier who is not presently psychologically suffering about what they’ve done be made to so suffer. True, if we think they ought to feel some level of guilt, we might want to verbally shame them into it. But it would be monstrous to insist that any soldier not sufficiently traumatized by what they’ve done be given drugs that would cause extreme anxiety and induce suicidal guilt. For that matter, it would be monstrous to talk the solider into feeling suicidal guilt. Likewise, wouldn’t it be monstrous to give a soldier who is about to go into battle drugs that would worsen their emotional experience to the point that they would be at risk of suicide?

One argument against using drugs is that it is supposedly better that the people who do even just killings feel terrible about them for a while, then come to peace. We think this is a morally good story arc for a person’s experience. A person who goes through this process is morally better than someone who commits these acts and is immediately untroubled by them, and better than someone who simply can’t get over them, becoming suicidal. The first person lacks appreciation for the magnitude of what’s happened and their role in it, while the second is taking on far too much responsibility for the event and failing to see their actions in the proper context, one somewhat justifying or exculpatory of those actions (Hurley 2010).

I will now make three points about this matter. First, even if we thought it better to be the sort of person who would initially feel bad and then come to peace, we might not refuse to send someone more likely immediately self-forgiving into battle. So even if we thought that in an ideal world a person would have a period of guilt after a killing, we might still think it better to give a drug that will prevent suicidal guilt rather than take the risk of sending someone into battle without the drug.

Second, if this is the concern, surely there would be no objection to giving a drug to someone who without it would go into suicidal guilt after a killing, but who with the drug would go through the preferred story arc of first being troubled and then reconciling to the deed.

Third, the claim that it is morally better to first be plagued by guilt and then to come to peace can be objected to on the basis that it is merely making a virtue of necessity. Analogously, one might say this of the theodicy which holds that God can exist in spite of evil because God’s allowing evil is an occasion for such human virtues as courage, fortitude and self-sacrifice. These are virtues only because the world is evil. A better world would not require them. Likewise for a person first feeling guilty and then getting over it: we are tempted to say that it is virtuous of a person to be plagued, at least for a while, with a troubling sense of moral responsibility for these actions, then work through these feelings and eventually come to a state of grace and peace about it. But we may have come to think this a good thing only because we think it is something most of us could not help but go through in the situation—given our natures and our moral training, the only way we could cope with what we’d had to do would be by a long period of troubled reflection. But that is compatible with a better world being one in which a pill saves a soldier from the middle period of guilt. After all, we are assuming that the killing they engage in is righteous. Therefore, guilt is inappropriate, for the soldier didn’t do anything wrong. They only did something that in other circumstances would have been wrong. Sadness would be appropriate, perhaps, sadness that something like this had to be done. But not guilt. And even if sadness is appropriate, surely not crippling, suicide-inducing sadness.

It has been argued, however (D’arms and Jacobson 2000), that there are two kinds of morality-related evaluations of emotions, evaluation by fittingness—for example, envy is fitting for someone witnessing someone doing better than them—and evaluation by moral correctness—envy might always be morally wrong, even if fitting in some circumstances; and it is a fallacy to think that the moralistic evaluation is either always the only one in play, or always the one that should be decisive. This may be right. But I take myself to be discussing cases where a soldier has emotions that are paradigmatically morally unjustified and that paradigmatically the soldier should be saved from having, or from acting on. Moreover, I shall be arguing that no ethical system should require suicidality as an attitude or suicide as an action on the premise of guilt. So these are either cases to which the foregoing niceties do not even on the face of it apply, or they are cases to which I would be willing to argue that the niceties should not apply. Even if guilt would, in some sense, be fitting, it should not decisively guide conduct. And arguably it should not be had at all, since its fittingness is trumped by its being morally baseless and self-injurious.

But we might think that a period of guilt is important for making sure that the soldier sorts out the significance of what they’ve done, searches to see if there is something they really ought to feel badly about, or that instead should exonerate or excuse them, and so on. We want soldiers to be morally reflective about what they do before, during and after.

The key thought in this idea is a good one: all other things equal it is good to be morally mindful. But here, by hypothesis, the morals of the situation have already been sorted out, revisiting them would be otiose, and the revisiting of them by a fragile mind could well result in a baseless suicide.

Another proposed justification for a period of guilt is that if we numb soldiers with drugs we won’t be able to tell whether our pretext for war is in fact insufficient given the horror of the killing required for it—we need people to experience the horror so that we can measure that cost against the benefits sought in the war. To this I have several replies, some of which are variants on ones I gave in MacIntosh (2021) in defense of the use of autonomous weapons systems in war fighting: first, in the cases I’m concerned with we’ve already decided that the war is just. And even if we want to keep an open mind about this, would that require us to send all of our soldiers into battle un-numbed? Couldn’t we numb most of them to save their consciences and then use a smaller few as our moral antennae? We’d monitor the emotions of the non-drugged soldiers to see whether what our soldiers are required to do in general is just too awful—so awful that it would be better simply not to continue the war over whatever was the issue that got us into it.

It might be replied that what would make the war too awful is that many soldiers would have to do emotionally unbearable things, so sending in just a few isn’t giving us accurate moral data. Fine, then send in a lot of soldiers who are not numbed by drugs. But surely you don’t need to send in all of them without numbing any of them? Or better still, send in un-numbed a small number of soldiers that constitute a representative sample of different kinds of people, then generalize from whatever their experiences are to what it would be like for vast numbers of soldiers to have these experiences, meanwhile sparing the majority from suicide-inducing guilt.

Further, if part of the horror of war that we want to keep track of in deciding whether to continue the war is constituted by the guilt soldiers might feel for their actions, a guilt we think would be baseless, and if we can prevent such guilt with drugs, then we can prevent that part of the horror we fear, which means that we can eliminate that objection to proceeding with an otherwise just war.

Another argument for drugs is that what makes an action right or wrong isn’t that people would find it emotionally unpleasant to do the action. Or it isn’t just that. It involves something more calculable in the abstract, something like the total amount of human suffering inflicted or saved—or maybe it is fulfilling contracts, or obeying absolute moral principles, or respecting the rights of as many people as possible. So we don’t need to send people into battle with their emotionality left active to do the moral research and moral arithmetic necessary to decide the morality of the war.

Next, we might think that if we numb people they’ll kill too easily—better that we have extremely reluctant killers. But again, we are talking about situations where we’ve already decided who must be killed; and the last thing we want here is reluctant killers. We want killers who will get the job done. Why make them go through the guilt?

It might be replied that it’s always at least in part up for grabs whether there ought to be a killing at all, and this is partly to be decided by the emotional responses of the prospective killer. But this is at least sometimes false. And anyway, it leaves it too relative whether a killing is wrong. For surely it’s either wrong or it’s not. If you find it too horrible to do and I don’t, surely it is not the mere fact of either of our attitudes that decides the matter. The matter should be decided by which of our respective attitudes is morally justified. And this cannot without circularity be decided by our emotions, since it is precisely the rightness of our conflicting emotions about this that morality must adjudicate. (What may be decided by our respective emotional responses is not whether the deed should be done, but who should do it. If you find the idea of doing it so horrible that you’d be traumatized into suicide by doing it, while I would not, then it is morally better that I do it, thus sparing a tender heart from becoming a moral casualty.)

No, what we want is not necessarily reluctant killers, nor killers who will have extreme remorse. Rather, we want killers whose killing is precisely under the control of morality, killers who will kill all and only those morally required to be killed. The theory that soldiers must be controlled by their emotions in order to be morally discerning is just a false theory of what that sort of control morality requires and is facilitated by.

Yet some may think that emotions are much more implicated in morality and in having moral knowledge than what I’ve said recognizes. It might be claimed that the very thing that makes an action right or wrong is precisely whether it has positive or negative emotional effects on the performer of the action, and on those persons whom the action affects. And it might be thought that the way one tells whether a proposed action is right or wrong is necessarily in part by the feelings of empathy one prospectively has for the likely emotions of those to be affected by the action. So if soldiers are to make good moral decisions the soldiers must be under the control of un-numbed emotions.

But it is false that without emotions there could be no moral duties, and no knowledge of moral duty. It is enough for moral duties to exist that people have needs, interests or preferences. For these are things that we clearly sometimes have moral duties to advance, they can exist even when unaccompanied by emotions, and they can come to be known by people without need of mediation by emotions in the knowers. So soldiers don’t necessarily require un-numbed emotions in order to track right and wrong. It is true that emotions typically accompany needs, preferences, and interests, and that, in normal life, our emotional empathy with others about their needs, interests, and their companion emotions, often guides us about our duties. But we are talking now about non-normal times, ones where, for our own moral health it is perhaps better that we follow other cues to the moral correctness of our actions (e.g., that our betters have ordered these actions, or that investigation has established that the actions would result in more people’s needs and preferences being advanced than would result from any alternative actions).

It might be argued that soldiers need their emotions in order to decide what to do in borderline cases where rules of engagement aren’t fully determinate. This is not a terrible argument, but I’m not sure it’s decisive. After all, we can make rules of engagement as precise as we like. On the other hand, there is a limit to how much one can expect training in a rule to overcome emotional reactions. Apparently soldiers are taught to go through a series of warning gestures before they are permitted to fire directly upon an approaching person who may be a threat. But often there is very little time to decide. And in extreme cases one has to be sympathetic to a soldier whose natural emotions make the soldier skip some of these steps, or go through them too quickly.

And anyway, leaving soldiers emotional in battle has the downside that all their emotions will be at risk of being in play, including ones like anger that tend to induce such wrongs as revenge killings.

Well, what if we could control such problematic emotions as anger with drugs? Then maybe we should leave certain other emotions, like those associated with conscience and guilt, unregulated by drugs, for the moral accuracy in killing that this might, in some circumstances, induce. I admit that the possibility is worth more attention. But there may be conceptual and practical issues trying to disentangle these sorts of emotions from emotionality generally, precisely filtering out some emotions and leaving the possibility of other emotions intact. A soldier might need some capacity for anger, for example, in order to experience such morally appropriate emotions as moral outrage, or in order to engage in such adaptive responses to dangerous situations as concentration, or to get fired up to the sort of berserker combat needed to justly prevail in defense of self or others. Anger generally might be either a constituent of some of these appropriate feelings and attitudes, or something needed to trigger them, or a feeling needed to motivate adaptive response. And insofar as anger is a necessary constituent of other morally good attitudes and motivations, the idea of selectively filtering it out may be akin to the mistake of thinking we could make a person unable to taste Chinese food, say, while still leaving them able to taste Hungarian food. The problem is that all food tastes are a combination of sweet, sour, salty, and umami, so removing the ability to have one of these basic sensations would be the same as removing the ability to taste not only Chinese food, but also Hungarian. Likewise all emotions may be composed of elements from a basic emotional palette. So you can’t leave a person able to experience a constructive anger if you rob them of the ability to feel a destructive anger, for example. At any rate, these possibilities need both more conceptual analysis and empirical investigation.

On to another argument against using emotion-numbing drugs: some people think drugs are problematic because they make you less sensitive to the facts. But we may reply that those who need them are precisely those who are too sensitive to the facts. And of course we don’t want our soldiers to be too timid, for then they are a danger to other soldiers and no help in advancing our policy objectives.

Another, related argument for not using emotion-numbing drugs as “vaccines” is that the reason people refrain from doing bad things is the anticipation of feeling guilty. And if one is given drugs one knows will ensure one won’t feel guilt, won’t one lose not only the ability to tell which actions would be bad (namely, the guilt-causing ones), but loose also the motivation to refrain from doing bad things (namely, to avoid feeling guilty)?

Two replies to this: first, sensing the possibility of feeling guilty about an action is not the only or main way we decide whether an action is moral—there are also such methods as moral calculation, consulting rules, paying attention to one’s empathy, and so on. Nor is avoidance of guilt the only or main motivation for good conduct—there are also such motivations as practical reasoning from assumptions about what’s generally right and wrong, habituation to moral rule following, being moved by the prospect of another’s suffering or happiness, and so on. Second, we’re talking about preventing inappropriately intense and inappropriately occasioned guilt—unmanageably strong guilt over actions justified or excused. And since such guilt is morally inappropriate, preventing it won’t result in immoral conduct, whether by impeding the identification of such conduct, or by erasing all motivation not to engage in it. (Although there is of course the issue of whether it is conceptually or practically possible to pharmacologically target only inappropriate guilt, whether with a very selectively acting drug, or by administering a generally acting drug only in circumstances so delimited that its general action will have only salutary effects.)

Some of the above arguments have concerned empathy and guilt as guides to moral right and wrong, and as motivations to right conduct. What is the relation between the two? It is noteworthy that they can operate independently both as guides and motivations where they are relevant at all. A judge might feel empathy for someone they must sentence for a crime, but feel no guilt about the sentence because it is called for by the crime. And one might feel guilt about breaking one of God’s commandments but feel no empathy for the person who one harmed by breaking it, perhaps because one hates the person. So the above points about using drugs to dull empathy are separable from the points about using drugs to numb guilt; and one emotion could be present without the other.

We’ve been seeing that there are arguments (of varying persuasiveness) for not numbing troops with drugs before and during battle because they’ll need their emotions to decide right from wrong in combat. But after, when they may have made bad decisions and have massive guilt about them, wouldn’t it be good to then give them drugs? Especially after all contributions from their experiences have been made to moral progress? Wouldn’t the medication be appropriate, for example, after the soldiers have been debriefed and we’ve learned our lessons about the morality of this war from their experiences?

Another consideration against using drugs to numb soldiers’ emotions about killing is that this may make them into flawed parents unable to appreciate how bad killing is, and so unable to transmit this knowledge to their children. Ironically, this attempt to prevent a form of PTSI (Post-Traumatic Stress Injury) might perpetuate a trauma onto the next generation by inducing failures of moral education.

This is certainly a concern, but arguably it can be handled by some of the observations made earlier. For example, the drugs are supposed to prevent someone from having an over-reaction to the horror of killing; and failing to prevent that in someone might likewise impair their ability to give moral education as a parent—they might wind up making their children cripplingly phobic about even morally necessary killing.

In the scenarios we’ve been discussing, we’ve stipulated that the killing engaged in by someone who sustains a moral injury by being the perpetrator of an action they find problematic is really a morally all things considered right killing. But the killings in war can range from being morally required killings (one aggressor had to be killed to save many innocent people), morally permitted killings (“it was a fire-fight and it was him or me”), excused killings (“it was an accident, I got surprised, I didn’t know anyone was there”), understandable killings (“I was exhausted, they’d just killed my Captain and my best friend, and I totally lost it”), to monstrous killings (“I’ve just always wanted to know what it would feel like to kill a totally innocent person”). The scenarios heretofore discussed have been ones where it is assumed that the moral injuries at issue are from soldiers perpetrating killings either morally required, permitted, or excused. But suppose that in the heat of the moment a soldier does something that is none of those things but instead is only an understandable killing—one that shouldn’t have happened, for which there is no justification, which should be discouraged, but which we can imagine performing in similar circumstances. Suppose we are inclined to think that while the soldier does not deserve the death penalty they ought to have some fairly extreme degree of guilt. Suppose further that it is known that many soldiers in this situation will have suicide-inducing levels of guilt. Again, wouldn’t it be okay to save them from this by preparing them in advance with moral suasion? (We might say to them: “Things are going to get dicey over there. You may get confused, or angry, and this may lead you to do something horrible, either by reflex, or by inadvertence or by having the worst part of your nature activated. And you should probably feel bad for a while about these things if you do them. But then you must forgive yourself and move on with your life. Because war is hell, and a lot of what you will do over there won’t be entirely your fault. You’ll just have been the person who was there in that situation in that moment. And crazy things happen in the fog of war.) But if moral suasion would be okay, then, again, why not administer drugs? And now we will reprise the same arguments.

Meanwhile, if we think a soldier has done something horrible for which there is neither justification nor excuse, something so monstrous that we can’t imagine doing it ourselves, then we think they’ve wittingly done wrong, and arguably guilt, perhaps even suicidal guilt, is appropriate. So if they are experiencing suicidal guilt, we should not think of them as having a moral injury. Rather, they are experiencing a fitting punishment. Or maybe their punishment is a moral injury—they are punished by means of being morally injured, in this case, by their own conscience. This may mean that sometimes there are more important things than the alleviation of moral injury—sometimes being a victim of moral injury is required by justice.

Either way, we in turn might be obliged to have compassion for the soldier—they are a human who is suffering after all (Nussbaum 1983, 83-92). So we might want to alleviate their suffering by helping them through their guilt. For example, we might do this by engaging them in rituals of penance and forgiveness like those that the Catholic Church has perfected, or by convicting them of a crime, having them do their time, and then enabling their reinsertion into our community. But if this is a good argument, then, again, why not do it with drugs, especially if that’s the only thing that would work in a given case? Is it that we think the soldier deserves some level of suffering, just not suicidal levels? Fine, then give the soldier drugs that will let them get to that point but no further.

Before leaving this issue, I should moot a thought that may have occurred to the more unforgivingly judgmental among us, and that must certainly occur to anyone in the psychological and psychiatric helping professions, namely, that, as the existential psychiatrist Rollo May and others have suggested, some people may be such that it would be entirely appropriate for them to commit suicide—either as a morally defensible choice on the ground that they deserve this, or on the ground that they can’t otherwise get over the guilt so that this is the less painful alternative; for them existence has become unbearable. Here, perhaps there should be no talk of healing their moral injury. Or perhaps we should think of suicide as the means by which they are “healed”.

I suspect that these two positions are connected, that the reason some people can’t get over the sort of guilt in play is that they mistakenly think they deserve to feel this way as long as they live, so that death is the only relief. And this takes us to the question whether anyone deserves so much suffering from guilt that they’d have to kill themselves to escape it. My own view, for what it’s worth, is that no one deserves to die by suicide no matter how horrible their crime; and that a correct ethic would be a livable ethic, one ready to forgive, to work through guilt rather than proceed to shame and self-execution. This might be contested. Indeed, apparently it is contested by those who sentence themselves to suicide. I would argue however that, especially in the case of those disposed to suicide from having faced a difficult moral dilemma, if you had a good heart and nonetheless found yourself in such a dilemma, e.g., whether to kill a child who has a grenade rather than allow the child to blow up your troop, your dilemma cannot rightly be constructed as an impossible one where, no matter what you do, you do wrong and so should kill yourself. Rather, no matter what you do here, you did the best you could and you should assume a right to live. That is, morality should err on the side of being forgiving. The ancient Greek idea that some people are innocently doomed by their circumstances to fail a moral dilemma because it offers no good out has to rest on a moral mistake. The mistake is forgetting that, as Immanuel Kant taught us, ought implies can—that it can only be true that you ought to have done (or allowed) no harm if you could have done (or allowed) no harm. And in these dilemmas, you harming (or allowing harm to befall) someone is unavoidable. The only question is who you your actions or omissions will result in harm befalling, not whether harm will befall someone. So you cannot be rightly morally condemned for the latter. No purpose is served holding people to such a standard, because it can make no difference to their behavior, only to their level of suffering for it. (No matter what they do, harm will befall someone.) Returning to existential psychology, the foregoing argument justifies the idea that this forgivingness should be a premise and aim of psychotherapy in the treatment of moral injury (something in fact widely embraced by psychotherapists).

I now make a final suggestion about using emotion numbing drugs to prevent psychological trauma. We’ve so far considered their use only on soldiers. But suppose drugs can lessen the negative psychological effects of moral injury. Suppose we expect the enemy civilian population to experience a great deal of moral injury from certain actions we think militarily justifiable: should we dispense (maybe by air-drop) tons of these drugs to them before, during, and after military engagements to lessen the impacts of the problematic experiences these people will have? Something for discussion another time.

Now a brief remark about the form of moral injury that commanders and politicians may face, namely, moral fatigue. Just as soldiers in battle might be spared the moral injury of suicide-inducing guilt by being given emotion-numbing drugs, so perhaps the guilt of commanders, politicians, even autonomous weapons programmers, can be attenuated by ensuring that these people are not allowed the proximity to the killing and the information about the reality of what it involves that would be required to induce guilt in them. Distance from the facts might serve the same morally salutary role as numbing by drugs.

Of course, there will then be the same arguments as were made against numbing soldiers. The arguments are that we need politicians and commanders and programmers to be emotionally raw—and so exposed to the daily horrors of killing—to serve as moral antennae about the rightness of the war, we need them to be reluctant killers, and we think it more virtuous that a warrior who causes harm first have great guilt about this and then get over it.

But won’t all the replies I made to those objections equally apply here? Maybe not. For here we are at the level of command and control, and if emotions don’t figure here, arguably they never will.

On the other hand, while maybe we need some commanders and controllers to have full emotional experience, do we need this of all of them? Maybe some could be spared by the method of distancing from the morally exhausting facts.

I conclude this section with the implications of some received wisdom about how people experience good and bad things. Apparently people hate losses more than they like equivalent gains—the bad of losing a hundred dollars is psychologically larger than the good of winning a hundred dollars. In the analysis of successful marriages, apparently couples need to have five good experiences with each other to compensate for one bad experience. As long as that ratio is preserved, the marriage will thrive, otherwise, not (Benson 2017). Meanwhile, studies of what magnetizes the attention of a populace have found that people will pay more attention to prospective harms that are unfamiliar, uncontrollable, and unpredictable than to their converses. Thus they fear terrorist attacks vastly more than, say, injuries in car accidents (Friedman 2011). This is so even though the odds of being harmed by a terrorist are one in many millions (Nowrasteh 2018), while the odds of being harmed in a car accident are 1 in 106 (NSC 2022).

This may tell us something about how to prevent PTSD. First, if a soldier must experience doing one bad thing, then we might want to ensure that this will be followed by them experiencing at least five good things. Think of the victory parades and other overwhelming shows of gratitude allied soldiers experienced in Europe upon liberating occupied towns from the Germans. Or if a soldier must kill one person in a highly emotional context to save five, then the soldier should thereafter be made to encounter the five they saved in some way comparably intense to the experience of doing the killing.

This fact may also explain both why PTSD is less common among commanders, but still occurs at all: they tend to be less close to battle and so less emotionally activated by any given killing they order; and this might allow them to keep in mind the many they save when they order the killing of a few. As long as that ratio is, say, on the order of five to one, maybe they’ll be okay. But as that ratio worsens to three to one, or two to one, their experience will be worse. This may suggest that we monitor their “dosage.” If someone has had to make a lot of bad ratio calls, maybe we should insist on re-deploying them to where they’ll have a lot of really good ratio calls—a thousand to one—or to a scenario where they’ll have extremely strong emotional rewards in the vivid experience of lives saved and only attenuated experiences of the lives they’ve had to order to be taken.

**Part 6. Moral Injury Weaponized: The Military Exploitation of Asymmetrical Conceptions of Harm**

Next, a topic many will find distasteful, but which must be discussed, namely, the idea of using moral injury as a weapon. It must be discussed because moral injury is being used as a weapon against us by terrorists. Indeed, it is used in all wars, by all sides including ours, and we might as well acknowledge it, thence to look closely at it and understand better its nature, its strategic advantages and disadvantages, the morality of its deployment, the morally justified responses to it, and the strategic counters to it. I can only make the barest beginnings on all of this here.

Since moral injury is an injury, it can be weaponized; but because of the special nature of moral injury, using it as a weapon is recommended in some circumstances over other weapons. In MacIntosh (2022), I proposed its use in the form of threatening or destroying the cultural heritage of evil cultures in war fighting, presenting this as an alternative to threatening or causing death. The present chapter in effect provides the background theory behind that proposal. To see how and why moral injury can sometimes be the better weapon, we must look more closely at the nature of moral injury or harm.

Some things seem to be harms only because they are thought to be harms—defecating on the supposedly sacred text of some cult’s religion, for example. Their imagined god does not exist, the book has significance only on the assumption of the truth of a fiction, no real supernatural creature is insulted by this act, and so on. The harm depends entirely on someone believing in a myth, a myth part of which is that it is bad to defecate on its central text. This myth may be central to the moral outlook of a people, so desecrating the symbols of this myth may constitute a moral harm to them. Meanwhile, other things are harms, period—having your arm hacked off, for example. This is a harm even where it is the lesser of evils, as in hacking off your own arm to escape a trap where the alternative is death.

The nature of the former sort of harm makes interesting possibilities for warfighters. For it is a truism about warfighting that, often, when the enemy is harmed, so is the person doing the harming. We see the harms to perpetrators expressed in the symptoms of Post-Traumatic Stress Injury—in guilt self-therapized by suicide, for example. But harm that is merely perception-dependent in the way just described has three features that may morally recommend it to warfighting precisely because it means less harm to the perpetrator (not to mention the victim).

First, there is an important sense in which such so-called harms aren’t really harms; they are just perceived by their victim as such. Or at any rate these things are lesser harms in any absolute or objective sense, and always lesser such harms than they are perceived to be by their victims. (We are all familiar with this kind of reasoning. Persuaded liberals will say in defense of progressive taxation, for example, that the millionaire won’t miss the extra 2%; and if they do, they shouldn’t, for it’s not a real harm to them.)

Second, to the degree that a merely perceived harm is a harm, and to the degree that its being perceived as a harm depends on the person being harmed having attitudes that constitute making factual mistakes—believing in a god that does not in fact exist, believing that some desecrating act is horrible when really it’s trivial—then the harm can be alleviated simply by administering an emancipating education. This might itself be difficult to do, of course, and might be something that is unlikely to happen. But perhaps responsible deployment of such a “weapon” would require parallel development of this “antidote,” in the form of research into better forms of education, the inculcation of critical thinking, and perhaps programs for the “healing” of people who have had to be subjected to moral injury, something to be administered in the aftermath of moral attack—after its use in interrogation, for example, or in the reconstruction process for a damaged population after a war partly conducted using moral weapons has concluded. Appealingly, such “antidotes” are, additionally, both intrinsic goods and things likely to have beneficial consequences for the recipient even beyond that of removing the sting of what was originally received as a harm.

Finally, if the agent who inflicts this so-called harm doesn’t have the attitudes required to interpret it as harm, or at least not as the sort of harm it is perceived as being by its victim, and so sees it as not really a harm or as a lesser harm, the agent will be less likely to be traumatized by inflicting it. The only real harm occurring is the disrespecting of someone’s superstitious attitudes. And if this is a harm it is closer on the spectrum of harms to violating a principle of etiquette—the principle that it is rude to disrespect a person’s deeply held view—rather than to something on the other end of that spectrum—torture by electric shock, for example; or maiming; or killing. (Etiquette no doubt matters (Buss 1999). But I’m suggesting it matters less than the sorts of harms I’m seeking to find ways to avoid having to inflict.)

These features make moral injury harm an ideal candidate for humane “weaponization.” Indeed, such harm has been used in warfare for as long as there has been warfighting. It is the fundamental method of terrorism, for example. Killing a few civilians has an effect far beyond that of killing a few or even thousands of soldiers, because we in our moral system find it morally outrageous to kill unarmed people not engaged in aggression. Likewise, killing people by the morally shocking method of beheading; or killing innocent children. All of these actions have the effect of being morally disorienting and dislocating, and when they work, they evoke reactions like, “these people are crazy, there’s nothing they won’t do, just give them what they want and hope to hell they’ll leave us alone.” Arguably the bombing of Hiroshima and Nagasaki was an act of moral injury warfare. It was a monumental devastation of a civilian population, and doubtless perceived as morally terrifying. Indeed, it morally shocked the world in ways still ramifying. But, at least according to Whig history, the shock of it ended the war and saved millions of lives, including Japanese lives.

But are these techniques really more humane than standard warfighting techniques? Well, arguably it’s better to kill a few civilians to win a war than to kill thousands of soldiers—a soldier, after all, is just a civilian with a gun.

Of course it’s more complicated than that: a soldier is a civilian with a gun, and training, and the authorization to use force, and has volunteered for the job, or perhaps has been justly conscripted into the task, and so on. And this changes things. But surely there is a limit to how much these factors make it OK to kill soldiers. Perhaps these considerations amount to justifying a discount factor for a soldier’s life; perhaps they make it that the soldier’s life may be treated as, say, five times less important in war than the life of an innocent civilian. Even so, that leaves it possible that it’s still preferable to kill a few civilians than some (possibly much) larger number of soldiers.

The same can be said for killing a few by beheading than killing a lot by bullets, or for killing a child to achieve the same outcome as by killing many adults. Or for spectacularly killing a million with an A-bomb now to save killing many millions more later. Our moral sensibilities are outraged by killing civilians and children. And this gives an enemy moral leverage against us, leverage they wouldn’t have if we saw these things in their true moral light (namely, as mattering less than the killings of much larger numbers of people that would have been necessary to attain the same effect by more conventional warfare). By the same token, our enemies can expect less moral injury guilt to themselves by inflicting these harms, since they can see them as lesser harms than the alternatives, and as such, perhaps ones justified by the causes for which our enemies fight.

Meanwhile, America has recently used moral injury as a war fighting technique arguably more humane than alternatives. Think of the humiliations inflicted during interrogations at Abu Ghraib—vandalizing religious symbols, degrading captives in ways that didn’t leave them particularly physically harmed.

I take no stance here on whether America was justified in doing these things, whether it deliberately chose these techniques in hopes that they would be morally superior to other techniques that might have been used (rather than having been used from malice, or because it thought it could get away with using these techniques), nor on whether the use of these techniques was mindfully ordered by all levels of command (or just improvised at lower levels). I say only that the techniques were techniques of moral injury.

What the Americans did in Abu Ghraib was shocking, but not by comparison to what Saddam had been doing before, and shocking in part precisely because it was Americans doing it. But much of what they did was moral injury warfare more than anything else. Arguably this was a perfect case of the asymmetrical conceptions of harm of which I spoke earlier: because of the moral outlook of the captives, they were able to be harmed enough by these degradations and humiliations that they were able to be coerced in ways thought to be militarily useful; but because the harms were largely belief-dependent, those inflicting them would be able to think of them as harms for which less guilt would be appropriate than serious physical torture. So the same military objectives are achieved in ways objectively less harmful to the captives, and with less risk of perpetrator moral injury.

Now let me make a brief aside on the possible military usefulness of these techniques. There are two ways in which actions of the sort described above might have been thought militarily useful, first, as means of extracting valuable information, second, as something inherently deterrent, discouraging enemies by instilling fear of this sort of treatment upon capture. Both are of course enormously controversial both in strategic and moral terms: it is widely doubted that useful information can reliably be extracted by any form of torture; and it is possible that being known to engage in this sort of treatment of captives makes for a net loss in respect and support for one’s nation, and may even make the enemy more resentful and committed. The result is that these actions may ultimately be militarily self-defeating, not to say purely wrong (Johnson, Mora, and Schmidt 2016; Hersh 2004). Of course, many of the “enhanced interrogation” techniques, those involving physical violence or its threat, were harms, period, not merely moral injury harms, and so stand outside the purview of this chapter.

Returning to the main argument, another form of warfare by merely moral injury rather than by actual injury might be the inverse of using numbing drugs to save soldiers from extremely negative, suicide-inducing emotions, namely, administering drugs to captured soldiers that will temporarily increase the emotional aversion they will experience to otherwise not particularly harmful treatment. Again, this may result in purely subjective harm under “torture,” a sort of harm preferable to actual physical harm on the scale of more or less humane and legal treatment. Likewise in trying to control large populations: maybe dumping a lot of caffeine in their water supply to make them really nervous and hyper-sensitive to small explosions would save having actually to blow up a lot of people.

Now to some objections to this line of thinking. First, isn’t at least some moral harm genuine harm? Yes. Anyone who has a true morality, one not premised in mistakes about the facts, is truly harmed if they are morally harmed. True moralities have the characteristic that the only way to harm someone who inhabits them is by doing something that is truly immoral. To harm someone who finds cruelty immoral, you have to behave cruelly. But to harm someone who believes it is a harm to depict Allah in a disrespectful picture, all you need do is something that in truth is utterly intrinsically harmless, namely, draw a silly picture. Think of the homicidal outrage caused by the drawings of Allah in the magazine Charlie Hebdo. The killers felt grievously harmed. But they weren’t. They only thought they were. (I don’t mean to single out the Muslim faith her. Rather, I make this point as an atheist who believes all religions false, and so who believes all supposed outrages premised in supposed blaspheme by the measures of one religion or another are all moral pseudo-injuries, whether Muslim, Christian, or any other. But if you disagree and think your religion is true, imagine the point being made about some religion you think false.)

But isn’t even harming someone by contravening their falsely premised conception of harm nonetheless a harm? And can’t it be as bad as what I’m calling a real harm?

Unsurprisingly, the answer is, “it depends.” On the face of it, it isn’t much of a harm to a male to be made to stand naked before a female soldier, for example (Abu Ghraib). But if one is from a patriarchal culture premised in a fear of women and of women’s sexuality and sexual power, and organized around the ideal of male dominance, it will seem a much greater harm.

But will it seem to be a greater than, for example, torture with electricity? Here it’s not so clear what to say. On the one hand, apparently people can endure a lot of misery if they think it’s for a good moral cause. And if a misery is more endurable under some conditions, then perhaps this is because under those conditions it is, or is perceived as (and so again, is) less of a misery. So under some conditions, electrical torture might not seem like that big a deal—not, for example, if you think it is in the service of your cause. Meanwhile, if you are just being gratuitously stripped for the fun of captors, and there’s nothing they particularly want from you other than to insult and demean you, well, maybe it would be better to be under torture with electricity while refusing to reveal important secrets—at least you’d have your dignity. So here perhaps we have someone who is experiencing being demeaned as a great harm.

On the other hand, in physical torture there’s the pain. While in the case of the patriarchal soldier being made to strip, since the harm is all in his head, surely this makes it objectively a lesser harm than some physical harm like electrical torture would be.

And all a person who is harmed by having their religious text abused would have to do to make this act not a harm is wake up to the truths that their god does not exist and that therefore much of their religious text is mere fiction. Generalizing, anyone injured merely by an offense to their subjective morality can be healed by their changing their mind about whether their morality is correct. (There is still the aspect of the harm that comes from realizing that someone wants to harm you, even if they are going about it in a stupid way, or in a way that involves nothing more than exploiting some false belief you hold. Even objectively speaking, it is not nice to be meant ill. But that’s separate from the supposed harm of having one’s sacred text desecrated. Moreover, think of how our victim here would feel once disabused of their factually errant beliefs, once they realize that their captors proceeded under the scruple that they did not want to inflict actual, serious physical harms, and so on.) All such people have to do in order not to be harmed is change their opinion about a moral matter. But to not be harmed by electrical shocks they would have to have an entirely different physical structure.

Still, in warfare sometimes it is best to commit sociology. And sociology will tell us that for some cultures, it is worse to degrade a person than to kill them. So if you want to bring about a peace with their culture, arguably it’s important to respect the dignity of their soldiers and fight them with conventional lethal techniques, even if in some objective sense it would be worse to kill their soldiers than to humiliate them.

Let me just mention in passing too that, while I’m tempted to concede that so-called harms whose infliction upon you requires you to have false beliefs are at least psychological harms, it might be argued that they aren’t even that. They just seem to be, or are just thought to be. And it would be interesting to do further analysis on this. We might discover, for example, that something doesn’t have to be a harm to be able to have the behavior-altering effect normally attainable only by inflicting a harm. Just as pain has proven to be a multi-part thing composed of a sensation, plus the context which induces a certain interpretation of the meaning of the sensation—is my cancer back? Is it just a bruise? Is it just the pain of a good workout?—plus the minding of the pain—apparently something diminished by laughing gas while leaving the sensation intact—so injury might prove to be multi-part. And maybe these parts can be pried apart, with the use of one part—something’s being mis-experienced as injurious, for example—able to be deployed without the other part—some actual damage being done, for example.

Moving on: sometimes it is better to commit one act of supposedly profound moral harm in order to deter many conventional harms. For example, let’s say that conventional warfare targets soldiers, while moral-injury-fought warfare targets civilians, especially children. Arguably if you could end a war by threatening or killing a small number of children, something that would be seen as forbiddingly horrific, you should do that if the alternative is further conventional warfare that will result in the deaths of vastly more people of all ages. Put another way, terrorist warfare can be more ethical warfare under some conditions.

This must make us wonder whether we have our moral equations right. Is the life of a child really more important than the life of a soldier in their mid-20s, or than the life of several such soldiers? Is killing a child really that much more outrageous?

That we are challenged to ask these questions as we confront terrorist techniques of warfare suggests a surprising defense against such warfare, one provided not by shields, guns or bombs, but by philosophy. For it is philosophy which can coolly tell us that some things which outrage, dangerously provoke, and so weaken us in these contexts really do not amount to the harms we think they do. The moral shocks they inflict upon us are really a kind of illusion. I do not deny that it is immoral to hurt a child. But I do think we should question whether that is worse than killing hundreds of soldiers. And where whether we have been harmed to a certain degree depends on whether we think we have been harmed to that degree, philosophical reflection may blunt the force of the injury.

**Part 7. Concluding Reflections and Reservations**

There is much more to investigate about moral injury warfare. Many would argue, for example, that what I’ve been representing as the lesser harm of violating a person’s mistaken moral code or outlook should instead be seen as merely a different harm; and that, in some cases, inflicting supposedly mere pseudo-harm might be vastly worse than inflicting some other harm. (Violating someone’s religious code, then trying to reduce the harm of the violation by showing them that their religion was factually groundless might net out to a vastly greater harm in them feeling unmoored by the discovery of the falsity of their world-view.)

It would be worth exploring too whether, if there can be moral pseudo-injury from violation of a mistaken moral code, there can also be moral pseudo-non-injury from someone being harmed by the measure of a correct moral code they do not embrace, so that they can’t appreciate the harm. Indeed, maybe in some circumstances we are obliged to arrange for moral pseudo-non-injury, e.g., by lying to the effect that a war was just (or a military operation militarily necessary) in order to protect the conscience of soldiers who through no fault of their own had to fight and faultlessly do wrong in it.

Then there are questions about whether making these distinctions and trying to selectively apply them in, for example, warfare, is compatible with the idea that much of morality is something about which reasonable people can disagree—this might make the classification of a moral injury as a pseudo-injury inherently controversial.

A further concern I have is that, in my efforts to identify a less harmful form of warfare, I’ll merely be encouraging bad forms of it by giving people the idea that some truly bad thing they propose to do is merely a pseudo-bad and therefore permissible. The kind of thinking I’m exploring here already exists in the world in such things as the purported justification the Chinese have for how they are treating the Uighurs—“we’re not harming them, not engaging in cultural genocide. We’re saving them from their own false consciousness.” In fact, such thinking is part of the justification for violence in many ideology-based revolutions, including ones seeking to impose ideologies that are in fact false or pernicious.

**Acknowledgements**

I began thinking about this topic after hearing someone I met at a conference held by the Center For Ethics and the Rule of Law (CERL) say they were “morally exhausted”; and after hearing other stories of what could only be described as moral frustration and moral despair. I felt I knew what these people were talking about, but I have found the concepts surprisingly difficult to analyze philosophically. Hence this essay. For helpful discussion I thank some people best left unnamed, as well as L (for the point about coerced fighting being less likely to produce guilt; for discussion on whether one’s comprehensive moral judgements of one’s self are done by a central processor in the brain which drugs might affect, thus being able to therapize inappropriately negative judgements; for doubts about whether the loving acceptance that can cure the moral injury of soldiers could vaccinate them against it; for the idea that whether intense negative emotions lead to self-destructive behaviour depends on the context in which the emotions occur and are received, which explains why psychotherapy and mindfulness can be helpful; for the idea that correct moral codes must be ones that make life more livable and so must be forgiving of unavoidable wrong-doing, and that this is one of the premises of good psychotherapy for those in such circumstances; and for the idea that sometimes being demeaned can be a greater harm than being physically harmed), W (for the worry that numbing soldiers’ emotions could make them into flawed parents, traumatizing the next generation), K (for discussion on the mindfulness point from L), Ilya Rudyak (for observations about soldier emotionality and the implications for the followability of rules of engagement), Greg Scherkosky (for the term “Asymmetrical Conceptions of Harm”), Connie Rosati (for discussion on Williams and inappropriate guilt; on the fittingness/wrongness distinction; on the difficulty of classifying moral pseudo-injuries as such given that reasonable people can disagree about what counts as moral right and wrong; on whether good and bad emotions can be selectively filtered; and, along with Alaska Elisabeth McMillan, on whether desecrating someone’s religious text and then persuading them that their God does not exist might amount to an even greater harm). For discussion generally I think Richmond Campbell, the students in my classes on these themes, Kevin Govern, and Jens Ohlin. My thanks as always to Claire Finkelstein for her huge part in conceiving the CERL conferences, and for involving me in the work of CERL. Thanks to Justin McDaniel for his encouragement, his meticulous editing, and for pressing me to clarify confusing points. Thanks to McDaniel and Steve Xenakis for their work on the present volume more generally, and to Xenakis for his careful consideration of the ideas herein, and for his compassionate example of how to think about psychological injury to combatants. Finally, a note about this chapter’s title: what was once commonly called Post-Traumatic Stress Disorder (PTSD) is increasingly called Post-Traumatic Stress Injury (PTSI), since the latter removes the stigmatizing implication that there is something wrong with the sufferer and recognizes that they are victims of injury by trauma, not, for example, guilty of some character flaw. I use the former designation in the title only because it is the more widespread term.

**Bibliography**

Ainslie, George. 2001. *Breakdown of Will*. Cambridge: Cambridge University Press.

Benson, Kyle. 2017. “The Magic Relationship Ratio, According to Science.” The Gottman Institute, October 4, 2017. <https://www.gottman.com/blog/the-magic-relationship-ratio-according-science/>.

Buss, Sarah. 1999. “Appearing Respectful: The Moral Significance of Manners.” *Ethics*, 109, no. 4 (July): 795-826.

Carr, Russell Bryant. 2014. “Authentic Solicitude: What the Madness of Combat Can Teach Us About Authentically Being-With Our Patients.” *International Journal of Psychology: Self Psychology*, 9: 115-130.

D'Arms, Justin and Daniel Jacobson. 2000. “The Moralistic Fallacy: On the 'Appropriateness' of Emotions.” *Philosophy and Phenomenological Research*, 61, no. 1 (July): 65-90.

Friedman, Benjamin H. 2011. “Managing Fear: The Politics of Homeland Security.” *Political Science Quarterly*, 126, no. 1 (Spring): 77-106.

Frueh, Christopher, et al. 2003. “Disability Compensation Seeking Among Veterans Evaluated for Posttraumatic Stress Disorder.” *Psychiatric Services*, 54 (2003): 84–91. <http://ps.psychiatryonline.org/doi/10.1176/appi.ps.54.1.84>.

Hersh, Seymour M. 2004. “Torture at Abu Ghraib: American soldiers brutalized Iraqis. How far up does the responsibility go?” *The New Yorker*, April 30, 2004. <https://www.newyorker.com/magazine/2004/05/10/torture-at-abu-ghraib>.

Hurley, Elisa A. 2010. “Combat Trauma and the Moral Risks of Memory Manipulating Drugs.” *Journal of Applied Philosophy*, 27: 221-245. <http://onlinelibrary.wiley.com/doi/10.1111/j.1468-5930.2010.00492.x/abstract>.

Kamienski, Łukasz. 2012. “Helping the Postmodern Ajax: Is Managing Combat Trauma Through Pharmacology a Faustian Bargain?” *Armed Forces & Society*, 39: 395–414. <http://afs.sagepub.com/content/39/3/395.short>.

Kahneman, Daniel. 2011. *Thinking, Fast and Slow*. New York: Farrar, Straus and Giroux.

MacIntosh, Duncan. 2021. “Fire and Forget: A Moral Defense of the Use of Autonomous Weapons Systems in War and Peace.” In *Lethal Autonomous Weapons: Re-Examining the Law and Ethics of Robotic Warfare*, edited by Jai Galliott, Duncan MacIntosh, and Jens David Ohlin, 9-23. Oxford: Oxford University Press.

MacIntosh, Duncan. 2022. “Weaponizing Culture: A Limited Defense of the Destruction of Cultural Heritage in War.” In *Culture and Value: The Preservation of Art and Culture in Times of War*, edited by Claire Finkelstein, Derek Gillman, and Frederik Rosén, 97-128. New York: Oxford University Press, 2021.

Johnson, Douglas A., Alberto Mora, and Averell Schmidt. 2016. “The Strategic Costs of Torture How “Enhanced Interrogation” Hurt America.” *Foreign Affairs*, September/October 2016. <https://www.foreignaffairs.com/articles/united-states/strategic-costs-torture>.

Nowrasteh, Alex. 2018. “The Chance of Being Murdered or Injured in a Terrorist Attack in the United Kingdom.” *Blog of the Cato Institute*, August 15, 2018. <https://www.cato.org/blog/chance-being-murdered-or-injured-terrorist-attack-united-kingdom>.

Nussbaum, Martha. 1993. “Equity and Mercy.” *Philosophy and Public Affairs*, 83: 83-125, especially 83-92.

“Preventable Deaths.” in National Safety Council (NSC). 2022. “Preventable Deaths” in *Injury Facts; Odds of Dying*. <https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>.

Shay, Jonathan. 2014. “Moral Injury.” *Psychoanalytic Psychology*, 31: 182–191.

Sherman, Nancy. 2015 *Afterwar: Healing the Moral Wounds of Soldiers*. New York: Oxford University Press.

Sherman, Nancy. 2014. “Recovering Lost Goodness: Shame, Guilt, and Self-Empathy.” *Psychoanalytic Psychology*, 31: 217-35.

Thagard, Paul. 2007. “I Feel Your Pain: Mirror Neurons, Empathy, and Moral Motivation.” *Journal of Cognitive Science*, 8: 109-136.

Tougaw, Jason. 2018. “How Our Bodies Remember Trauma: Exploring somatics and the aftermath of abuse.” *Psychology Today*, Dec. 29, 2018. <https://www.psychologytoday.com/us/blog/the-elusive-brain/201812/how-our-bodies-remember-trauma>.

Office of Public and Intergovernmental Affairs. “VA Releases Report on Nation's Largest Analysis of Veteran Suicide.” Retrieved 9 September 2016.

Van der Kolk, Bessel A. 2014. *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma.* New York: Viking.

Williams, Bernard. 2007. “Utilitarianism and Integrity.” In *Introduction to Philosophy: Classical and Contemporary Readings*, edited by John Perry, Michael Bratman, and John Martin Fischer, 519-527. New York: Oxford University Press.

Xenakis, Stephen N. 2013. “Posttraumatic Stress Disorder: Beyond Best Practices.” *Psychoanalytic Psychology*, 31: 236-44.

Xenakis,﻿ Stephen N. 2014. “The Role and Responsibilities of Psychiatry in 21st Century Warfare.” *J. Am. Acad. Psychiatry Law*, 42: 504-08.