Moral injury and moral repair:

The possibilities of narrative practice

Inspired by an Australian–Afghan friendship

by David Denborough

David Denborough works as a narrative practitioner with individuals, groups and communities who have experienced profound hardships. Through Dulwich Centre Foundation, his narrative therapy and community work has included long-term collaborations in Rwanda and Palestine and with First Nations colleagues in Australia. His previous publications include Collective narrative practice: Responding to individuals, groups and communities who have experienced trauma*;* Strengthening resistance: The use of narrative practices in working with genocide survivors *(with Jill Freedman and Cheryl White); and* Working with memory in the shadow of genocide*. He can be contacted by email: daviddenborough@dulwichcentre.com.au*

Abstract

With a focus on the aftermath of the war in Afghanistan, this paper grapples with the suffering induced by war, and particularly with moral anguish. Following a critical analysis of development of the concepts of PTSD and moral injury, and the material effects these have on the lives of veterans, David Denborough offers a series of additional responses drawn from narrative therapy. These include the key concepts of 're-authoring' stories of identity, externalising problems, honouring responses to trauma, considering distress as a marker of fidelity, re-membering those who have died, and moving beyond scripts about forgiveness. He also offers responses drawn from collective narrative practice that respond to veterans' stories in ways that avoid both admiration and judgement, instead seeking to communalise grief and enable contribution. These include the exchange of witnessing letters and the Team of Life narrative approach. Denborough argues for a response to moral injury that is both moral and social. He highlights possibilities for linking 'healing' with social action: collective projects of moral repair that seek to redress the harm done to others, including the civilians of Afghanistan.

Key words: moral injury; military veterans; veteran suicide; PTSD; narrative therapy; veteran mental health

Three profound events have recently occurred in relation to the Australian military. First, the Brereton Report was launched alerting all Australians to allegations of war crimes committed by our troops in Afghanistan (Brereton, 2020; Willacy, 2021). Second, Australian and US forces left Afghanistan and the world witnessed the Taliban reclaiming control of the country and desperate Afghans seeking safety. And third, a Royal Commission was announced in relation to defence and veteran suicide. Three events, each of which represent stories of suffering for so many families both Afghan and Australian.

In ways I couldn't have imagined, I now find myself immersed in these realms. Some years ago, at my local cricket club nets, I met Dr Abdul Ghaffar Stanikzai. Not only a handy leg spin bowler, Dr Stanikzai previously worked with the Afghanistan Independent Human Rights Commission in Uruzgan where he investigated human rights abuses by the Taliban, by Afghan forces and by Australian and American troops. Through my friendship with Dr Stanikzai, and through collaborations with veterans, I now feel compelled as an Australian to respond in some way to the hardship implicit in the recently announced Royal Commission, in the Brereton Report, and in Australia's longstanding military engagement in Afghanistan.

About this paper

This paper seeks to offer practical ways forward for responding to the anguish produced in contexts of war: the anguish of military veterans (and their families[1]), interpreters, human rights workers and civilians. In particular, I will focus on how the practices of narrative therapy and community work can respond to 'moral injuries' – whether these are being carried by individuals, families or broader collectives.

I am not a military veteran, nor am I from a military family. I am not an interpreter, a human rights worker or a civilian who has lived through war. Any offerings I make here are modest. I have tried to draw on what I have learnt through friendships and collaborations with colleagues from Australia, Afghanistan, Rwanda, Palestine and Kurdistan (Iraq), and to privilege the ideas, stories and writings of those who do have insider knowledge about moral injury in contexts of war. Most of these writings are by male veterans, so the experiences foregrounded in the following pages are mostly of male veterans and interpreters.[2] I would highly recommend the papers in this special issue by Adelite Mukamana (2021) and Jaya Luintel (2021) that focus on women's experiences of sexual violence in contexts of war and genocide.

This paper is in three parts. Part 1 investigates the ways veterans' moral anguish has been conceptualised over time, and introduces the notion of moral injury, its history and why it is significant. Part 2 offers ways of responding to those suffering from moral turmoil in the aftermath of war. Narrative therapists and community workers have developed innovative ways of responding to war-related trauma. This section introduces narrative practices – including double listening, honouring responses, re-membering those who have died, using sporting metaphors and responding to people who see images or hear voices – as they have been applied to work with people affected by war experiences. Part 3 extends the idea of moral injury as an individual experience to consider collective obligations and possibilities for responding to harms done in war. It draws on veterans' experiences and initiatives to suggest practical actions that link healing and action through enabling those who have experienced moral injury to contribute to the lives of others.

PART 1: The concept of moral injury, its history and why it is significant

The concept of 'moral injury' is intriguing and complex. The first time I heard the term was when the Brereton Inquiry team had come to Dulwich Centre, here in Adelaide, to hear Dr Stanikzai's testimony. After the formal proceedings, we all stepped outside into the fresh air, and I heard from a member of the Inquiry team about how some of the Australian Defence Force whistleblowers were really struggling – and also facing hostility from others within the military. It was in this context that the Inquiry team member mentioned the term 'moral injury'. Rather than describing the whistleblowers as struggling with post-traumatic stress disorder (PTSD), which has until recently been the predominant way in which military veterans' mental health struggles have been conceptualised, the concept of 'moral injury' offers something different. Anthropologist Tine Molendijk (2021a) has provided the following definition:

> [Moral injury] refers to psychological, social, and spiritual suffering stemming from having one's moral expectations and beliefs violated by one's own or other people's actions. (p. 1)

In order to grasp the significance of the emergence of the concept of moral injury, I have found it helpful to understand a particular history and the contributions of Vietnam veterans.

In the late 1960s, as the toll of the war in Vietnam continued to mount for the people of Vietnam and for troops from America and Australia, an organisation called Vietnam Vets Against the War formed in New York. Among other political activities, they organised 'rap groups' in which members talked together about their experiences during the war:

> We were trying to understand what we were feeling about the war … it was a safe place to talk … We weren't thinking of ourselves as victims, but rather thinking, 'How are we going to get our act together so we're not undone by our feelings about what's going on, and how are we going to convey what's going on to the general public?' (Shephard, 2002, p. 356)

> there was no professional participation at first, they [the veterans] knew how to listen to each other with the understanding born of common experience. (Shatan, 1973, p. 642)

This group of veterans then went on to form collaborations with anti-war psychiatrists like Chaim F. Shatan, who first described 'post-Vietnam syndrome', and Robert Jay Lifton, who later argued for post-traumatic stress disorder to be included in the DSM.[3]

The veterans invited these psychiatrists to join their rap groups, but in a very particular way:

> They said shrinks could join provided that we joined as peers. (Chaim Shatan, as quoted in Shephard, 2002, p. 356)

> any tendencies to endow us with an authoritative mantle have been short-lived, in spite of – or, perhaps, because of – their previous military experience. They have had enough of chains of command. (Shatan, 1973, pp. 642–643)

In these rap groups, psychiatrists were not outside experts diagnosing veterans. They were instead 'participant-observers' (Shatan, 1973, p. 643) in a 'relationship of solidarity with veterans, a departure from the protective wall behind which most of us work'[4] (Shatan, 1973, p. 652).

What is more, these rap groups did not focus on individual pathology, but instead provided a forum to 'refashion value and meaning in the veterans' lives' (Walker, 1983, p. 50).

Fifty years on, it seems that interactions between veterans and mental health professionals are now often profoundly different than those in the initial rap groups, as conveyed in the following three quotes from veterans:

> With regard mental health diagnosis, if possible, this process is considerably worse than the physical diagnosis. Again, one appointment with a stranger who does not know you or your story makes a judgement as to how much your life is affected by your mental health illness. I know that I have and continue to struggle to talk to anyone about what I have been through, let alone a stranger. The questions that are asked are damaging, destructive and insensitive … If anything else being forced to recall the trauma steps you back in your recovery ... Process is followed devoid of humanity and basic care and kindness. (Looker, n.d.)

> As a veteran, I really can't imagine a more disheartening scenario than being stuck in a room with a person listening with stony

detachment as I grapple exasperatedly with the moral implications of my actions in war. I'd rather say nothing at all. (boudreau, 2011, p. 750)

a 'pin cushion' for scientists and psychologists to probe and study for their PhD and Master's research into PTSD. No thanks. (Moffitt, 2020a, p. 129)

Within the early rap groups, things were quite different:

'In the absence of patterns tailor-made for us,' explained one veteran … 'we had to structure our own solutions.' (Shatan, 1973, p. 641)

In early rap groups, veterans

rejected the therapeutic hierarchy that assigns the task of interpretation to trained professionals. Veterans asked therapists to participate in the rap sessions as equals and insisted on their own involvement in the production of therapeutic knowledge. In the company of professionals, they reclaimed expertise for themselves. (Nudelman, 2015, pp. 215–216)

I mention all of this because the early collaborations within rap groups have a synergy with the philosophy of narrative practice, in which people are honoured as the experts on their own lives and a professional's role is not to diagnose or assess, but to facilitate the generation of insider knowledge.

I also mention this history because considerations of what might now be referred to as 'moral injury' were central to early rap groups.

Guilt feelings were among the first sentiments that some veterans expressed in the early sessions. One member asked, 'How do you turn off the guilt?' The question that followed is one we have repeated many times since: 'What's eating you; what do you feel guilty for?' It has served not only as the first step in elucidating specific guilts, but also as one of the ways in which we encourage each other to recount painful events. Veterans have described sins of commission (killing, burning villages, rape), omission (not objecting to illegal or immoral orders, not taking adequate precautions to protect lives), and several levels of what might be called 'guilt by association' (feeling to blame for a buddy's death whether or not one could realistically have prevented it, feeling tainted by having been part of the war effort at all). (Egendorf, 1975, pp. 120–121)

It was only when partnerships of interpretation dissolved that psychiatry went ahead to create a generalised, medicalised definition of post-traumatic stress disorder[5] in which considerations of guilt, regret or moral confusion were no longer emphasised in the same way. Since its first appearance in 1980, PTSD became the prevailing way in which veterans' mental health has been understood.

Former marine tyler boudreau[6] has eloquently conveyed what is fraught about this hegemony:

when veterans or soldiers feel something hurt inside themselves, there is still only one brand to choose – PTSD. That's not good. It's not always accurate. And it renders soldiers automatically into mental patients instead of wounded souls. Since post-traumatic stress has been, so to speak, the only game in town, it has served as something of a one-size-fits-all response to any mention of grief by a veteran. This default medicalization of a veteran's moral angst has created an ongoing dilemma for the mental health community. They are confronted all the time with veterans who are struggling, searching, digging, aching to know whether their personal actions and their wars were just or unjust. (boudreau, 2011, p. 749)

' … the early collaborations within rap groups have a synergy with the philosophy of narrative practice, in which people are honoured as the experts on their own lives … '

Acknowledging what a diagnosis of PTSD means to some

I don't want to diminish the significance of what a diagnosis of PTSD can mean to someone, or the assistance that some people find though psychological or psychiatric treatment. The granting of a psychiatric diagnosis can help make sense of overwhelmingly confusing, frightening and isolating experiences that have a person barely recognising themselves or their reality. A diagnosis or medical understanding can also powerfully offer an immediate 'in the moment' sense of relief and the promise of a 'return to normal'.[7] This combination can provide a recognition of suffering that is hard to find elsewhere in contemporary culture, as Michael White described:

> I am mindful of the fact that some people do find such [psychiatric] labels enabling. This has been interpreted in a variety of ways. For example, it is said that illness labels undermine the various self-accusations and attributions of personal inadequacy that are experienced by people who are not able to live out their lives in the customary ways. Furthermore, it is said that these labels make it possible for persons to break from the stress of the expectations that they would be subject to if they were 'well'. And it is frequently argued that psychiatric diagnoses serve to dissolve the guilt that is so often experienced by relatives, and that this has the effect of undermining self-defeating behaviours and of promoting more constructive interactions in familial contexts.
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> And, while I can appreciate these arguments, and have no difficulty in honouring what people have to say about some of the positive effects of psychiatric diagnoses, I have no doubt that these outcomes provide for some interesting reflection on our culture – that, in order for people to break from these self-accusations and attributions of personal inadequacy, from the stress that is informed
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> by the expectations about what it means to be a real person in our culture, and from the experiences of guilt that we have discussed, they must step into the site of 'illness'. Illness is a site of culture, one that is structured, one that brings with it particular modes of life and of thought. It is a site of culture that shapes life. So, diagnosis provides for an exemption that is permissible through illness. But this is a sad reflection on our culture, and I do think that we can do a lot to assist people to find other alternative sites in this culture in which they can succeed in breaking from dominant ways of being and thinking, alternative sites that bring with them other options for how they might lead their lives, options that do not require exemption through illness.
> (White, 1995, pp. 118–119)

One of my hopes for this article is to see if the concept of moral injury can be a pathway to alternative sites for those affected by war experiences, so that the effects of these extreme experiences can be acknowledged and responded to outside the frame of 'illness'.

It was in response to the limitations of medicalised and individualised approaches to PTSD that a psychiatrist (Shay, 1994, 2002) working with Vietnam veterans in the 1990s sought to re-introduce considerations of moral anguish through the concept of 'moral injury', which he defined in this way:

> Moral injury is a betrayal of what's right by someone who holds legitimate authority (e.g., in the military – a leader) in a high stakes situation. (Shay, 2014, p. 183)

He argued that the narratives of his Vietnam veteran patients demonstrated how moral injuries 'impair the capacity for trust and elevate despair, suicidality, and interpersonal violence. They deteriorate character' (Shay, 2014, p. 182).

Psychologist Brett Litz and colleagues refined Shay's definition and proposed that moral injury is:

> the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. (Litz et al., 2009, p. 697)

The concept of 'moral injury' now sits alongside PTSD as the two dominant understandings of 'distressing deployment experiences', as anthropologist Tine Molendijk (2020, p. 34) conveyed in the following table[8]:

	Current conceptualisation of PTSD	Current conceptualisation of moral injury
Event	(Life-)threat	Moral transgression
Significance	One's sense of safety is violated	One's sense of 'what's right' is violated
(Perceived) role in event	Victim; witness	Victim; witness; responsible agent
Characteristic responses	Fear-related responses	Moral emotions
How to understand guilt, shame, anger	Exaggerated negative beliefs about the self and the world resulting from distorted cognitions	Guilt, shame and anger may be considered appropriate and accurate

Table 1: Dominant understandings of distressing deployment experiences

Many practitioners now contrast moral injury with PTSD as if they are two separate forms of psychological suffering:

> Most of the symptoms of PTSD are fear related, such as flashbacks, hyperarousal, disturbed sleep, and eventually constriction. Hyperarousal is a state of constant vigilance, the feeling that danger may strike at any moment ... Moral injury is different, involving feelings of shame, guilt, and demoralization, the feeling that neither self, nor family, nor world possesses value, what is sometimes called anomie. Demoralization is associated with alienation from others. Demoralization devalues the values of life. (Alford, 2016, pp. 12–13)

While there are now many attempts by psychologists and psychiatrists to clinically 'define' and then 'treat' moral injury, I am interested in something different.[9] Rather than psychological experts seeking to define moral disturbance as 'illness' and then prescribing individual 'treatment' to relatively passive 'patients', I view the concept of 'moral injury' as an opportunity to understand psychological 'trauma' through the lens of transgressed values and commitments because this then open possibilities for individual and collective action.

The concept of 'moral injury' can also, I believe, provide a link to the field of narrative therapy and community work which has always considered that what is conceptualised as 'trauma' relates to the violation of that which is precious in people's lives:

> When people experience trauma, and particularly when this is recurrent, there is a very significant shrinking of … identity ... It becomes very difficult for people to know how to proceed in life, to know how to go forward with any personal project or with any plans for living … When a person has been through recurrent trauma, their 'sense of myself' can be so diminished it can become very hard to discover what it is that they give value to. This is because recurrent trauma is corrosive of what people treasure in life. It's a violation of their purposes in life and of their sentiments of living. Because of the effects of this corrosion and violation, when people have been through significant and recurrent trauma … it's vitally important that the therapist listen for signs of what the person has continued to give value to in life despite all that they have been through. (White, 2004, pp. 46–47)

In Part 2 of this paper, I describe a range of narrative practices that can contribute to re-valuing and re-storying identity, which can be understood as forms of narrative repair in relation to moral injury. Before I do so, however, I wish to return to one further theme from the early rap groups.

Social projects

Not only does the medicalisation of veteran distress have profound personal effects, it also has wider implications. Tyler boudreau explained:

> As long as the invisible wounds of war are medical, there is no incentive in the community or in the household to engage them. After a while the veterans themselves become invisible. (boudreau, 2011, p. 750)

The concept of moral injury offers something different.[10] It offers alternative ways to respond to those struggling with the 'invisible wounds of war':

> PTSD as a diagnosis has a tendency to depoliticize a veteran's disquietude and turn it into a mental disorder. What's most useful about the term 'moral injury' is that it takes the problem out of the hands of the mental health profession and the military and attempts to place it where it belongs – in society, in the community, and in the family – precisely where moral questions should be posed and wrangled with. It transforms 'patients' back into citizens, and 'diagnoses' into dialogue. (boudreau, 2011, p. 750)

The early rap groups recognised this and did not separate 'healing' from public action:

> All participants agreed … that the healing function of the sessions was not their only or even their primary purpose. From the first, rap sessions were conceived as a forum for exploring veterans' memories of the war so that these memories might be shared with the American public: the veteran's damaged mind was a source of invaluable information about the actualities of the war. Lifton called this the 'investigative publicizing function' of the rap session. (Nudelman, 2015, p. 216)

The situation in Australia in 2021 is, of course, profoundly different from the situation facing Vietnam veterans in New York in 1970. And yet, I think there is much that can be learnt from not separating healing from public action.[11] In Part 3 of this paper I describe the possibilities of collective narrative practice projects (including Afghan–Australian friendship projects, cricket collaborations and collective documents/film projects) that can perhaps parallel the 'investigative publicizing function' of early rap groups.

But now, I want to offer ideas as to how narrative therapy and community work principles and practices can be used to respond to 'moral injuries' both individual and collective.

' … there is much that can be learnt from not separating healing from public action …'

PART 2: The narrative metaphor and re-making identity

Narrative therapists and community workers avoid the authoritative expertise that shapes mainstream psychological approaches. We step away from 'diagnosis' (fitting people's experiences to generalised categories) and value solidarity:

> And what of solidarity? I am thinking of a solidarity that is constructed by therapists who refuse to draw a sharp distinction between their lives and the lives of others, who refuse to marginalize those persons who seek help; by therapists who are prepared to constantly confront the fact that if faced with circumstances such that provide the context of the troubles of others, they just might not be doing nearly as well themselves. (White, 1993, p. 132)

The reason the field is referred to as *narrative* therapy is the emphasis placed on how identities are shaped by story.

Identities as story

Former marine tyler boudreau described how he once understood himself in the following terms:

> it was certainly more appealing to be thought of as a protector, or a warrior, or a hero, or at the very least a man in service of his country. (boudreau, 2019, p. 50)

These descriptions – 'protector', 'warrior', 'hero' or 'man in service of his country' – could each be seen as 'headlines' for particular storylines of tyler's identity.

Tyler boudreau also described how we are 'historians of our own identities' (2019, p. 51). Which histories we attend to, which events we pull into our consciousness and what meaning we give them, are shaped by the dominant narrative of our identity.

For instance, if a veteran understands their life through the lens of 'in service of my country', all the events of their life that are in accord with the value of 'service' will light up in their memory. In turn, this will influence what future actions can be imagined and enacted.[12]

But for boudreau, after returning from service in Iraq, involved in a war that he came to believe was unjust, the 'headline' or dominant storyline of his identity changed:

> Suddenly, in the act of undoing my world, I perceived in the mirror the face of a *perpetrator* rather than a protector, a man who'd been feasting on violence and calling it sacrifice. (boudreau, 2019, p. 50)

If we understand ourselves to be 'perpetrators', or 'failures', or as 'pathetic' or 'a coward' or 'a fuck-up', then really different memories are going to come to our consciousness. If the storyline of identity becomes focused around failure, then memories of times we have failed to live up to what we give value to come to dominate. As Jonathan Shay has described, when this happens, it's as if the veteran has 'lost *authority* over [their] own process of memory' (2002, p. 38).

It's not that one of these storylines is 'true' and the other 'false'. Our identities are multistoried. But when a storyline of 'failure' or 'fuck-up' becomes dominant, then it becomes very difficult to live.

Narrative practice involves 're-authoring' these storylines of identity. This is a collaborative process. The therapist/community worker acts as co-author. In the following section, I will describe some of the key principles and practices involved in re-authoring identities.

The person is not the problem: Externalising conversations

One of the key principles of narrative practice is 'the person is not the problem, the problem is the problem' (see White, 2007a). We negotiate an externalised name for the problem in the person's own words.[13] This naming might be 'The Hopelessness' or 'The Despair' or 'The Suffering' or, following the lead of former Special Air Services (SAS) Team Commander Harry Moffitt[14], 'The Commentator':

> I felt shame. A mate was killed. Another mate lost his leg … That was probably the biggest hurdle I've had. That whole time … Shame … Thinking I was almost like a traitor … It's amazing what your mind does when you are in these … vulnerable moments … All that stuff I thought of was just The Commentator, who I have grown to know him as, this prick in your head who goes 'Oh you weak bastard, get up and keep going or keep drinking' – he tells you all the wrong stuff. I learnt a lot about fighting the commentator. (Moffitt, 2020b)

In his honest and compelling book *Eleven bats: A story of combat*, Moffitt evoked how The Commentator operated:

all I heard was the commentator in my head yelling, 'If you weren't such a fuck-up Harry, he would still be alive! You killed him!' … My inner commentator told me … 'What about his family and friends, what are you going to say to them …' All the way to the rear of the aircraft all I could think of was how every soldier, sailor, and airman and woman was looking at me and thinking *You fucked up big time, Moffitt. You are a lemon. Hope you are happy with yourself.* (Moffitt, 2020a, p. 223)

Within narrative practice, through externalising conversations, we can ask questions to discover what influence The Problem (as defined by the person) is having on the person's life, identity and relationships. For instance:

- When did The Hopelessness or The Commentator first come into your life?

- How did it come into your life or into your family?

- What effect does The Hopelessness have on your daily life? On your relationships with family and friends? On your hopes and dreams?

- What are the times when The Hopelessness is strongest?

- What strategies does The Hopelessness use? What does it make you think?

- What increases the intensity of The Hopelessness?

- To what extent does The Hopelessness affect your relationships with others?

- To what extent does The Hopelessness affect your perceptions of yourself?

- To what extent has the problem affected your hopes?

- What do you think about the effects of this problem in your life – are they good or bad or a bit of both?

In this way, the effects of the externalised problem become richly acknowledged. This enables people to describe their experiences in a fresh way. They are no longer fused with the problem.

We can then start to look for ways in which the person is having an influence on the problem. This involves *double listening*: we listen not only for the problem story but also for openings to a preferred storyline:

- You have told me about the times when The Hopelessness is strongest. When are the times it is less strong?

- What are you/others doing at these times?

- How do you keep The Hopelessness at bay during these times?

- What skills are you or others using?

This preferred storyline (for instance, 'in service to others') will consist of what the person gives value to, their skills, abilities, hopes and dreams.

Over time, we start to build or reclaim a rich/vivid/strong preferred storyline of identity so that it becomes more influential in a person's life. There are many different ways of doing this in narrative practice. We discover people's skills in getting through hardship and we can trace the history of these skills:

- You say that it is 'determination' that has kept you alive. Can you tell me a story about this determination, about a time when you called on it?

- Can you speak about the history of this determination? When did you first become aware of determination? When did it come into your life?

- Is this determination linked in some way to your family, your community, your faith or your culture? Are their proverbs, sayings, stories, songs, images with which this determination is linked?

This is about assisting people to re-engage with particular aspects of their history. One way of building this preferred storyline involves linking it to the memories of treasured people who have passed away:

- When you say that you use determination to keep The Hopelessness at bay, who did you learn this determination from?

- Even though they are no longer alive, what do you think they would say to you if they could see how you are now using the determination they taught you? What would they think about you carrying on their legacy in this way?

The importance of double listening and honouring responses to trauma

Narrative practitioners believe that 'double listening' and generating a preferred storyline of identity is significant for all people, but there is a particular history that makes it all the more significant when working with people affected by war. Historian Ben Shephard

(2002) highlighted how initial efforts to acknowledge the long-lasting effects of trauma were linked to seeking justice and compensation for victims of the Holocaust. In the 1950s, when people first began to agitate for compensation from Germany, a number of German 'experts'

> testified in the German courts that it was 'common knowledge that all psychic trauma, of whatever degree or duration, lose their effects when the psychologically traumatising event ceases to operate' … The gauntlet was thus thrown down – to all psychiatrists outside Germany, but doubly to Jewish psychoanalysts – to prove that the effects of that experience *were* prolonged. (Shephard, 2002, pp. 259–360)

These efforts led to the naming of 'survivor syndrome' (Shephard, 2002, p. 360) and the first professional recognition of the long-lasting effects of traumatic experience. While this had real material consequences in terms of compensation and different forms of justice, Shephard (2002) explained that there were additional effects:

> The point … is not whether the concept of the survivor syndrome was right or wrong, helpful of unhelpful, in the lives of Holocaust survivors; rather that in the late 1960s the post-Holocaust literature had a considerable influence on psychiatrists working with Vietnam veterans. It created a new professional model: the psychiatrist as patients' advocate, helping a group of wronged victims to win reparation. It also popularised the idea of a general, loosely defined 'syndrome' among a group of patients, made the idea of *delayed* emotional after effects of trauma respectable and put guilt, especially *survivor guilt,* on the agenda. Thus the balance was shifted between trauma and victim, putting much greater emphasis on victimhood than on endurance. (Shephard, 2002, pp. 360–361)

This was a starting point for claims for justice being linked to proof of ongoing psychological harm. While this, on one hand, has provided a new realm of justice-seeking and reparation/compensation, the process can also inadvertently generate damage-centred narratives and storylines of identity than emphasise *only* harm done, not endurance, nor survivors' *responses* to hardship and trauma (see Denborough, 2005). This continues to this day, as veterans (and others) must prove persistent psychological damage in order to be eligible for certain forms of financial aid and other

support. This was evocatively described in the following submission to the Senate Inquiry into Suicides by Veterans and Ex-service Personnel (Commonwealth of Australia, 2017):

> The narrative in my head, and the conversations outside of it, for the past two years have been all about how unwell I am. How can I work towards getting better when I am constantly having to reflect on the nature and degree of my illness? This is the main reason I consider withdrawing the compensation claim: it is keeping me in 'sick' mode. I don't think I'll ever have the kind of life I had before, but I'm determined to get past surviving and start living some kind of life. I need to start focussing on the parts of me that still work, and the ones that are bursting with potential, and build on those. But while all my attention is diverted to the narrative of illness and failure, it's not happening. The process is demeaning, arduous, and disempowering by design. (Name Withheld, 2017)

In this context, double listening and generating stories that support preferred identity conclusions becomes all the more significant. So too does honouring people's *responses* to trauma (Wade, 1997; White, 2004).

Responses to trauma

> When working with people who've been through recurrent trauma ... it's vitally important that the therapist listen for signs of what the person has continued to give value to in life despite all that they have been through, and for any expressions that might provide some hint of the person's *response* to trauma. No-one is a passive recipient of trauma. People always take steps in endeavouring to prevent the trauma they are subject to, and, when preventing this trauma is clearly impossible, they take steps to try to modify it in some way or to modify its effects on their lives. These steps contribute to the preservation of, and are founded upon, what people hold precious. Even in the face of overwhelming trauma, people take steps to try to protect and to preserve what they give value to. (White, 2004, p. 28)

If people endure traumatic experiences, and there is a focus only on damage done (and no acknowledgment of people's responses, skills or knowledges), this can in turn lead to a sense of desolation, as Michael White described:

in the context of trauma, and in its aftermath, these responses to trauma are often rendered invisible through diminishment and disqualification – these responses and what they signify in terms of what people give value to are regularly demeaned and ridiculed ... This contributes to a sense of personal desolation, to the development of a sense of shame which is strongly experienced by so many people who have been subject to trauma, and to the erosion of a 'sense of myself' ... In some circumstances this can develop into feelings of wretchedness and self-loathing. (White, 2004, pp. 28–29)

In the next section, I want to focus on narrative responses to shame.

Shame

Some of the most evocative descriptions of 'moral injury' that I have read are from veterans speaking of shame. Iraq war veteran and minister in First Christian Church Michael Yandell described:

> After my stay in the psychiatric ward at Walter Reed, I got the opportunity to spend a day visiting the National Mall with a close friend. I saw all the beautiful monuments that tell a certain story. I remember the pride I felt at being a part of that national story, and I remember the heartache I felt considering the profound sacrifice of all those memorialized there.
>
> I stood there proud, and I stood there ashamed. Shame, because I knew the story told of victory through sacrifice leaves out many unattractive details. Shame, because at the time I was given the opportunity to remake for myself a good life, while others had none at all. Shame, because I knew there was a different story to tell, or at least a more complete story, and I was afraid to tell it. Shame, most of all, because I knew that what was expected of me in that place was to feel pride and gratitude. This is the worst shame – to feel ashamed for feeling shame. (Yandell, 2019, p. 12)

I want to mention two approaches to such shame – externalising shame and what is known as honouring 'the absent but implicit' (Freedman, 2012; White, 2000).

Creating a place for shame through externalisation

In some circumstances, shame can be externalised in significant ways. Kylie Dowse has described in her group work with men who have been violent to their women partners, that shame gets in the way of them speaking honestly about the abuse, violence and harm that they have caused. In turn, the ways in which they minimise, hide and/or mystify their violence can further undermine women and make them feel crazy. The ways in which Dowse respectfully enabled men to externalise shame (and even speak of Shame in personified ways) did not absolve men from responsibility for the violence they had engaged in; quite the opposite: it became more possible to speak openly about this violence and to take *action* to address it and prevent future harm. While Dowse's work was in a civilian context, I am including it here because I believe her approach to externalising shame can be relevant to many who have survived war and are living with moral anguish and guilt. Here Dowse describes how she facilitated group conversations with men about shame:

> Men were invited at the outset, well before any stories were shared, to contribute to the creation of a list in response to the question: 'What might get in the way of sharing stories of harm?' Usually the list includes issues relating to confidentiality and judgement from other men in the group, and always includes men's own experience of Shame ... in recounting stories of harm, Shame often surfaces. We invite men to notice when Shame is present and, respectfully, when it appears present for others. Questions follow. We document what Shame looks like and we each get to know it better. Interestingly, Shame has always been male, and is highly critical ... During several subsequent sessions, men's stances toward Shame shifted, and I added a chair to our circle with the name 'Shame' written on paper and taped to it. We began to refer to Shame as a character sitting on his own seat in our circle. Sometimes, if facilitators noticed a man struggling with Shame, we might face Shame's seat and ask him to leave the man alone so he could tell his story. (Dowse, 2017, p. 5)

It was only when Shame was externalised and richly characterised that the men in the group became able to speak openly and honestly of the violence they had enacted. This, in turn, made a big difference in terms of women (ex-)partners' health and general wellbeing and also in preventing further violence.

*Honouring what is absent but implicit –
in response to moral distress*

Sometimes, when people are wracked by guilt and other forms of moral distress, externalising shame is not enough, and in addition, narrative practitioners seek to make visible what is 'absent but implicit' in such anguish.

Consider Harry Moffit's description of redoubled shame – the shame of being ashamed:

> feeling so guilty I didn't want to show my face … I wanted to crawl into a hole. By taking that wrong turn on the top of that hill, I had killed a mate, and was directly responsible for Sammi's terrible injury – he later lost his leg. I wasn't sleeping, I felt humiliated and pathetic and cowardly; and then, realising that my inward-spiralling thoughts were all about me and my role, I felt a redoubled wave of shame. (Moffitt, 2020a, p. 222)

In hearing people's expressions of moral anguish, disorientation or injury, narrative practitioners listen for what is implicit in this anguish – that which is valued and treasured:

> People always accord value to something. Even the mere fact of a person's continued existence is evidence of this. Although what it is that people accord value to can be very difficult to identify, people's expressions of pain and distress usually provide some clue to this. For example, a person's expression of pain can be considered a testimony to what it is that the person gives value to that was violated or dishonoured in the context of trauma. According to this understanding, the intensity of the pain corresponds with the intensity to which the person held precious what was violated or dishonoured. And the experience of day-to-day distress as an outcome of trauma can be considered a reflection of the extent to which a person is committed to maintaining a relationship with what they give value to, of the extent to which a person has refused to become resigned to aspects of their experiences of life, of their situation, and of their circumstance (White, 2000, 2003). Ongoing day-to-day distress as an outcome of trauma can be understood to be a tribute to the maintenance of an ongoing relationship with what a person holds precious, and a refusal to surrender this. (White, 2004, p. 56)

For instance, implicit in Michael Yandell's descriptions of shame while visiting the National Mall, and in Harry Moffit's description of guilt in relation to his friend's death, are values and ideals that have survived the wars they fought in. It would be up to Michael Yandell and Harry Moffitt to articulate what these values are. I could only speculate that they might include honesty, self-sacrifice, loyalty, protection of others. And of course, I have no idea about the social histories of these values in their lives and communities.

If a narrative practitioner were listening to their descriptions of the shame of being ashamed, they might ask the following sorts of questions[15]:

> To be ashamed of being ashamed … would speak to me about some values that you hold that are obviously important to you in some way, and you find yourself at odds with them – would that be true?
>
> I'd like to ask you about what those values are, and about the genesis of those values in your life, if that would be okay?
>
> I get the sense of what you're saying – that you've said and done things that would've gone against your better judgement or something, or that don't fit with how you would more ideally be in life. Would that be right?
>
> Why are you at odds with yourself over this?
>
> Does it do injustice to things that you would otherwise want to stand for?

These are questions that are seeking to acknowledge values or principles that are 'absent but implicit' in these experiences of shame or guilt. Listening for, and drawing out the ideals implicit within anguish, it then becomes possible for these to be named. It also becomes possible to hear stories about people who have shared these principles, and to consider how they were violated during the war, but perhaps can be resurrected and carried forth.

Distress as fidelity

A further way of conceptualising moral anguish (and the absent but implicit), is considering what moral distress represents in terms of what the person is staying true to, staying faithful to:

> After his return from combat, Craig Mullaney made a ritual of reading the Washington Post's

list of American casualties. He explains of this practice, 'Scanning those pages was a form of penance, the only connection I had to the war. I was desperate not to forget them, and I was desperate not to forget my own experiences. I willed myself to record every shard of memory I could recall from the deployment. It helped me close the distance.' (Wilson, 2014, p. 67)

I have heard a number of such stories. Even though such engagement with memory may cause sorrow or anguish, veterans – and others who have lived through war – pursue these rememberings. To understand such actions as pathology is to miss a great deal:

the hegemony of the therapeutic model threatens to obscure the ways in which moral grief reflects virtue. Where many therapies, especially pharmaceutical ones, seek to neutralize the experience of psycho-emotional suffering, the present account of moral grief contends that it would be the absence, not presence, of lamentation that should be our concern. …

For those who suffer moral injury, fidelity suggests a willingness to revisit the hardships, the loss, the compromised agency, even though in recounting the past we may shudder to remember and recoil in grief … War memoirs, war memorials, the allegiance to personal history and story: these are the hallmarks of fidelity … Fidelity indicates a staying with the stories of our lives, despite the often powerful longing to dissociate if not forget painful memories. (Wilson, 2014, p. 68)

In these circumstances, the question becomes, 'what are we being faithful to through this grief/distress?'

To be sure, we should not dismiss the fact that the tragic memories to which we remain faithful are haunting, often agonizing. But it seems suspect, if not misguided, to suggest that we ought not attend to those events that are most formative in our lives, those events the absence of which would make our present selves unrecognizable. For those who suffer moral injury, the grief, though unwelcome, becomes … a center of narrative gravity, an essential element in the sense and story of self. (Wilson, 2014, p. 71)

Once we discover what veterans are being faithful to, our work can be to communalise this, to create contexts where this can be performed with others. I learnt a

great deal about the significance of this when meeting with the Rwandan counsellors of Ibuka (Kinyarwandan for 'remember'). These counsellors were all survivors of the 1994 genocide themselves and in support of other survivors they would:

- listen for the shared values, the self-transcending ideals, that are implicit within survivors' expressions of anguish

- notice and acknowledge ways in which survivors have carried on these ideals

- make it possible for survivors to name these shared ideals

- ask survivors to tell *stories about the social histori*es of these ideals, where they come from, and with whom they are shared

- create contexts in which survivors can contribute to the perpetuation of these shared ideals (Denborough, 2010, p. 30).

Out of anguish, the work of the Ibuka counsellors ensured that, despite the genocide, the ideals of those who had passed away would survive, and this inevitably involved those suffering with moral anguish or injury making contributions to the lives of others. This process can be considered a process of 're-valuation' or 're-moralization' (Denborough, 2010, p. 30).

Finding ways to honour values that have been violated and yet have survived, and making visible how distress can represent fidelity to these values, can provide ways of responding to shame and guilt that is beyond 'forgiveness'.

Beyond forgiveness

In much of the literature about moral injury, notions of healing are wrapped up in the concept of forgiveness. This is understandable as much of the literature has been generated within Christian contexts in which the notion of forgiveness is held in reverence.[16]

Holding up 'forgiveness' and/or 'self-forgiveness' as a requirement or goal of 'healing' is, however, sometimes fraught. What if there are events that you participated in, or things that you did, that you can't forgive yourself for? Does this mean you have somehow 'failed' at 'self-forgiveness'? Where does this leave you?

Sometimes, refusing to forgive oneself might in itself represent a profound commitment. What's more, there may still be action that one can take in relation to the events in question. For instance, Harry Moffit wrote:

Having crawled to where I thought my gun was, I was about 20 metres away from the vehicle when my teammate 'Seadog' Waterman got to me.

'My back's fucked,' I said.

'How's Sean?' Seadog replied.

'He's fucked. He's dead.'

In the twelve years since, I have been over and over the events of that morning and my part in them thousands of times. With a great deal of talking and therapy and reconciliation, and other stages in my healing process, I have managed to forgive myself for all of my actions except this one. I deeply regret saying what I did while, a few metres away, members of my team were working on him, wondering why, but also thinking, *What else can they do?* That's what they would be doing for me or anyone else. During the CPR, I watched as Sean regained a sort of consciousness for a few seconds. He sat up, grabbed the guy crouched over him, let out a semiconscious yell, and then passed out again. I will always be haunted by the possibility that Sean was awake enough to hear me saying that I'd given up on him. I don't think I can ever forgive myself. (Moffitt, 2020a, p. 220)

These are events for which Harry Moffitt could not forgive himself. What has he chosen to do with this? What actions has he taken in relation to this regret? I sense a great many actions. In later pages we read:

One thing I really needed to do was to get in touch with Sean's parents, David and Mary McCarthy. He had died a soldier's death, giving his life in defence of the country and values he loved, surrounded by his comrades in arms. (Moffitt, 2020a, p. 228)

So it seems Harry Moffitt took action in relation to the living – seemingly to convey stories to his comrade's parents that honoured their son.

What is more, Harry Moffit chose to write about, to make public, that for which he could not forgive himself. This, to me, represents a particular sort of moral courage. If soldiers are placed in contexts in which it is almost inevitable that they will act or speak in ways in which they will later regret, how can contexts be created in which the 'unforgivable' can be shared, communalised, brought out into the light of day?

Harry Moffit's willingness to share that for which he cannot forgive himself offers a pathway beyond forgiveness. This is a pathway on which people can share that for which they cannot forgive themselves and then join in making contributions to the living.

Saying hullo again to those who have passed away

Sadly, those who have lived through war – whether veteran, interpreter or civilian – have generally known and loved others who were killed during war. It seems relevant to discuss the ways in which narrative therapists and community workers respond to those who are grieving. Back in the 1980s, narrative therapist Michael White (1988) introduced the concept of 'saying hullo again' to a lost loved one in order to transform the experience of grief. It can also assist us to see how we are carrying on the legacies of those we have loved.

The idea of saying hullo again to someone who has passed away sounded strange when it was first proposed in the 1980s. At that time, within Western culture, the dominant metaphor of grieving involved only 'saying goodbye'. We were often invited to undertake a step-by-step process of saying goodbye, moving on, and accepting a reality that no longer includes the lost loved one. In his work as a therapist, however, Michael White discovered that some people struggle profoundly with trying to say goodbye to those who have died, and that, in these circumstances, saying hullo again can be highly significant. This idea is supported by the work of anthropologist Barbara Myerhoff:

Freud ... suggests that the completion of the mourning process requires that those left behind develop a new reality which no longer includes what has been lost. But ... it must be added that full recovery from mourning may restore what has been lost, maintaining it through incorporation into the present. Full recollection and retention may be as vital to recovery and wellbeing as forfeiting memories. (Myerhoff, 1982, p. 111)

Of course, when someone we love dies, there is much to say goodbye to, including a material reality, hopes and expectations. So what we are really discussing here is a process of 'saying goodbye and then saying hullo again'. To show the ways in which saying hello again questions are shaped, I'll include here a series of questions that Michael White (Archive tape #210) asked parents who had lost a daughter in an accident during her military service:

I've heard about a lot of steps that you've taken through this very difficult time in finding direction following this tragedy, and you've shared with me a number of those steps ... which of these developments do you think your daughter would have really appreciated? Or how do you think she would respond to these developments if she could be present?

So, if she was present listening to our conversation, if she could be here – in a way she is because you've really brought her alive to me – if she was here what would she say to you about this?

You experienced her pride in you. What does that bring to your life to experience her pride in you as parents, and her pride in you over taking the steps that you've taken and finding a direction following the tragedy? What does that do to you to experience her pride in you? How does that affect you?

So you have really found a way of opening a space for her voice to be with you in your life. You've found a way of making sure that she has a place, that she can be present to you now as you live her life.

Let me offer a further example of what have now become known as 're-membering conversations' (White, 2007b). Sahar Mohammed, a narrative therapist in Palestine, engaged in re-membering conversations with Ghadeer Nazaal (pseudonym) who was 23 years old and lived near Jenin. When Ghadeer was 17 she suffered from the shock of losing her mother who had struggled with liver cancer for many years. Two years later, her brother, Mahmud, who was 21 years old, was killed by the Israeli military. When Ghadeer first attended counselling with Sahar she was 21 and felt 'there is nothing in the world that is worth living for'.

Here I will include an extract from their conversations that relates to 'saying hullo again' or 're-membering conversations'. I have included all of Sahar Mohammed's questions in this extract so as to provide a sense of the care and persistence of a narrative therapist. I haven't, however, included all of Ghadeer's responses.[17]

Ghadeer, as you speak about these three themes – 'We live life with all what comes in it – the sweet and the bitter'; 'We must preserve our dreams and ambitions no matter what happens'; and 'This is about getting closer to God' – who in your life would be least surprised to hear you speaking about these matters? This person could be alive or deceased. Who would most appreciate what you have been saying today?

My brother Mahmud.

How did Mahmud contribute to your life? … Can you tell me something that Mahmud introduced to your life?... What was most significant about him to you?

Because he was the oldest among us, when my mother passed away we were very close together. He made up for my mother's tenderness. We made up for our mother's tenderness between each other. He also behaved well and I liked to imitate him.

How was your life affected by Mahmud?

When he was alive he trusted me with many things and made me feel confident and important and I was very happy. During his loss I was very annoyed and the situation changed: The Pain and The Separation took over my life.[18] But I like the way Mahmud lived his life.

What do you think Mahmud valued about you as his sister?

After our mother died, I assumed responsibility and became like the mother in our house. I took care of him and provided him with security.

Was there anything that Mahmud found in you that others might not be able to see?

Mahmud knew I had courage. I had courage to deal with the difficult situations we've been through. I did prove I was able to endure especially when they detained two of my brothers and I was staying at home without being scared. Thanks to God I have overcome all of this.

So what is it that you think Mahmud valued about you … what made you a valuable part of his life?

My ability to act in difficult situations.

Were there specific things, specific times when you and Mahmud were significant to each other?

During my mother's illness, we compensated for her tenderness. We took her together to the hospital. After her death we would also study together …

If you could see yourself through Mahmud's eyes, what would he most appreciate about you?

That we took up our responsibilities in situations bigger than us. I remember he asked me to take care of my siblings.

So he would appreciate that you are taking care of your sisters now, that you are trying to change the mood around them, that you are trying to overcome the 'pain and separation'?

Yes, I think he would be proud of this.

In reviewing your thoughts, how was Mahmud's life different because you were in it? Were you responsive to him?

Yes I was responsive to him. I did do the things that he liked, for example I invited his friends for Ramadan. And together we overcame the loss of our mother. The mother is everything in this world. She was not an ordinary person. She was very dear inside the house and outside. And because I was Mahmud's older sister, I took mother's place when she died. I did everything I could to compensate for her financial, psychological and emotional support. I cared for and educated my younger siblings, make sure they do not need anything, I do the housework, take care of the garden, and I do private tutoring to save money.

What did all these actions make possible for Mahmud?

It made it possible for him to feel secure and to go ahead in his work and his life. When a human being finds who to trust, he becomes able to better assume his responsibilities.

And Mahmud could trust me. I can only say that we complemented each other. In bearing the responsibility of our female siblings, when he was there, he did what I could not do, and I did what he could not do.

Do you think Mahmud's personality was in any way different through his relationship with you?

Perhaps he became more patient and accepting.

Does it make a difference to think about Mahmud in these ways?

[Losing] my brother Mahmud is the most difficult experience I have ever gone through in my life.

At the beginning, I felt I had completely collapsed because I relied on him and he had gone forever. But after thinking about what Mahmud hoped for in his life, what he wished for, and what we became together, his memory is like a moving force for me. It is pushing me forward in life. It is making me stronger.

What do you think will become possible in the future if you remember your relationship with your brother?

In my view, I have been through the most difficult problem in my life … [losing] Mahmud … Now I am going to continue his dream by completing my studies at university and by taking care of my siblings.

Would you like to add anything before we finish?

What hits us and does not kill us makes us stronger and courageous.

Within this conversation, Ghadeer's commitments to study and to care for her siblings become intertwined with the storyline of her relationship with her brother, Mahmud. The two-way nature of this relationship became richly described and Ghadeer explains how, through these conversations, Mahmud's memory becomes 'like a moving force … It is pushing me forward into life'. This is one of the aims of re-membering conversations: the preferred storyline of Ghadeer's life is now linked more strongly to the legacies of her brother.

These re-membering conversations do not invite people to 'forget', 'accept' or 'move on'. Instead, they seek to make it possible for the memory of a lost loved one to become, as Ghadeer describes, 'a moving force'.

Before I turn to collective responses to grief and moral injury, I wish to consider the experiences of those who see images and/or hear voices of those who have died.

Seeing images and hearing voices

Hearing the voices of those who have died, or seeing visions of them, is a relatively common experience across the world's cultures, and yet within Western psychology it is routinely pathologised and associated with mental health conditions (in particular diagnoses of schizophrenia). As such it can attract great confusion, stigma and silence.

When voices and visions appear that are linked to traumatic experiences (whether these are related

to interpersonal abuse or contexts like war), these experiences can be profoundly disturbing. It's not uncommon for those who have experienced war, whether as military veterans, interpreters or civilians, to experience hearing voices or seeing visions. Harry Moffitt has offered a vivid description:

> The young boy I had been caring for after the suicide bomb attack visited me in my sleep. Even after I came home, when the rest of it had settled down, I still saw him while I was swimming laps at the pool, or while I was driving to the shops, playing with my kids, watching television, batting in the nets. *Bang,* there he was. I would feel sadness, guilt and occasionally depression and anxiety. (Moffitt, 2020a, p. 128)

For some decades now, the Hearing Voices Movement has demonstrated the importance of creating space within cultures for people to be able to speak about and make meaning of their experiences of visions and voices, without these being pathologised (see Bullimore, 2003; Downs, 2003; Romme & Escher, 1993, 2000). What's more, it has become clear that what matters in relation to people's wellbeing is their experience of the *quality* of the relationship with such voices and visions. If their relationship with voices and visions is peaceful and respectful, then the quality of life is enhanced. If the relationship with voices and visions is characterised by hostility, then quality of life is threatened. The work of the Hearing Voices Movement has also illustrated how relationships with voices and visions can change.

Michael White, from his experience in working with people experiencing voices and visions, implored health professionals to enable people to speak about 'psychotic phenomena' and even to find support within this experience:

> I believe that people who are subject to psychotic phenomena that are traumatising can do with all the support they can get, even if some of this support is to be found within the psychotic experience itself. It is not unusual for people in these circumstances to report that some of the voices they experience seem genuinely

concerned for their wellbeing, even if they are at times somewhat misguided in their attempts to demonstrate this concern. Now, it is possible to assist people to more clearly distinguish these friendly or potentially friendly voices from the hostile voices, and to develop a stronger alliance with these more supportive voices, one in which they become better informed about what is in the person's best interest. Such alliances can play a significant role in that they provide people with support and with the experience of a solidarity of purpose. This renders them less vulnerable to the insecurity that the hostile or dominating voices provoke and rely upon to achieve a position of influence in the person's life. (White, 1995, pp. 135–136)

Former US Navy SEAL Robert Foley, someone who has experienced voices and visions himself, has trained in the Hearing Voices Movement approach (Romme & Escher, 1993, 2000) and is involved in assisting other veterans in their relationship with such voices/visions, without pathologising this experience. The meanings of what at first may be profoundly disturbing experiences can sometimes alter when voices/visions are respected and engaged with (R. Foley, personal communication, 2020).

This was the case for Harry Moffitt, who with the assistance of a psychologist, explored why the boy might have been visiting him, and over time engaged this boy in imaginary conversations:

> he was visiting me to thank me, not to bring me sadness; and that he wouldn't want me to be depressed and that I should welcome him and indeed look forward to telling him how I was going now. These imaginary conversations would change a number of things for me, and eventually I would smile and feel glad when I saw him, to remember that in his last moments he received care and compassion. (Moffitt, 2020a, p. 128)

Far from pathologising experiences of voices and visions, accompanying people to revise their relationships with these experiences (and honouring supportive voices) can make a profound difference to people's suffering. So too can collective responses to suffering.

PART 3: Collective responses to moral injury

In the final part of this paper, I wish to explore collective responses to moral injury.

'What is yours is all of ours'

Conventional responses to PTSD (and some clinical responses to moral injury) locate both the 'injury' and the 'healing' with the individual. Sadly, the more difficult someone's struggles, the more likely the professional response will be individualised, but this is profoundly limiting and problematic – even more so for those whose 'injury' has been generated in the context of collective hardship.

The mantra of collective narrative practice is:

> The person is not the problem, the problem is the problem and the solution is not only personal. (Denborough, 2008, p. 192)

This echoes the sentiment of Jonathan Shay in his influential writings about moral injury:

> The essential injuries in combat PTSD are moral and social, and so the central treatment must be moral and social. The best treatment restores control to the survivor and actively encourages communalization of the trauma. Healing is done *by* survivors, not *to* survivors. (Shay, 1994, p. 187)

Narrative practitioners rely on linking people with others and enabling contributions *between* those who are suffering.[19] For military veterans, this seems all the more important.

I was powerfully moved when I read this account from Harry Moffitt describing the collective experience of receiving and reading mail when on deployment:

> A crucial source of morale was old-fashioned mail … most of our contact with loved ones was through snail mail … To come home from the field to a bunk with letters and packages lying on it was one of the greatest gifts a soldier could receive from his family … To not receive mail, on the other hand, was like a dagger to the heart. We would share if we had to, and sometimes we would readdress names if a person had not received any. Everyone took great joy in seeing what everyone else had, not least if there was (suspected) alcohol and treats. These all got stacked in one pile, on the principle of 'What is yours is all of ours'.

> Then things would go quiet as we got to our letters. I remember looking around the team and seeing everyone reading at the same time. Letters from family – mums, dads, sisters, brothers, kids, cousins, aunties even … I would steal a glimpse of welling eyes, a nostalgic paralysis, a sentimental yearning. These were some of the most powerful moments in my life. (Moffitt, 2020a, pp. 47–48)

These were also moments where the men were connected together – in silence – in what I would refer to as 'communitas' – a shared sense of togetherness (Denborough, 2008, p. 41). Significantly, this was not a closed group identity of soldiers because these rituals also involved the men being joined with their family members, the letter writers. Knowing how significant such collective rituals were for veterans during deployment, I believe narrative practices can be used to generate this sort of 'communitas' in civilian life – where veterans have a sense of unity with each other and at the same time with loved ones and a broader civilian world. I want to offer two possibilities here.

Creating audiences for stories from war

When veterans return to civilian life, finding contexts of 'communitas' like those described above can be profoundly difficult:

> The loss of my community meant the loss of an audience for my narrative. (boudreau, 2019, p. 53)

> to find words for disorientating experiences and connect to people without similar experiences is often difficult in itself. If society then seems to offer only black-and-white narratives of heroes, victims and perpetrators, this exacerbates this difficulty. (Molendijk, 2021b, p. 164)

Some veterans do find responsive civilian audiences for their stories. Harry Moffitt, for example, described how his cricket team provided such an audience for him:

> I still carried the guilt and shame, but my civilian [cricket team] mates had an endless appetite for hearing stories about what I had done in the services, and this alone helped me feel better. (Moffitt, 2020a, p. 230)

Many veterans, however, do not find a place of recognition upon their return to civilian life. Tine Molendijk has described how veterans, when struggling with moral injury, are likely to experience misrecognition if their stories are responded to with either admiration or criticism:

not only public criticism but also admiration may be experienced as misrecognition, and that perceived societal misrecognition may directly and indirectly contribute to moral distress. (Molendijk, 2021b, p. 9)

So what are alternative responses to veterans' stories outside admiration or judgement?

Within the field of narrative therapy and community work, a great deal of thought has gone into the importance of witnessing practices (White, 1999, 2004, 2007b). These involve responding to the testimonies or stories of others in ways that are honouring and not pathologising, patronising or praising.

Acknowledging witnesses 'double listen' to the stories being told and then respond in particular ways. Let me offer an example of an acknowledging witness response to a testimony given to the 2017 Senate Inquiry into Suicides by Veterans and Ex-service Personnel. First, here is the testimony:

> I served for ten years as a marine engineer in the Royal Australian Navy. I am unrepresented in the public narrative about veterans. I am not a Vietnam veteran. I was not in the army. I did not serve in Afghanistan, Iraq, or the Persian Gulf. I am not a man. I wasn't part of a warfare categorisation. I haven't seen combat, but I can provide a voice for some ex-serving women.
>
> I was involved in numerous traumatic incidents during my service … Abuse of power, sexual harassment, sexual assault, sexism, and the institutional failure to act if any of these things are reported.
>
> The unwritten initiation for one department crew that I was posted to was to demonstrate raping a doll that was the mascot of the department. I was continually reminded that I hadn't taken part and wouldn't be a 'real' part of the team until I had. Seeing my colleagues enact that ritual and cheer each other on was terrifying, and just another way that sexual violence and misogyny was glorified and rewarded all around me during my career. Men that I served with would brag about the sex workers they'd assaulted in alleys in foreign ports, encouraging junior members of the crew to never pay the sex workers, and teaching them how to avoid being caught by pimps and police.
>
> The whole culture was predatory, and each new intake was known as 'fresh meat'. I found

refuge from the aggressive, predatory men by being in a relationship with another trainee. This was against the rules, and it wasn't even safe because he knew he held that power, and he used it to abuse me psychologically, and to commit rape. But it was still better to be raped by my boyfriend than to be the target of a hundred others.

> The government took me as an 18 year old and failed to keep me safe. I was injured at work, treated awfully, and forced to suppress it for a decade. It all came to the surface and I was labelled a malingerer and a traitor. And worst of all: now, and throughout, the intense *shame* of the whole process is mine to carry. Forever. I am forever medically discharged; unfit for duty, a sailor on a pension in her thirties. Even writing this submission I can hear an inner voice telling me that I was weak and I shouldn't be sharing this because I'll only be judged badly for it.
>
> The only reason I have for continuing the compensation claim is principle. I want to ensure that the records reflect the true cost of operating a defence force.
>
> I would also like to remind the people reading these reports that the effects of reading and hearing vast amounts of distressing material ('vicarious trauma') are well documented, so please look after your own mental health along the way. We need *you* fit and well, too. (Name Withheld, 2017)

I do not know this person's name, because her testimony was lodged anonymously, but for now I shall refer to her as Amy. If you were to become an 'acknowledging witness' to Amy's story, these are the sorts of questions you might consider:

- Which *particular* aspect of how Amy responded to her situation were you most drawn to?

- Which aspect most captured your imagination, fired your curiosity or provoked your fascination?

- Was there a particular skill or something Amy did that struck a chord for you?

Having thought about this, an acknowledging witness would then try to convey to Amy how hearing her story had somehow made a contribution to their own life.

- Has Amy's story moved you to think something, feel something, do something in your own life? I don't mean whether it simply moved you

emotionally, but how did it move your thinking? How did it affect your understanding of your own life and identity? What has Amy's story inspired or encouraged or challenged you to do?

Here are four 'acknowledging witness' responses to Amy's story. I have highlighted the words that convey the difference Amy's words made in the lives of these witnesses:

- Amy, I know you offered your testimony to the Senate Inquiry to try to prevent the loss of further veterans' lives. **Usually when I think of veteran suicide, I don't think of women raped by other defence personnel. But I always will now.** I won't forget your story.

- The ways in which you are trying to 'provide a voice' for other ex-serving women seems really significant to me. Despite the crazy-making shame you describe, you've somehow found ways to keep speaking out about the predatory culture you endured. **I'm going to share your testimony with other ex-serving women I know** and also with colleagues who work in civilian sexual assault services. I hope your voice might assist others to find theirs.

- The part of your story that moved me the most, Amy, was the care you showed to us, those who might be hearing or reading your testimony, those you don't even know. Despite all that you've endured, including the cruel responses, you are concerned for us – the receivers of your testimony. **There's something about your concern that is going to remain with me.**

- Let the records show 'the true cost of operating a defence force'. I'd never thought of the importance of this principle before, but somehow you've held on to it, even though talking about this has its own cost for you. **I'm going to think more about honestly accounting for the costs of operating our defence force – including on women's bodies and minds.**

As acknowledging witnesses, we cannot change the injustices to which Amy has been subjected. But we can let Amy know that as a result of her sharing her testimony we will now be taking different actions, that her words have made new things possible, that her act of sharing her story has made significant contributions to others. I hope one day we do get to let her know.[20]

Within narrative practice, we try to convene 'definitional ceremonies' – ceremonies that redefine identity

(Myerhoff, 1982). These informal ceremonies can act a little like the original rap meetings mentioned early on in this paper, in which veterans spoke about what was important to them in front of acknowledging witnesses. These provide forms of acknowledgment and recognition that contribute to strengthening the preferred storylines of veterans' identities.[21]

Letter exchanges

Because of the ways Harry Moffitt has described the significance of receiving and sharing letters, it also seems relevant to make connections with the rich tradition of letter writing and message exchanges in narrative practice (Madigan, 2011). Documentation in many psychological models focuses mostly on psychiatric files that record only the problem story. However, within narrative practice, letters are used to honour people's skills and knowledges and also to enable individuals, families and groups to make contributions to each other.

Here is an example of a therapeutic document written by a narrative therapist to a veteran who was consulting her in relation to moral injury:

Dear Michael,

Some of our most significant conversations have included you speaking about what is important to you. You have spoken about how when you are aligned to particular values or principles you are no longer in distress. And you have spoken about the importance of a moral compass – both during war and afterwards.

I was very moved when you told me the story of the 'brave young soldier' in Iraq who shot dead an old man at the checkpoint, and how, despite being legal according to the terms of engagement he was operating under, it led this young man – who you cared deeply about – to later end his own life. Two tragic deaths. You told me this story to convey the importance of a moral compass. Of how 'we always need to question how this is going to sit long term with me'. This is a question that has remained with me. It is a question I am going to keep asking myself too.

You have also talked with me about some of your treasured values: 'What I value most is honesty and being loved. The principles I seek to live by are honesty, self-belief, selflessness – we are part of a network and an important part.'

You have also told me about the importance of 'viewing people as people'. You told me that: 'People here in

Australia sometimes judge and criticise or give their opinions that they have gained from the media. They are so black and white in their opinions. For example, that because someone is an Arab, they don't feel loss. But I've seen parents holding their children who have been blown up. I have seen so much grief. I view people as people.'

This seems really significant to me. In cultures of warfare there is a lot of work that goes into not 'viewing people as people' and as you say, talking about 'collateral damage'. But somehow you have held on to 'viewing people as people'. You refuse to minimise other people's suffering. In fact, you continue to honour other people's suffering.

You also don't forget those who have died.

You have spoken of certain rituals. At anniversaries for instance, you might re-watch the film *American Sniper* to remember and honour Doug and others. You told me this helps you to reconnect with what it felt like – the energy, the rush – and to reconnect with Doug. Even though this brings on sleeplessness and hardship in the days after, you are determined to remember.

You have shared with me that you sometimes have intense visions of people you have known who have died. At times they are as real as looking at anyone else in the room. These are people who have died. While many people may have forgotten them, you have not forgotten them. You still see them.

It sounds like sometimes your remembering those who have died has assisted others. I found the following story really moving: You told me that when you were visiting America, you decided to go and talk to Doug's parents. You told me how this was a very meaningful thing for you to do and that Doug's parents said to you that they felt a lot closer to their son because of your visit. You told them what their young son was like in Iraq and who he was to you, the kinds of things you talked about together.

Would you call this act of visiting Doug's parents an act of 'honesty and love'?

These are just some of the things we have spoken about, Michael.

I have really appreciated hearing about the steps you have been taking in 're-joining the human race'.

I hope it is helpful to have these written down.

With great respect,
Louise

In addition to letters written by counsellors to veterans, it would be quite possible to create letter exchanges *between* veterans, between veterans and their family members, even between those veteran families bereaved by suicide and those veterans who might currently be struggling to find a will to live. Letter writing rituals and, perhaps more significantly, letter opening and reading rituals, could also be created to echo the atmosphere Harry Moffit described: 'I remember looking around the team and seeing everyone reading at the same time' (Moffitt, 2020a, p. 48).

Communalising grief and enabling contribution at the same time

Jonathan Shay, in his influential writings about moral injury, spoke of the significance of the 'communalization of grief' (Shay, 1994, p. 55) so that veterans are not left alone in sorrow. In this section I wish to describe how re-membering or saying hullo practices can also occur collectively.

Perhaps the most important principle of collective narrative practice involves enabling people who are suffering to make contributions to others. In my experience, it can be profoundly significant to enable those who are dealing with complex and multiple losses to be able to make contributions to others who are similarly struggling. One way to facilitate this involves inviting people to contribute to the creation of a collective document with the expressed aim that this will be shared with others. Many of us may struggle to see the point of talking about our grief or losses with others. But if we are genuinely invited to *use* our own suffering to assist others, it can become easier and more worthwhile to speak.

In recent meetings, over dinner, with Afghan interpreters who worked for Australian and other foreign forces in Afghanistan, it became clear that many were struggling with certain memories from their war experience. Rather than inviting the men to speak for their own benefit, we instead asked if they would like to create some sort of resource for other interpreters who may also be struggling with problems of memory. There was enthusiastic agreement, and we are now in the process of generating a collective document entitled 'How do you deal with sad memories that cannot be erased? A message from Afghan interpreters who have worked in times of war'. This collective document includes descriptions of the unique ways in which interpreters 'carry each other' through memories, and also how they 'turn memories' away from sorrow:

Most of us are settled in Australia now, and I have great friends here in Dandenong. Most

of the times we are coming together, eating together, and everyone is telling their stories and sharing memories. When we are all together, we are sharing those experiences in a very smiling atmosphere. Whenever we feel that one of us is sad about a memory we have reminded him of, we quickly change or turn that sad memory. We turn it in a very funny way and that makes us all smile again. Everyone is then encouraged to tell their funny stories of those times. We try to find ways to tell our stories in ways that make us smile.

Importantly, we don't let anyone in our gathering keep quiet. If someone is quiet, we insist they also share their funny experience, or even if it's sad, we are trying to make it in a funny way. For example, in my situation, my friends are not just trying to ask me about the body parts of Ahmad or the boy shot dead, they are just asking what I was doing at that time, how did you assess that situation, how long did it take to get to home, what were other soldiers doing, how strong were they, whether they were shouting, what was the soldiers' reaction, what did you interpret or translate at that time, etc.[22] Their questions help carry me through the memory, and turn it away from sorrow.

The creation of such a document is a forum through which people can share their losses, *and* the ways they are responding to these losses, *and* the legacies they are carrying forward from the lives of those lost. For example, within the same document, an interpreter describes how he is continuing to remember and honour his friend Ahmad who was a member of Afghan National Forces and was killed by the Taliban:

How I remember and honour Ahmad

Ahmad loved his military uniform a lot, and whenever he was going on a mission or on a patrol, he would look at himself in a mirror we had in our room and was asking me, 'Hey, look at me – how am I looking?' After his death, whenever I faced a mirror, I felt sad and then smiled and then keep quiet. And whenever there was someone around, I was asking them, 'Hey, look at me – how am I looking?' I was trying to keep Ahmad's memory alive.

Even here in Australia, I have put a big mirror in my bedroom, and nearly every morning when I'm looking to the mirror, I'm asking my wife,

'Hey, look at me – how am I looking?' Most of the time my wife didn't understand what I mean and simply replies 'great'. Even when I am shopping and looking at myself in a mirror, I am asking people around, 'Hey, look at me – how am I looking?'

Sometimes when I go to Coles supermarket, I buy black chocolates to remember him.

These narrative practices of documentation elicit and richly describe exquisitely diverse responses to grief and do so with the explicit aim of assisting others. There are many good reasons why veterans, interpreters and civilians who have experienced multiple and complex losses may not wish to speak directly about these. They may, however, wish very much to assist others in similar situations. We have found this to be true time and time again.

Two of the most influential of collective documents in relation to grief are:

- *Responding to so many losses: The special skills of the Port Augusta Aboriginal community* (Denborough, Koolmatrie, Mununggirritj, Marika, Dhurrkay, & Yunupingu, 2006), which has been shared among many different First Nations communities

    and

- *Holding our heads up: Sharing stories not stigma after losing a loved one to suicide* (Sather & Newman, 2015) which we are now expanding to include contributions from military families.

These documents represent a particular multi-storied communalisation of grief. They transform individual grief into a different sort of 'moving force'. The stories of individuals become interwoven and then shared with others. Exchanges can then take place between different collectives (see Denborough, 2008; Denborough et.al., 2006). Again, it's not a matter of 'moving on' or 'forgetting'. Instead, it's about expanding the meaning and experience of loss and legacy.

Creating a team

I want to return now to Harry Moffit's description of The Commentator:

all I heard was the commentator in my head yelling, 'If you weren't such a fuck-up Harry, he would still be alive! You killed him!' … My inner commentator told me … 'What about his family and friends, what are you going to say to them … ?' (Moffitt, 2020a, p. 223)

In my experience, sometimes we need a team to diminish the authority of such a commentator. For Moffitt, it was literally his cricket team that was influential, and his cricket captain who offered an alternative commentary:

> 'Harry, you're fucking killing yourself, mate. This self-pity has got to end. You don't owe anyone anything, no one thinks you are to blame or that you are a fuck-up. You need to forget all of that SAS bullshit and war crap, and forget about anyone who thinks you are to blame, they can get fucked. As your standing Second XI Captain, I order you to be sitting beside me at M. Chinnaswamy Stadium in Bengaluru and that's it. I won't hear another word.'

> For better or for worse, I agree to go to India. It turned out very much for the better. (Moffitt, 2020a, p. 230)

Most veterans do not have a literal cricket team to act as an alternative commentator, but I believe a team approach is often required to diminish the authority of critical commentators.

I learnt about the power of sporting and team metaphors from young military veterans – former child soldiers – in Uganda. We met these young men at a refugee camp close to the Sudanese border as we had been asked by colleagues about ways of assisting these former child soldiers to deal with their war experiences.[23] Upon arrival at the camp, I first witnessed these young people's skill and delight on the football (soccer) field. They then taught me an important lesson. While they were on the field it was clear they were creating a place free from problems of memory, but as soon as they were gathered into a group and invited to speak about their war experiences, their heads dropped, the energy was completely transformed, and it was as if shame had come rushing over all of us. These young people had experienced and participated in the collective trauma of a brutal war and the lesson they taught me that day was that many of them not only did not want to talk directly about their war experiences, they would do almost anything to avoid talking about them.

I think this is true for many older war veterans too. If talking directly about some experiences brings only shame, these young people taught me that we must find other ways. It was these young people's passion, skill and delight on the football field that led me to develop the team of life narrative approach (Denborough, 2008) as a way to address experiences

of war trauma, and indeed moral turmoil, but without having to speak directly about them, without having to speak in the first person, and without having to focus only on individual experience. I won't include all aspects of the team of life methodology here as these can be read elsewhere[24], but I will explain three parts of the methodology that were developed to be resonant and relevant for former child soldiers and which I think are equally relevant for adults.

Part 1: Creating a 'team of life'

There are many different ways of thinking about our lives and our identities. One way is to think of our life as a club, an association or a team. The first part of this methodology involves each person creating their own 'team of life'. This can be physically mapped out on a team sheet as is commonly done in football and there are a range of questions that facilitators can ask in this process.
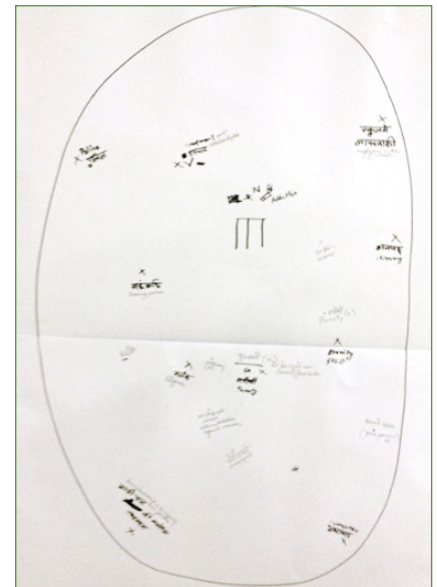
- Who are some of the team members of your life? These people can be alive or no longer living. They can be present in your life now or people who you have known in the past. Who are the people who have been most influential (in a positive way) in your life? These are the team members we wish to include in your 'team of life'. For example:

  - *Your goal keeper:* Who is your goal keeper? If you had to name one person who looks out for you, who guards your goals, who is most reliable, who would this be?

  - *Your defence:* Who else assists you in protecting your dreams, in protecting what is precious to you?

  - *Your 'attack':* Who assists you and encourages you in trying to score goals?

  - *Other teammates:* Who are some of the other teammates in your life, those you play with, those whose company you enjoy?

  - *Coach:* Who have you learnt the most from? It is possible to have more than one coach. And it's possible that they may or may not still be alive. What are some of the things that they have taught you?

  - *Supporters in the stands:* When you are at your home ground, who are the supporters you imagine in the stands? Who are the people (living or no longer living) who are hoping you will do well?
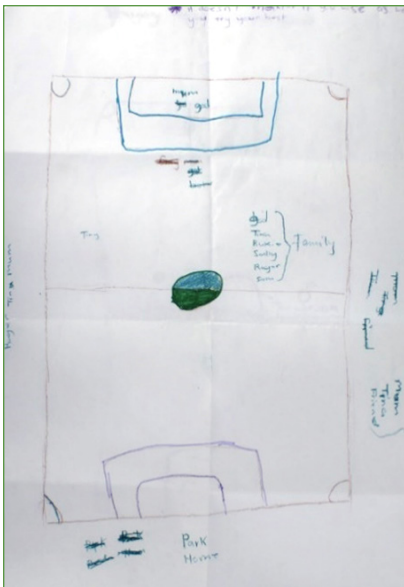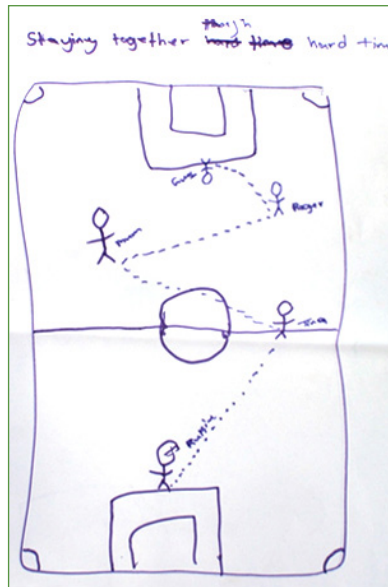
| Part 1: Creating a 'team of life' | Part 2: Creating a goal map | Part 3: Talking about problems through metaphor |

Above picture is an example of one young man's team sheet. You can see he listed 'Mum' and 'God' as his goalkeepers. The 'Park' and 'Home' were where he felt he had 'home ground advantage'. His mum, sister and God were mentioned in a number of other positions on his team too. When I asked him 'What is your team defending, what does your team believe in, what is most important to this team?', he at first shrugged and couldn't find words, but when I rephrased my questions, he quietly offered, 'It doesn't matter if you lose, as long as you try your best'.

Sometimes those who have experienced war may not wish to speak in the first person about their experiences. They may not have many spoken words to describe what they are going through. This was certainly true for the young former child soldiers who inspired the development of the team of life approach. But because they loved football, it was possible for them to speak about their lives through sporting metaphors.

Part 2: Creating a goal map

Once a collective sense of identity – a 'team of life' – has been created, it's then possible to have further indirect conversation. The next step involves identifying one goal that this *team* has already scored. Please note: I do not ask the person what goal they have individually achieved. That is quite a different question, and it is one that leaves much more room for failure. We are seeking to acknowledge a collective goal. Perhaps the person has only played

a very small role in the achievement of this goal. In no way does that diminish the significance of the team's achievement. And these do not have to be grand accomplishments. Instead, we are interested in collective achievements that often stand outside of mainstream acknowledgment. For instance, one young man who had come to Australia as a refugee and had very few words – but loved football – drew a 'goal map' honouring the achievement of 'staying together through hard times'. This goal map demonstrated how his sister, his mother, a friend and the young man himself, had acted together in order to stay together. Poignantly, it also honoured the continuing contributions of someone who was no longer alive. We then held a ritual re-enactment of this past goal, honouring not only the efforts of this young man, but also his precious loved ones – the living and the no longer alive.

Part 3: Talking about problems through metaphor

Once a sense of team identity has been created, and a heritage of achievement has been generated (through the goal map celebration), it then becomes possible to talk about what sort of 'opposition team' the person is up against. This opposition team could include shame, grief, addiction, hopelessness and so on. Here's an example of an 'opposition team' that young people in India created through the metaphor of cricket (although any team sport can be used for this purpose):

- *Wicketkeeper*: addiction and drug dependence

- *Deep fine leg*: extortion and exploitation by police and politicians

- *Third man*: societal stigma and tarnish
- *Cover*: unemployment and lack of (legal) work opportunities
- *Long off*: illiteracy and negligence at the school
- *Deep mid-wicket*: poverty
- *Deep square leg*: hunger
- *Short mid-wicket*: revenge and vengeance
- *Long on*: violence and gang wars.

It then becomes possible to have conversations about what sort of strategies the team of life can use in relation to the opposition team and every goal that the team achieves can be further celebrated – all through sporting metaphors.

I am sharing this team of life approach here because I believe we need to create and adapt our ways of working so that people who don't wish to speak directly about experiences of war can instead do so indirectly, through metaphor.

Harry Moffitt not only described the effects that the Commentator had over his life and sense of identity, he also described his travels to India with his cricket team. While grieving and nursing injuries both physical and moral, these travels had a really significant effect:

> This surreal and beautiful experience took me right out of myself. I listened for the commentator in my head, the one who had been telling me what a fuck-up I was, who had told me I should probably kill myself. That voice seemed to be a little kinder and softer. (Moffitt, 2020a, p. 232)

Many others are also hearing similar commentators in their head, telling them they are a fuck-up and that they should kill themselves. Such commentators have a real power and to diminish their influence often requires a team.

What's more, redressing moral injury also requires action.

Acts of moral repair

The concept of 'moral injury' represents an avenue to escape from mental health discourse, which positions people as requiring 'treatment' and instead turns the focus towards the potential for joining with people in acts of moral repair.

There are many such examples to draw upon.

Tine Molendijk has documented some of the rituals invented by Dutch veterans who were present at the massacre at Srebrenica:

> the stories of the interviewed veterans indicate that in the absence of existing meaningful rituals, they invented their own symbolic acts. Many Dutchbat veterans, for instance, have returned to Srebrenica to walk the locally organized annual March of Peace *(Marš Mira)*. This march follows, in the opposite direction, the route taken by thousands of Muslim refugees after the fall of Srebrenica. Some veterans still go there every few years, by themselves or with their family and colleagues. Of the veterans speaking about this, some said they did the march to get a better picture of what they had experienced; others said they did it to 're-do' their tour but with a better ending this time; some said it was a kind of apology, a way to show accountability and remorse; others maintained it was to show solidarity to local survivors of the tragedy, to whom they felt connected. Many veterans mentioned several of these reasons. (Molendijk, 2021b, p. 163)

This is one example of veterans creating ritual and ongoing action that is linked to those harmed. Australian military veterans have also provided many examples of moral repair projects.

In the aftermath of the war in Vietnam, veterans initiated return tours and projects to make contributions to the Vietnamese people. One of these projects, the Australia Vietnam Volunteers Resource Group (https://www.avvrg.org.au/) currently comprises over 150 members and operates project teams in the areas of health and education.[25]

The Timor Awakening project is a more recent example:

> Out of the ashes of 1999 and the darkness of decades of unjust foreign policy, Australian and Timorese Veterans stand united, with hope and conviction, for a future that is bright, just, and peaceful for the next generation of both peoples. Together Australian and Timor-Leste Veterans are working on a very special project: building an English language, vocational education and training school on the south coast of Timor-Leste. (Timor Awakening, 2018)

Australian veterans are also initiating acts and projects of moral repair in relation to the war in Afghanistan. My thoughts turn first to the whistleblowers who have

brought to light the abuses and unlawful killings that took place in Afghanistan, and who testified to the Brereton Inquiry.[26] I think also of the petition started by Afghan–Australian lawyer Arezo Zoe Safi calling for all charges against whistleblower David McBride to be dropped:

> As a member of the Afghan community in Australia, I am thankful to McBride for revealing the gross misconduct by the special forces soldiers. It's the first step to repairing our relationship with the Australian military. (Safi, 2020)

In addition to breaking the silence about particular incidences of abuse or unlawful killings, other Australian military veterans, including SAS personnel who served in Afghanistan, are involved in a different form of truth-telling and moral action. This involves highlighting broader systemic policy and leadership decisions that not only enable civilian deaths but place troops in contexts where 'moral injury' is perhaps inevitable.

Harry Moffitt, who recently retired from the Australian Defence Force after almost 30 years as a member of the SAS and former Team Commander described the routine use of collateral damage estimates (CDEs):

> The waste of life was distressing. I learned later that the military would routinely employ CDEs, or collateral damage estimates, to put a number on how many civilian casualties (civcas) might be caused by an action. For example, if we had a high value target, like a Taliban commander, in a house in a village and wanted to kill him using an air strike, the powers that be might allocate a CDE of 5 (meaning they were willing to tolerate up to five civcas in neutralising the target). I found it hard to comprehend that anyone would think of war in this way. At the time I thought, surely if you put protecting civilians at the centre of your strategy, you would win the war faster and with less damage. I still believe this. (Moffitt, 2020a, pp. 14–15)

If we are serious about addressing and preventing 'moral injury' of Australian military veterans, then such truth-telling will surely be significant. This practice, done in the name of all Australians, represents a collective shame or 'injury' that surely only action to change it can prevent.

There are other acts and projects of moral repair underway. Some of these are powerfully personal, such as the regrading moral encounter that took place between former SAS medic Dusty Miller and the sons of an Afghan civilian, Haji Sardar, who was allegedly executed by another Australian or Australians.

> [Miller, who had] dressed the Afghan man's wounds before he was taken away ... tracked down the slain man's sons and apologised to them in a tearful Skype hook-up between Australia and Afghanistan. 'You could see the tears of the sons,' Stanikzai says. 'Those tears were not of anger …' The sons cried for Miller and his angst as much as they did for their dead father. They knew one of the Australian soldiers had cared for their father, because they had found a bandage on his corpse. Now they had spoken to that man and had received his apology. Miller had solved that small part of the mystery of their father's death. And the sons were grateful.[27] (Faulkner, 2019, p. 8)

Other projects, such as Forsaken Fighters, founded by former Army Captain Jason Scanes, involve collective efforts of Australian Defence Force veterans to fulfil Australia's moral obligations to Afghan interpreters and other mission essential personnel by securing them visas and safety in Australia (Scanes, 2019; http://www.forsakenfighters.org.au/about/). For months and years before the Taliban gained control of Afghanistan, Jason Scanes implored the Australian government to do more to protect Afghan interpreters.[28] In the frantic days after the fall of Kabul, as the world watched scenes of desperation, Forsaken Fighters and many others did all they could to coordinate with forces on the ground to enable evacuations.

Veterans leading the way in moral repair projects
Most of the moral repair projects I have mentioned so far have been initiated by veterans and they focus on action: on trying to actively redress the harm done to others (including to the citizens of Vietnam, Iraq and Afghanistan). This is in contrast to how the concept of moral injury is often deployed in psychological circles, as former marine tyler boudreau (2019) has described:

> there is significant risk that the term 'moral *injury*' will begin to sound and function very much like the public discourse on post-traumatic stress – a discourse of sympathy for veterans, but seldom if ever a sympathy for the people of Iraq or Afghanistan who were harmed by those veterans. (boudreau, 2019, p.56)

For boudreau, this is fraught:

> Nobody wants to talk about the Iraqis. It's always about *the troops.* But 'moral injury' by definition

includes the memories of those who have been harmed. Without the Iraqi people, the troops can have no moral injuries to speak of. And the only way Americans can fathom the meaning of this term, 'moral injury,' is to acknowledge the humanity of the Iraqis. The two ideas are inseparable. (boudreau, 2011, p. 751)

Following boudreau's lead, projects of moral repair that can contribute to veterans' wellbeing can also contribute to others harmed by war. Boudreau (2019) described this as linking self-care and social responsibility:

The tension here is between *self-care* and *social responsibility,* a tension that is, in my view, the most crucial piece in any recovery project intended to address a moral disturbance. Genuine moral repair cannot be imagined and certainly not accomplished without an urgent commitment to *both*. (boudreau, 2019, p. 49)

Shared responsibility, shared repair

Speaking of social responsibility, the responsibility for moral violations in the wars recently fought by Australian (and American) troops does not lie only with those in the military. What about politicians and the wider citizenry?

There are many things desperately wrong with the fact that actually less than 1 percent of the population of the United States bear the full burden of learning to hate and kill their fellow human beings and not infrequently of actually doing so, while wagering not only their lives but also their souls in the bargain. First, it is unfair. Second, it removes the rest of us, the 99 percent, from the reality of war and allows us to imagine that we have not, at one remove, also grown accustomed to suspicion and hatred and learned to nod our approval at the deaths of other human beings, well over 90 percent of them civilians like ourselves, who do not and never would threaten us. When we care less about the deaths of others' children than we do about our own … war is near. In that case, we live out our days on the brink. Third, our remove from war permits our leaders, while we sleep, to wage war with greater and greater ferocity and abandon, so that when we awake we find ourselves in a war without end and without limits. This is where we find ourselves, in an age of endless war waged by our proxies, who in some

cases are also our brothers and sisters, sons and daughters, fathers and mothers, and they are coming home to us shredded, when they come home at all. (Meagher, Hauerwas, & Shay, 2014, pp. 146–147)

Although this paper is mostly a response to the circumstances of Australia's longest war, that in Afghanistan, it is also written in the shadow of an earlier war in Iraq that is now widely acknowledged to have been fought under false pretences. It is a war that has had devastating consequences.[29] If an Australian government sends troops into an unjust war, then what responsibilities are there for the deaths of hundreds of thousands of Iraqi civilians, and also the moral injuries of veterans? I find compelling the following writings about citizens' obligations in relation to the moral transgressions of war. They are by Eric Fair, who served in the US Army from 1995 to 2000 as an Arabic linguist and worked in Iraq as a contract interrogator in early 2004:

The lead interrogator at the DIF [division interrogation facility] had given me specific instructions: I was to deprive the detainee of sleep during my 12-hour shift by opening his cell every hour, forcing him to stand in a corner and stripping him of his clothes. Three years later the tables have turned. It is rare that I sleep through the night without a visit from this man. His memory harasses me as I once harassed him.

Despite my best efforts, I cannot ignore the mistakes I made at the interrogation facility in Fallujah. I failed to disobey a meritless order, I failed to protect a prisoner in my custody, and I failed to uphold the standards of human decency. Instead, I intimidated, degraded and humiliated a man who could not defend himself. I compromised my values ... I am desperate to get on with my life and erase my memories of my experiences in Iraq. But those memories and experiences do not belong to me. They belong to history. If we're doomed to repeat the history we forget, what will be the consequences of the history we never knew? The citizens and the leadership of this country have an obligation to revisit what took place in the interrogation booths of Iraq, unpleasant as it may be. The story of Abu Ghraib isn't over. In many ways, we have yet to open the book. (Fair, 2007)

In a second article, Eric Fair reiterated how it's not only the souls of soldiers that are stained by crimes committed within war:

those tactics stained my soul in an irrevocable way, maybe justifiably so. But as members of our government and its agencies continue to defend our use of torture, and as the American people continue to ignore their obligation to uncover this sordid chapter, the stain isn't mine alone. (Fair, 2014)

I respect how Eric Fair does not shirk his involvement and responsibility in torture, and at the same time invites and challenges the wider American public. Other veterans have echoed such a call:

Like other veterans, I wonder how my fellow Americans manage so well to pretend that their lives are not deeply intertwined with ongoing global warfare. (Yandell, 2016)

I don't think it's only American citizens whose lives are deeply intertwined in global warfare.

Where is the moral engagement of everyday Australians in relation to these matters?

Civilian responsibilities: More than recognising heroism and offering thanks

At present, some argue that civilians' responsibilities to support the troops[30] predominantly involve welcoming them back as heroes and thanking them for their service. Others, however, point to the ways in which such a reception is profoundly limited:

Our culture has been notably deficient in providing for reception of the Furies of war into community. For better or worse, the health care system has been given this role – along with the prisons, where a disproportionate number of men incarcerated since the Vietnam War have been veterans. (Shay, 1994, p. 194)

What seems significant is providing opportunities for veterans to join with others in actions that honour what they give value to – including values that may have been violated during their service (by themselves and/or by others). It's not enough to praise or thank the person; it is much more complex than that. If you have come to the conclusion that you are not worthy because of actions that have violated what is precious to you, attempts to 'thank you for your service' can create further dissonance. What more can be done by civilians? What collective responsibilities can be embraced? I have found the writings of Iraq war veteran and minister Michael Yandell very helpful in this regard:

To find hope in the midst of moral injury, veterans must seek out encounters with people who, like us, wish to hold on to what really happened: other soldiers, teachers, mentors, family. What really happened when our nation indulged in a fantasy of bouncing back, of getting even, of acting with force across the globe? What really happened to those we fought? What happened to the people who sent us into combat? ... Veterans must continue to try to articulate the void of moral injury. Their neighbors must continue to try to see it, to hear it, and to come to terms with it. There must be people and institutions capable of bearing that responsibility in order to open pathways of hope. (Yandell, 2016)

I appreciate his concept of 'pathways of hope'. I believe that there is the potential to create collective moral repair projects that can act as such pathways.

By casting all veterans as heroes, even as flawed or tragic heroes, our culture makes them easy to ignore. And so I offer this challenge: If a morally injured veteran walks into your house of faith and says, 'I am guilty!' don't let her continue to bear her guilt alone. Don't welcome the veteran only to wrap her with fantasy, and don't try to help her unhappen what has really happened. (Yandell, 2016)

Michael Yandell and other military chaplains such as Zachary Moon (2019a, 2019b) are calling on those in 'houses of faith' to take up their responsibilities. I think their challenge is just as relevant to those of us in secular communities. And for those of us whose moral repair projects won't be based on faith, I believe they can be based in friendship.[31]

Friendship projects

My way into these realms has been through my friendship with Dr Abdul Ghaffar Stanikzai, whom I met at practice at Kenilworth Cricket Club. Amidst my 'fast-as-I-can' bowling and his leg spin, we realised we had other commitments in common. We have both dedicated our working lives to responding to social suffering and injustice in different ways. Abdul Ghaffar, first as a medical doctor and then as an investigator and advocate in relation to human rights abuses in Afghanistan. My work has been different, trying to work with groups and communities to develop forms of practice that are culturally and socially relevant, and that can provide some relief from anguish.

At the beginning of this paper, I described the moment I first heard of the concept 'moral injury'. It was on the day that Dr Stanikzai gave testimony to the Brereton Inquiry, and I learnt from the Inquiry team that some of the ADF whistleblowers were really struggling. Knowing from Abdul Ghaffar what the Brereton Inquiry was meaning to those back in Afghanistan, I decided to write the following letter to the ADF whistleblowers and asked the Inquiry team to pass this on to them.

To the soldier who is speaking the truth,

I am writing from Adelaide to express my respect and gratitude to you. Although I do not know your name, your actions have already had profoundly positive effects for some of my dear Afghan friends here in Adelaide and in Afghanistan.

They speak to me about the Inquiry and what it means to them that some Australians are speaking honestly about abuses that occurred in Afghanistan. They are telling me that it means so much to them that this Inquiry is occurring. They say that it is reflecting so well on all of Australia that people are honestly trying to acknowledge what occurred.

They already knew about abuses and unlawful deaths. And they also know of abuses by military of other countries in Afghanistan. But what means so much to them is that these abuses are not being forgotten. That people – such as yourself – are doing what they can to bring justice.

My Afghan friends really treasure Australia … as they are making a new life here and they have a chance for a peaceful life here. It means so much to them that you are speaking the truth. Word is getting around in Afghanistan about this. Because of you and the Inquiry, people in Afghanistan are thinking that Australia is not just forgetting the abuses that occurred. They are thinking that this is honourable action.

I heard today that someone has sent you a threatening letter. I just wanted you to know that others in Australia and in Afghanistan are cheering for you. We realise it cannot be easy to speak the truth when you have been involved in injustice. But what you are doing means a great deal to us.

Thank you.

With great respect,
David Denborough
Dulwich Centre Foundation

I wrote that letter three years ago and a lot has transpired since then. The Brereton Report is now public; all Australians know the stories of alleged abuses and unlawful killings involving Australian military personnel in Afghanistan. At the same time, a Royal Commission has been established in relation to veteran suicides.

Dr Stanikzai and Dulwich Centre Foundation are now initiating Afghan–Australia friendship projects as collective acts of moral repair in the hope that these may assist both Afghans and Australians.[32] As Dr Stanikzai has explained:

> We want to connect Afghan translators who worked with the ADF and are now living in Australia with veterans and the families of Australia's Afghanistan War dead. We want bereaved families to know that Afghans haven't forgotten the Australians who came from the other side of the world to fight the Taliban and terrorism. Their lives were damaged by the war. We have not forgotten you. We are committed to contributing something back to these families.

> We hope these projects will make the pathway easier for ex- and current ADF and civilian servicemen and women who have been involved in Afghanistan through enabling contributions and humanitarian communications with Afghan people.

> Importantly, we also hope to make positive small but significant contributions to Afghan people, whether in Afghanistan or trying to seek safety elsewhere. We hope these projects will also assist Afghan interpreters to make new lives in Australia through friendships. (A. G. Stanikzai, personal communication, June 5, 2021)

These are the three projects at this stage:

Sharing ways of dealing with sad memories that cannot be erased

When we have completed a collective document/film by Afghan interpreters in relation to 'ways of dealing with sad memories that cannot be erased', we will seek to share this with ADF veterans and civilians who have lived through war and exchange stories and ideas.

Supporting Afghans making new lives

Many Afghans in Australia are now desperately worried about their families, friends and colleagues back in

Afghanistan, and are also trying to make ends meet and create new lives. One of the few places where Australian and Afghan men regularly meet is on the cricket field. We plan to bring teams of Afghan interpreters and ADF veterans together to play with/ against each other and at the same time use these matches to raise funds to support Afghan families trying to make lives in new lands.

Linking whistleblowers and human rights workers

Afghan human rights workers, including Dr Abdul Ghaffar Stanikzai and many others, have now had to leave Afghanistan and seek refuge in other lands. At the same time, ADF whistleblowers are struggling to come to terms with the human rights abuses they witnessed / participated in. We plan to bring these two groups together in some way as they both care deeply about violations of human rights.

These three small projects will seek to provide Australian veterans struggling with moral injury in relation to their deployment in Afghanistan with ways of making small but significant contributions back to the people of Afghanistan. The contributions of veterans' partners, children and friends will also be welcomed.

Not separating healing from public action

Earlier in this paper I mentioned how the original rap groups by Vietnam Vets Against the War (VVAW) didn't separate healing from public action:

> VVAW founding member Jan Barry explained that the rap sessions were the group's response to military policies that resulted in both 'war crimes and veterans' nightmares.' … Veterans wanted to unearth traumatic memories in order to develop a critique of US militarism. From the beginning, rap sessions were entangled in a broader effort to redistribute knowledge, and the power that goes along with it, about the effects of war. (Nudelman, 2020)

> The rap session was a source of activist analysis, and, conversely, political action was part of a healing process. (Nudelman, 2015, p. 216)

Fifty years on from those early rap groups, I too believe in the significance of linking 'healing' with social action. The concept of moral injury can, I believe, provide a

way beyond medicalising the long-term effects of war. It is a concept that can assist in re-linking 'healing' and 'action'.

So too can the practices of narrative therapy and community work. In this paper I have outlined the following ideas and practices:

- the narrative metaphor

- externalising conversations

- double listening and honouring responses to trauma

- re-authoring conversations

- the concepts of 'the absent but implicit' and 'distress as fidelity'

- 'saying hullo again' conversations and re-membering practices

- acknowledging witness responses and definitional ceremonies

- the creation of letters and collective documents

- the team of life approach

- the notion of 'enabling contribution' – creating contexts in which those who have endured hardship and are struggling with the effects of this to make contributions to lives of others who are also suffering.

Finally, I have introduced the Afghan–Australia friendship projects that Dulwich Centre Foundation is facilitating as our response to the collective moral challenges posed by the Brereton Report and the aftermath of war in Afghanistan. We welcome your involvement. There is much to be done.

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Notes:

1. While the experiences of veterans' family members and loved ones are not centred in this paper, I have referred to them at particular times.

2. This paper does engage with one woman's testimony to the Australian Senate Inquiry into Suicides by Veterans and Ex-service Personnel, and in doing so illustrates how the experience of moral injury, like the experience of broader military service (and civilian life), is gendered (Eichler, 2017).

3. For a timeline of the different ways in which veterans' distress has been conceptualised, see Appendix 1: War Syndrome nomenclature history (from Strachyra, 2011). The history of how veterans' distress has become medicalised is thoughtfully told by Ben Shephard (2002) in *A war of nerves: Soldiers and psychiatrists 1914–1994.*

4. Chaim Shatan described how the rap groups changed not only the veterans but also the psychiatrists: 'we professionals … are changed in fundamental ways. It becomes utter pretence to turn to our protective device of psychotherapy only … As we reactivate our imagination, the only genuine response is to share the ex-soldiers' anguish. This spells the end of our professional pseudo-neutrality' (Shatan, 1973, p. 651)

5. For a summary of the current DSM-5 definition of PTSD see: https://www.brainline.org/article/dsm-5-criteria-ptsd

6. tyler boudreau is now a professor at Smith College School of Social Work (see: https://www.tylerboudreau.com/). He has contributed a reflection for this special issue entitled 'Moral injury: What's the use?' (boudreau, 2021).

7. I am indebted to Kristina Lainson for these descriptions.

8. For an overview of current psychological literature on moral injury, see Griffin et al. (2019).

9. In contrast to efforts to 'define' and 'treat' moral injury in purely psychological/psychiatric terms, I'd recommend the work of military chaplain Zachary Moon (2019a, 2019b, 2021) and anthropologist Tine Molendijk (2021b).

10. While the concept of moral injury has the potential to provide an alternative to the medicalisation of distress, Tine Molendijk (2021b) has provided a salutary warning: 'the efforts of antiwar psychiatrists and veterans to have veterans' suffering recognized were intimately linked to their political criticism of the Vietnam War. Yet, paradoxically, while this politically informed struggle led to the introduction of a psychiatric concept that recognizes military suffering [PTSD], the medicalization of suffering immediately implied its depoliticization' (2021b, p. 18).

    There are good reasons to be concerned that the concept of moral injury is already at risk of a similar fate: 'Considering that PTSD research originally contained political critique but soon became dominated by a non-moral, individualizing medical discourse, such a future for moral injury is particularly conceivable' (Molendijk, 2021b, p. 176).

11. Chaim Shatan (1973) described this in some detail: 'To men who have been steeped in death and evil beyond imagination, a "talking cure" alone is worthless. And merely sharing their grief and outrage with comrades in the same dilemma is similarly unsatisfying. Active participation in the public arena, active opposition to the very war policies they helped carry out, was essential' (1973, pp. 648–649).

    These actions included the convening of Winter Soldier (1972) in which veterans gave public testimony to atrocities in which they had been involved (See: https://www.youtube.com/watch?v=cP7iwF9a5sA). A more recent event, Winter Solder: Iraq and Afghanistan, was held in 2008 (See: https://vimeo.com/23421912)

    Another significant public action was a powerful protest involving veterans throwing their medals on the steps of Congress: 'By throwing onto the steps of Congress the medals with which they were rewarded for murder in a war they can come to abhor, the veterans symbolically shed some of their guilt. In addition to their dramatic political impact, these demonstrations have profound therapeutic meaning. Instead of acting under orders, the vets originated actions on their own behalf to regain the control over events – over their lives – that was wrested from them in Vietnam' (Shatan, 1973, p. 649).

    More recently, here in Australia, prior to the release of the Brereton Report some Australian veterans voluntarily sought to renounce the meritorious unit citation they were awarded (see Willacy, 2021, p. 340-341).

12. For a visual depiction of how storylines shape identities see this animation: https://www.youtube.com/watch?v=CJ0WNIQonog

13. When I described this concept to colleagues at the Jiyan Foundation in Kurdistan, Iraq, they made a connection to the work of Persian scientist Ibn Sina, who was one of the most significant physicians, astronomers and philosophers of the Islamic Golden Age, and is considered one of the founders of early modern medicine. Kurdish colleagues informed me that Ibn Sina spoke of how 'we must meet face-to-face with the client. There is me, there is you, and then there is the illness. If we can make an alliance between us, then we can weaken the illness' (Kirkuk Center for Torture Victims & Dulwich Centre Foundation International, 2012, p. 24).

14. Harry Moffitt is currently a psychologist and director of performance at Stotan Group (https://stotangroup.com.au/)

15. The following five questions are all extracted from the Michael White archive tape #17 from 2001.

16. For more about complexities of forgiveness in relation to responses to trauma and hardship, see 'The Question of Forgiveness' a special issue of *International Journal of Narrative Therapy and Community Work,* (1), 2002.

17. A full description of Sahar's work with Ghadeer is included in *Responding to trauma that is not past: Strengthening stories of survival and resistance – An Arabic narrative therapy handbook* (Treatment and Rehabilitation Center for Victims of Torture, 2014).

18. 'The Pain' and 'the Separation' had been externalised in earlier conversations.

19. This notion has been echoed by Rita Nakashima Brock who is the Director of the Shay Moral Injury Center

at Volunteers of America: 'I think the way a person is restored to a sense of their own goodness is that they participate in a life of the community where the things they do for other people are deeply appreciated' (Brock, 2013).

20 I do not know Amy's real name, nor how to contact her. Usually, we ensure that witness responses are spoken or sent back to the persons whose story is being acknowledged. I have generated these responses in relation to Amy's story to illustrate the process.

21 Outsider-witness practices can be convened in contexts of therapy, groupwork, community work or even through art exhibitions. Psychologist Jack Saul has created a 'public art and conversation project' to give voice to veterans and war correspondents who often carry moral distress alone. Witnesses are invited to listen to oral testimonies and then offer their responses: 'As you pass through the listening space into a place for sharing, please take a moment to write or record your personal reaction or action you would like to take in response to hearing these testimonies. These will be shared with the project participants and become part of the ongoing installation' (https://www.moralinjuriesofwar.org/about). See also Riordan (2021).

22 In narrative practice terms, these enquiries by the other interpreters involve turning a 'half' memory of trauma into a 'full' memory that includes the agency of the person, how they *responded* during the times of trauma. Restoring half memories to full memories is one way of assisting people with problems of memory (including dissociated memories): 'In order to re-associate dissociated memories, it is necessary to restore these half memories to full memories. In other words, the task is to resurrect that which is erased in dissociated memory – that is, people's responses to what they were being put through, and the foundations of these responses. This resurrection is restorative of a sense of personal agency, one that is in harmony with the person's preferred "sense of myself"' (White, 2004, p. 71).

23 A Dulwich Centre team consisting of Cheryl White, Michael White, Eileen Hurley and me had been invited to Uganda by REPSSI and were guided by colleagues Caleb Wakhungu and Ncazelo Ncube-Mlilo.

24 See www.dulwichcentre.com.au/team-of-life

25 American veterans from the war in Vietnam have created similar projects (https://www.vietnamfriendship.org/wordpress/about/project-background).

26 To learn more about the efforts of whistleblowers and the effects on their lives, I recommend Mark Willacy's (2021) book which he dedicates to four whistleblowers, Braden, Christina, Dusty and Tom.

27 This ritual was screened on 60 Minutes: https://www.youtube.com/watch?v=ztsj5XjZD0Y

28 See for example: https://www.smh.com.au/national/he-could-have-done-something-why-diggers-feel-let-down-by-scott-morrison-20210820-p58kks.html

29 The American-led coalition invasion of Iraq cost hundreds of thousands of lives (https://www.iraqbodycount.org/) and was based on false pretence that the Iraq regime of Saddam Hussein was in possession of weapons of mass destruction. The Australian Government, led by Prime Minister John Howard, lent their moral support and troops to this immoral war. It was a war, like many in Australia's history, that was linked to Empire – in this case American empire and Australia's part within it. Unlike many wars, however, the citizenry of Australia and the world rose to try to prevent it. Over 12 million people in 700 cities protested this war before it began (Cortright, 2005). For instance, my father, Michael Denborough, maintained a lone vigil outside the Australian Parliament for 52 days. We were both removed from the Parliament gallery on the day John Howard declared Australian troops would be sent to Iraq. What sorts of 'moral injuries' are carried by the political leaders who sent US, Australian and other coalition forces into Iraq? Are they haunted by the hundreds of thousands of people killed in that unjust war? Sometimes, I think the task might be to re-distribute moral injuries so that those who send troops to unjust wars (but remain safely in their own homes) are the ones whose nights and days are tormented by moral anguish. There would be some justice in that.

30 I found the following story illuminating in relation to civilian responses to moral injury:

> Ken Davis, a guard caught in some of the infamous Abu Ghraib abuse photos, explains, 'A lot of soldiers, when we come back, are lost. It's especially true for a unit accused of abuse, when you hear lies about what happened, and people deny what you saw. And now we live with ghosts and demons that will haunt us for the rest of our lives.' … There is a version of the yellow ribbon sticker that another Abu Ghraib guard has affixed to his car. Instead of 'Support the Troops' it reads, 'Support the Truth.' As he puts it, if you really want to support these men and women, acknowledge what they went through and what they did. Only then, can you fully acknowledge that it destroyed them, and help them heal. (Alternet.org, 2010)

31 While writing this paper, my thoughts have often turned to a dinner in my childhood home in the 1980s that featured one of the most decorated US military veterans of all time, Colonel David Hackworth. Also present that night was Oleg Gavrilov, a Russian Physician for the Prevention of a Nuclear War, and UK nuclear weapons scientist Frank Barnaby. My mother and father were hosting this dinner as they convened an international symposium in relation to Australia and nuclear war. The reason this dinner has kept drifting into my mind is that here was an example of military and civilian leaders coming together to address a great moral challenge of the time and forging friendships across differences.

32 Determining what sort of acts of moral repair are relevant (indeed 'moral') in response to harms that have been done is itself a complex realm that is not the focus of this paper. The involvement of those harmed in such determinations is, of course, critical. Here I am describing collective projects of moral repair proposed by Dr Abdul Ghaffar Stanikzai and embraced by Dulwich Centre Foundation.

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Appendix 1: War Syndrome nomenclature history

This table is from the PhD thesis of Anna M. Strachyra (2011, pp. 163–164).[33]

WAR SYNDROME NOMENCLATURE HISTORY

War Era	Syndrome Referents	DSM Medical Diagnoses
Pre-Civil War/ Civil War (1861-1865)	Disordered action of the heart DaCosta's syndrome Irritable heart Nostalgia Nostalgia neuralgia Psychogenic rheumatism Railway spine Soldier's heart Wind contusion	
First World War (1914-1918)	Effort syndrome Gas hysteria Neurocirculatory asthenia Shell shock Shell shock neurasthenia	
Second World War (1939-1945)	Battle exhaustion Cardiac neurosis Combat stress reaction Effort syndrome Flying stress Non-ulcer dyspepsia Old sergeant syndrome Psychoneurosis War neurosis	
Korean War (1950-1953)	Anxiety neurosis Chronic fatigue Combat exhaustion Hyperventilation syndrome Non-ulcer dyspepsia Psychoneurosis Mitral valve prolapsed syndrome Myalgic encephalopathy (ME) War neurosis	Gross stress reaction (DSM-I, 1952) Transient situational disturbance (DSM-II, 1968)
Vietnam War (1959-1975)	Combat fatigue Delayed stress response syndrome Effects of Agent Orange exposure Operational fatigue Post-Vietnam syndrome	Post-traumatic stress disorder (DSM-III, 1987)
Persian Gulf War (1990-1991)	Battleshock Chronic fatigue syndrome (CFS) Combat stress reaction Desert Storm Syndrome Fatigue syndrome Gulf-related illness Gulf War Illness Gulf War Syndrome Medically unexplained symptoms Multiple chemical sensitivities Mycoplasma infection Military vaccination effects	Acute stress reaction Post-traumatic stress disorder
Iraq/ Afghanistan Wars (2001-present)	Afghan War syndrome Battle fatigue Battleshock Chronic fatigue syndrome Head injury/ trauma Medically unexplained symptoms Physical complaints associated with mental health disorder	Acute stress reaction (ASR) Adjustment disorder Complex post-traumatic stress disorder Combat Operational Stress Reaction (COSR) Disorder of extreme stress: Not otherwise specified (DES NOS) Fibromyalgia Major depressive disorder (MDD) Military sexual trauma (MST) Ongoing Military Operational Stress Reaction Post-traumatic stress disorder (PTSD) Somatoform disorders Traumatic brain injury (TBI)