Morality and Moral Injury:
Insights from Theology and Health Science

Kent D. Drescher

Jason A. Nieuwsma

Pamela J. Swales

Summary

Two recent books, reviewed in this essay, take two distinct approaches to grappling with human suffering and contain spiritual and theological insights into a new construct in mental health called "moral injury." It is not a diagnosis, but emerging evidence indicated that it is a useful way of understanding how combatants and non-combatants alike are changed through exposure to violence and the inflicting of harm and death.

For millennia, human beings have struggled to define the psychological and spiritual consequences of participating in war, particularly those aspects of war that expose individuals to trauma or to situations that violate traditional ethical norms. This long history is acknowledged and new considerations for our modern era are introduced in two recent books: *Soul Repair: Recovering from Moral Injury after War* by Rita Nakishima Brock and Gabriella Lettini, and *Spirit and Trauma: A Theology of Remaining* by Shelly Rambo. These texts take two distinct approaches to grappling with human suffering and contain spiritual and theological insights into a new construct in mental health called "moral injury."

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Kent D. Drescher, MDiv, PhD, National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System, 795 Willow Rd., Menlo Park, CA 94025 and The Pathway Home: California Transition Center for the Care of Combat Veterans, Yountville, CA (Email: kent.drescher@va.gov).

Jason A. Nieuwsma, PhD, VA Mental Health and Chaplaincy, Veterans Health Administration, VISN 6 MIRECC, Durham VA Medical Center, 508 Fulton St, Durham, NC 27705 and Duke University Medical Center, Durham, NC (Email: jason.nieuwsma@va.gov).

Pamela J. Swales, PhD, National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System, 795 Willow Rd., Menlo Park, CA 94025 (Email: pamela.swales@va.gov).

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Moral Injury and PTSD

Moral Injury describes the effects of acts of commission or omission in war that result in mental, emotional, and spiritual struggle. Brett Litz, PhD and colleagues have defined moral injury as **"*Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations*."**[1] While the mental health diagnosis of posttraumatic stress disorder (PTSD) continues to provide the primary frame for the scientific understanding of trauma, new attention is being paid to the moral and ethical impact of traumatic events during war. PTSD has been defined in the diagnostic nomenclature as an anxiety disorder, etiologically linked to life threat and fear. That PTSD should be so heavily defined by the experience of fear may be due to the fact that most other trauma populations are exclusively survivors of fear and life threat. Combat, however, may entail both experiencing and inflicting harm. Moral Injury is not a diagnosis, but emerging evidence suggests the importance of understanding how combatants and non-combatants alike are changed through exposure to violence and the inflicting of harm and death. While it is true that civilians do not fight wars, they too pay a price in daily living for the consequences of modern warfare.

During the 2012 election cycle, a great deal of news attention was paid to issues related to the ninety-nine percent (the have nots) and the one percent (haves) in a national dialog about economic injustice where voices of the "one percent" prevail. There is another divergence between the ninety-nine and one percent in this country having to do with military service, but in this instance the voices of this one percent are silent. At the time of this writing, slightly more than two million military service members have served in the Iraq or Afghanistan war theaters since 2001. They are the few in our nation who have an accurate perspective on the human costs and consequences of modern war, but whose voices are mostly silent. The construct of moral injury reflects the fact that service members may be called upon in the course of their duties to inflict immense devastation with powerful weapons resulting in injury and death within the close confines of civilian cities and villages. For many of those veterans, though fear of dying was an element of trauma, the burden of exposure to violence and inflicting harm is even more consequential.

The emotional pain of having to locate and retrieve the body parts of one of one's closest friends blown up by an improvised explosive device (IED), or hold a buddy helplessly in one's arms as their life bleeds out, is

unimaginable to civilians who have never lived or worked in a modern war zone. Add to that the repetition of such trauma exposure as a result of many missions and multiple deployments and one can begin to glimpse how intense grief and rage can accumulate over time and overflow to become enduring hatred and desire to exact retribution from whoever is in the vicinity. Violence begets violence, and many nations serve as testament to alternating periods of violence or "ethnic cleansing" between warring groups that can extend across centuries.

As Americans, we frequently react with surprise, disbelief, or shock when the news media discovers evidence of US troops committing inappropriate acts or inflicting disproportionate harm on civilians. While graphic photos of detainee abuse at Abu Ghraib, or YouTube videos of Marines urinating on the corpses of dead Taliban insurgents are rightly disturbing and provoke appropriate investigation, the reality is that cultural hatred, harsh treatment, and escalating acts of revenge on all sides of conflict have been a part of war throughout all of human history. Returning home from modern war, once the patriotic trappings of flags and parades are stripped away, is for some veterans an intensely personal, highly painful, and socially isolating descent into a pit of guilt, shame, and self-questioning. Many are reluctant to discuss their experiences with anyone, particularly with civilians who are likely not to understand—and so they bear their burden alone. And because they are the real one percent, those among us who know war intimately, they can feel like their voices become effectively silenced by the ninety-nine percent who are talking about, as well as shaping policy about, that which they lack personal understanding.

Soul Repair: Recovering from Moral Injury after War
The new book *Soul Repair: Recovering from Moral Injury after War* by Rita Nakishima Brock and Gabrielle Lettini[2] provides in-depth and intimate glimpses into the experiences and lives of military service members who have endured the trauma of war. Brock and Lettini provide a special window into the souls of those suffering the inner anguish well known to warriors for thousands of years, which has now been named by modern researchers as "moral injury."

For both clergy and mental health professionals alike, *Soul Repair* takes the reader on a narrative journey into the private experiences and on-going processes of those suffering from moral injury as each individual aims to make some repair to the soul. Brock and Lettini have gathered a volume of informa-

tion and collated and crafted this into an inviting format that provides trainees and seasoned professionals alike a rich and complex portrait of moral injury.

Soul Repair is a "go-to book" for opening the dialogue between clergy/spiritual care providers and mental health providers. It offers meaningful insights and personal illustrations to help fill the knowledge gap for those readers who genuinely ask, "What is Moral Injury?," "What's it like to experience it?," and "How can I support someone who is going through this process?" Such rich information lends itself, and positions itself well, for the sincere reader to better-understand, provide, or to refer service members or veterans for mental health or clergy care (or both). The authors do provide some helpful initial suggestions for assisting those who struggle with moral injury. These include connecting within a supportive community and building friendships, emotional expression through the arts, recovering meaning and purpose through service, and "deep listening" on the part of helpers.

If there is a critique of the book, it is that the personal narratives come from those who are quite far along the path to recovery and have found meaning in pursuing the wider societal and political implications of their journey. While this is to be celebrated, it runs the risk of obscuring the long dark night experienced by many veterans and may suggest a single optimal trajectory for recovery. Certainly every veteran has earned the right to find their own voice and to share with all of us the wisdom and insights they have gained at such a great cost. For some veterans meaning will be found in moral opposition to war and activism directed toward broadening the ability of warriors to leave military service through the conscientious objection process. In the clinical experience of these reviewers, most veterans with moral injury do not become morally opposed to war—rather many would willingly take up arms again and re-enter the field of battle to support their brothers and sisters if they were physically and emotionally capable.

In the opinion of these reviewers, "soul repair" best happens when helpers sit alongside the veteran in the midst of pain and anguish and bear hopeful witness to the long journey of transformation that may occur. When helpers too quickly jump in to "fix" or "answer," they risk inserting their own personal journey into that of the veteran. Accompanying a veteran on his or her journey toward creating new meanings from painful and enduring past experiences is a great honor and it is incumbent upon helpers to support, to encourage, but not to redirect the veteran away from their unique path.

Moral injury is a construct that identifies the morally-injurious consequences (wounds) of war and wartime trauma. Experiences such as perpe-

trating violence, being required to kill someone or to witness killing, or lacking the ability or means to help those in need can transgress one's deeply held moral, spiritual, and religious beliefs or culture-based, organizational, and group-based rules about fairness and the value of life.[3] Thus, service members may experience themselves as being "morally wounded" or experience "moral injury" as a result of their exposure to, and involvement in, traumatic experiences.

Moral injury is often experienced as an intensely private, deeply sincere, and often distressing self-questioning and soul-searching. Specifically, many veterans experience cognitive, emotional, and spiritual consequences of war-related trauma that often lead them to ponder such basic questions as: "Does God exist?" or "Is God fair and just?" Many struggle with, or abandon, their spiritual faith or religion and many report feeling guilt and shame regarding their wartime behaviors.[4] For example, a study by Kent Drescher and David Foy in 1995 found that seventy-four percent of Vietnam veterans in a PTSD residential rehabilitation program reported that they had difficulty reconciling their religious beliefs with wartime traumatic experiences.[5]

Military service members vary widely in their cultural and religious upbringing. Since before the Revolutionary War, military chaplains have provided confidential spiritual care to all service members. Since World War II the Department of Veterans Affairs has incorporated chaplains into the health care system for veterans. Clergy/chaplains and mental health providers each have strengths and limitations in their capacity to address issues like moral injury that overlap the two care-giving domains. Some veterans will seek out clergy for care, while others will seek help from mental health providers. Optimal care for veterans with moral injury will emerge as clergy and mental health providers increase knowledge of, and collaboration with, one another.

There is increasing recognition of the importance of identifying, and perhaps incorporating into psychological services, the spiritual and religious beliefs and practices of patients. It has been suggested that culturally competent care should address such practices and beliefs in order to recognize when a patient is in need of spiritually-integrated, or even spiritually-directed psychotherapy, or to consider and make a referral (for mental health or spiritual counseling services), if appropriate.

There is a demonstrated dearth of training that mental health counselors receive regarding spirituality and religion that parallels the limited training clergy receive about mental health issues. Research suggests that psychologists are reluctant to address the spiritual and religious beliefs and

practices of their clients because they are unsure how to do so within the boundaries of their ethical standards. Surveys of directors of *American Psychological Association*-accredited clinical programs and internships found that few addressed religion and spirituality systematically, that some did not cover these issues at all, and that issues of religion and spirituality tended to be addressed only in clinical supervision (if the client introduced them).[6] Finally, it appears there is a general lack of training in this area that likely leaves many practitioners hesitant to approach this topic in counseling.

To bridge the gap between spirituality and mental health care for veterans, and others who have experienced negative trauma sequelae, both clergy/spiritual providers and mental health providers should learn how to competently address religious/spiritual and moral issues with clients. This should begin as an integral part of their initial training. Further, each discipline should be trained to know when and how to refer to the other.

Spirit and Trauma: A Theology of Remaining

Although the term "moral injury" does not appear in Shelly Rambo's *Spirit and Trauma: A Theology of Remaining*,[7] the theological response to trauma that Rambo articulates has substantial implications for how pastoral care providers approach this topic. Rambo's theology of trauma draws heavily on the work of the Catholic theologian Han Urs von Balthasar, particularly Balthasar's interpretation of how the mystical experiences of his friend Adrienne von Speyr help to reveal a theology of Holy Saturday. Rambo uses this day between the death and resurrection of Christ to develop a theology of the middle ground between life and death, a way of understanding what remains after experiences of death and trauma.

For Rambo, Holy Saturday marks the point in time when Nietzsche was right—"God is dead" and there is no simple waiting for a scene change. Rambo asserts that too often the Christian narrative has been viewed through the lens of Easter, a viewpoint colored by hindsight bias wherein we become tempted to dismissively assert that everything turns out fine—but this linear interpretation of death followed by redemption is not the experience for many of those who have experienced trauma. For many of them, death remains. Loneliness, forsakenness, and abandonment remain; unseeing confusion and complexity remain. These, too, are the hallmarks of Holy Saturday. In attempting to develop a theology of Holy Saturday, Rambo has in a sense set an impossible task, for her aim is to paint a picture of a void—of space, absence, and nothingness. Her theological struggle to

give voice to that which cannot be articulated parallels the struggle faced by those who have experienced traumatic events to continue living in the presence of death. It is not a simple struggle, but it is honest.

Rambo strives to demonstrate to the reader that Christianity is not too small, too reductionistic, or too narrowly focused on a neat redemptive narrative to be of use to trauma survivors. Rather, Christianity is what survives after trauma—it is what remains—it is the witness between life and death. For Rambo, the Holy Spirit occupies this middle ground, bearing witness to the abyss as well as to the promise of life. This is a fragile territory, but it is this fragility that accommodates the reality of human experience and human suffering. Rambo's insistence that the Christian narrative is intended to be viewed from this middle ground between life and death, from this place of uncertainty and complexity, illuminates new possibilities for how to respond not only to trauma but to moral injury.

The development of moral injury in the psychological literature can be interpreted as suggesting that the medicalization of psychological trauma—embodied in both the diagnosis of PTSD as a mental illness, as well as in the treatment of PTSD as a fear-based disorder—is a simplification of what it means to survive a traumatic event. The construct of moral injury points to the need for much more complex conceptualizations of suffering in the wake of trauma, including traumatic acts that one may have perpetrated. Morally injurious trauma of this type presents survivors with the inescapable task of accommodating death into their life narrative. In the dominant cultures of medicine and Christianity, death is something to be conquered, not something that is permitted to remain. But it does remain for many who have survived trauma, and psychotherapies and theologies that fail to make room for this remainder will prove too shallow to accommodate the depths of human suffering.

Developing the Construct of Moral Injury

The construct of moral injury must be fit into what science presently knows about how morality develops and functions in human beings. For many years a great deal of emphasis was placed on moral development from a learning perspective following the work of Lawrence Kohlberg.[8] From this perspective, much of morality is gleaned from family and community and moral decision-making heavily influenced by logical reasoning. There is strong evidence for the role of learning—however, in recent years increas-

ing attention has been placed on understanding how biology is involved in moral judgment and behavior within the human species, and what adaptive role it played in maintaining human community. In that vein, new findings in neuroscience provide evidence that there are biological mechanisms that elicit and regulate moral emotions and influence behavior. Some of these mechanisms occur too rapidly to involve reasoned thinking, and yet, are associated with consistent moral judgment, decisions, and behavior.

Social psychologist, Jonathan Haidt and colleagues have suggested the existence of what they call moral intuitions. Moral intuition has been defined as *"the sudden appearance in consciousness, or at the fringe of consciousness, of an evaluative feeling (like–dislike, good–bad) about the character or actions of a person, without any conscious awareness of having gone through steps of search, weighing evidence, or inferring a conclusion."*[9] Haidt has identified five core moral intuitions including: 1) harm/care, 2) fairness/reciprocity, 3) in-group/loyalty, 4) authority/respect, and 5) purity/sanctity.

In a recent article by Tage Rai and Alan Fiske,[10] they describe a new model for understanding moral disagreement across social groups. For example, in one culture a family member stabbing and killing a daughter who had been raped might be deemed a moral necessity by other family members—yet that same action viewed by other cultures might be deemed barbaric and immoral. Rai and Fiske utilize relationship regulation theory (RR) to begin to explain these differences in moral perspective. Relationship regulation theory has identified four types of social relationships that are seen consistently within and across cultures. These include communal sharing (CS), authority ranking (AR), equality matching (EM), and market pricing (MP). The authors postulate that each type of social relationship is associated with a particular type of moral motivation (for example, intuition). Thus, communal sharing tends to elicit "unity," a tendency to care for and support the integrity of one's group through a sense of shared responsibility and common fate. Groups held together with authority ranking tend to elicit "hierarchy," where subordinates are encouraged to respect, obey, and pay deference to superiors, while superiors protect and nurture those with lower rank. Equality matching groups elicit "equality," where fairness and equal treatment of all group members is valued. Finally, groups organized around market pricing tend to elicit "proportionality." In such groups members try to ensure that rewards or punishments are proportional to their effort, merit, costs, or guilt. The authors point out that, while these relationship styles can be seen across cultures, these relationships and moral motivations play out with individuals as well, often in

complex and overlapping ways. They note that the same two friends may in-
teract with different social relationships and different moral rules across situ-
ations. They may share belongings freely with each other (ES), work together
on a task where one is an expert and "in charge" and the other a learner (AR),
take a trip together equally dividing the cost of gas (EM), and sell a book to
the other person at the market price (MP). Behavior that steps outside of what
is expected, given the particular style of relationship, might be deemed wrong
or immoral. Particularly relevant to combat trauma, the authors write:

> Moral disagreement can also occur within individuals, as they may
> face situations in which the appropriate moral motive is ambiguous.
> Additionally, people participate in multiple relationships, each with their
> own moral motives; often, these motives pull in different directions. Thus,
> if soldiers feel some sense of CS (communal sharing or Unity) to all hu-
> mans, killing an enemy can have traumatic consequences…Similarly, sol-
> diers may feel morally motivated in their actions while they are in battle,
> but when they return home they may have difficulty reconciling what
> they have done with a new environment that constitutes different social-
> relational models and consequent moral motives and has no consistent
> process for reintegrating them into the social group.[11]

For researchers, having a testable model of how the moral perspec-
tives of combatants might be shaped within the context of war provides a
framework for studies that might ultimately improve both mental health
and spiritual care.

Recent Research on Moral Injury

Two qualitative studies have been conducted on moral injury. One study by
Kent Drescher et al.[12] involved interviews with highly experienced care pro-
viders (both clergy and mental health) on their views about moral injury. The
second, by Allison Flipse Vargas and colleagues,[13] examined qualitative data
collected from an epidemiological sample of Vietnam veterans conducted in
the late 1980's (The National Vietnam Veterans Readjustment Study). These
studies identified several types of war experiences that may lead to moral in-
jury among veterans: These were: 1) acts of betrayal (by leadership, peers, ci-
vilians, or self); 2) acts of disproportionate violence inflicted on others; 3) inci-
dents involving death or harm to civilians; and 4) within ranks violence. The
studies also identified several possible signs and symptoms of moral injury.
These include: 1) social problems such as isolation or aggression; 2) trust is-
sues (such as problems with intimacy); 3) spiritual changes including loss of

faith; 4) existential issues such as fatalism or sorrow; and 5) negative views of self.

A third study, just completed by Joseph M. Currier et al.,[14] provides initial evidence of the psychometric properties of a new scale that measures morally injurious experiences (MIQ). The study found evidence for the validity of the measure and significant associations between MIQs and work/social adjustment, PTSD, and depressive symptoms (including suicidality) after controlling for the effects of combat exposure. Additionally, a brief therapeutic approach for the treatment of combat stress that specifically includes issues of grief and moral injury has been developed and piloted with active duty Marines.

It is far too early to make any statement based in evidence that would associate moral injury with suicide, homelessness, or any other problematic outcome of war zone trauma. The research has simply not yet been done. That being said, one recent study[15] found a statistical correlation between killing and suicidal thinking, and between killing and desire for self-harm, where the mechanism that produced the correlation in the first instance was higher depression and PTSD, and in the second instance was higher PTSD symptoms. However, it is much too early to make definitive statements about how moral injury contributes to negative health outcomes.

Helping Veterans Recover from Moral Injury?

Veterans benefit when clergy and mental health providers work collaboratively to provide optimal care. Issues of guilt, shame, remorse, and forgiveness related to combat where injury or death were inflicted, witnessed, or not prevented will inevitably arise when veterans speak with mental health providers and with religious professionals. These spiritual struggles and health symptoms are relevant for both mental health treatment and for spiritual care. As research on moral injury develops over the next few years, we may learn that current evidence-based mental health treatments (EBT) for PTSD adequately address moral injury or we may find that treatment modifications or new approaches to care are necessary. Brock and Lettini's *Soul Repair* and Rambo's *Spirit and Trauma* contribute significantly to this collaboration. These books are helpful in assisting clergy and mental health providers in thinking through how religious faith can bear witness to, and provide support for, those in the depths of humans suffering. Both books push the reader to consider how to move beyond the hollow reductionistic insistence, commonly found in both theologies and therapies, that trauma survivors find clean, easy,

and quick redemption. Helping those who experience guilt or shame related to transgression has long been a part of spiritual care across many religious/spiritual traditions. Many traditions have beliefs, rituals, and spiritual practices to assist in these areas and clergy are well equipped to help people work through religious/spiritual aspects of these issues. Our hope is that mental health providers and religious professionals will: a) discuss their unique styles of intervention; b) come to trust and support one another; c) actively seek to collaborate in care; and d) be willing to cross-refer veterans to one another.

Where Can I Go to Learn More about Moral Injury?

In addition to some of the references already cited in this article, more resources are available on the National Center for Posttraumatic Stress Disorder website: www.ptsd.va.gov. This website includes a moral injury fact sheet in the "Providers" section, a recent issue of the *PTSD Research Quarterly* that contains a brief overview of moral injury by Shira Maguen and Brett Litz, and an additional fact sheet on the relationship of spirituality and trauma that includes a mention of moral injury.

NOTES

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3. Litz et al., "Moral Injury and Moral Repair in War Veterans."

4. Alan Fontana and Robert Rosenheck, "Trauma, Change in Strength of Religious Faith, and Mental Health Service Use among Veterans Treated for PTSD," *Journal of Nervous and Mental Disease* 192, no. 9 (2004): 579–584. See also Litz et al., "Moral Injury and Moral Repair in War Veterans."

5. Kent D. Drescher and David W. Foy, "Spirituality and Trauma Treatment: Suggestions for Including Spirituality as a Coping Resource," *NCPTSD Clinical Quarterly* 5, no. 1 (1995): 4–5.

6. Peter A. Brawer, Paul J. Handal, Anthony N. Fabricatore, Rafael Roberts, and Valerie A. Wajda-Johnston, "Training and Education in Religion/Spirituality within APA-Accredited Clinical Psychology Programs," *Professional Psychology Research and Practice* 33, no. 2 (2002): 203–206. See also J. Scott Young, Craig Cashwell, Marsha Wiggins-Frame, and Christine Belaire, "Spiritual and Religious Competencies: A National Survey of CACREP-Accredited Programs," *Counseling and Values* 47, no. 1 (2002): 22–33, accessed April 15, 2013, http://www.andrews.edu/sed/gpc/faculty-research/carbonell-research/spiritual-and-religi.pdf.

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10. Tage Shakti Rai and Alan Page Fiske, "Moral Psychology is Relationship Regulation: Moral Motives for Unity, Hierarchy, Equality, and Proportionality," *Psychological Review* 118, no. 1 (2011): 57–75, accessed April 15, 2013, http://www.irsp.ucla.edu/Images/PDFs/Rai%20%26%20Fiske%202011.pdf.

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13. Allison Flipse Vargas, T Hansen, D Kraus, Kent D. Drescher, and David W. Foy, "Moral Injury Themes in Combat Veterans' Narrative Responses from the National Vietnam Veterans' Readjustment Study (NVVRS)," *Traumatology* (In Press, 2013), published online before print February 21, 2013.

14. Joseph M. Currier, Jason M. Holland, Kent D. Drescher, and David W. Foy, "Moral Injury Questionnaire—Military Version: Initial Psychometric Evaluation in a Community Sample," manuscript submitted for publication.

15. Shira Maguen, David D. Luxton, Nancy A. Skopp, Gregory A. Gahm, Mark A. Reger, Thomas J. Metzler, and Charles R. Marmar, "Killing in Combat, Mental Health Symptoms, and Suicidal Ideation in Iraq War Veterans," *Journal of Anxiety Disorders* 25, no. 4 (2011): 563–567.