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# Addressing Moral Suffering in Police Work: Theoretical Conceptualization and Counselling Implications Aborder la question de la souffrance morale dans le travail des policiers : conceptualisation théorique et implications pour le counseling

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## ABSTRACT

*Moral distress* is a condition affecting police officers who, because of insurmountable circumstances (e.g., not being able to protect a civilian from a violent criminal) or bad judgement (e.g., crossfire between officers), believe that they did not do enough or did not do the “right thing.” *Moral injury* occurs when police officers perpetrate, fail to prevent, or bear witness to deaths or severe acts of violence that transgress deeply held moral beliefs (e.g., fatally shooting an allegedly armed criminal who is later proved to be unarmed). Considering the multidimensional nature of police work, several authors have maintained that it is imperative to understand the complex nature of police moral suffering (i.e., moral distress and moral injury). This review highlights the importance of assessing and recognizing moral injuries and/or distress among police officers. The data indicate that counsellors should build relevant, empirically validated interventions into their counselling treatment plans. Moreover, researchers have suggested that counsellors employ practice-based and evidence-based techniques with officers who experience moral suffering. Ultimately, recommendations for future research are provided, considering that research in this area is in its infancy.

## RÉSUMÉ

Des agents de police sont aux prises avec de la détresse morale, en raison de circonstances inévitables (p. ex. ne pas être en mesure de protéger un citoyen contre un criminel violent) ou d'erreurs de jugement (p. ex. tirs croisés entre agents); pour la plupart, ils considèrent ne pas en avoir fait suffisamment ou ne pas avoir « fait ce qu'il fallait ». La blessure morale survient lorsque les agents de police causent des morts, ou sont incapables de les prévenir ou sont témoins de morts ou d'actes de violence graves qui vont directement à l'encontre

de principes moraux fondamentaux (p. ex. le fait d'abattre un criminel soupçonné d'être armé, mais qui en fait ne l'était pas). Compte tenu de la nature multidimensionnelle du travail policier, plusieurs auteurs ont soutenu qu'il fallait absolument comprendre la nature complexe de la souffrance morale des agents de police (à savoir la détresse morale et la blessure morale). Ce survol souligne l'importance d'évaluer et de reconnaître les blessures morales et la détresse morale chez les policiers. Les données recueillies indiquent que les conseillers et conseillères devraient concevoir des interventions pertinentes et empiriquement validées dans le cadre de leurs plans de soins en counseling. De plus, les chercheurs suggèrent que les conseillers et conseillères aient recours à des techniques fondées sur la pratique et sur des données probantes dans leurs interventions auprès de policiers qui éprouvent une souffrance morale. Enfin, l'article propose des recommandations pour les recherches à venir, étant donné que la recherche en ce domaine n'en est actuellement qu'à ses balbutiements.

Police officers' exposure to extreme stress and trauma are topics that have been extensively studied and discussed in the scientific literature (e.g., Manzella & Papazoglou, 2014; Martin, Marchand, Boyer, & Martin, 2009; Papazoglou, 2013; Tuckey, Winwood, & Dollard, 2012). It is commonly recognized that exposure to acute and chronic levels of stress can negatively impact officers' physical and emotional well-being. Less well-investigated are the various moral risks of police work, which can leave officers struggling on a moral and/or spiritual level (Blumberg, Papazoglou, & Creighton, 2018). The present article discusses the potential for moral suffering among police officers. It makes the argument that health service providers who work with this population should pay more attention to the possible presence of moral distress and moral injury, which are two separate but related conditions.

In 1986, the second author conducted a post-shooting debriefing with a veteran officer. A high-speed pursuit ended when the suspect's car crashed, and a shooting ensued. The suspect fired hundreds of rounds from a machine gun at the officer and his partner, neither of whom were injured. Both officers returned fire and struck the suspect multiple times. When the suspect was no longer a threat, the officer began CPR, despite the scorn of his partner who, at the scene, conveyed a desire to let the suspect die.

During the debriefing, the officer expressed a moral struggle because he started CPR over his partner's objection. He thought that there must be something wrong with him because he wanted to save the person who was just trying to kill him. The ongoing (albeit brief) counselling focused only on the moral distress he felt. There were no symptoms of anxiety, concerns about future safety, or other post-shooting traumatic stress symptoms, although he did ultimately question his partner's humanity. It is unclear whether the partner experienced any moral distress over his reaction at the scene. However, this incident exemplifies how different officers may react differentially to moral situations in the field.

Despite the moral conflicts experienced in the line of duty, police officers are mandated to make decisions and fulfil their responsibilities in a way that is compatible with police values, and more broadly, with society's values regarding morally acceptable behaviour. Police officers are asked to do what is "right" and to

maintain peace and order. When police officers feel that they have not satisfied this mandate, they may experience moral struggles that, in turn, may have a number of negative outcomes, such as increased vulnerability to stress, adverse reactions to traumatic incidents, and poorer job performance (Blumberg & Papazoglou, 2019; Morely, 2003; Papazoglou & Chopko, 2017). The unique and pernicious role of moral conflict has been discussed by many trauma scholars who suggest that current posttraumatic stress disorder (PTSD) diagnostic criteria do not sufficiently capture the phenomenon of “inner conflict” or moral conflict in general (e.g., Litz et al., 2009) or specifically, in police officers’ exposure to traumatic incidents (Kopacz et al., 2016; Nash & Litz, 2013).

To date, although there has been some theory developed and an initial conceptualization of moral suffering among police officers, there have been few direct empirical investigations (e.g., Blumberg & Papazoglou, 2019; Papazoglou, Bonanno, Blumberg, & Keese, 2019). In light of this, the purpose of the current manuscript is threefold: (a) to review the state of the literature on moral suffering in police work; (b) to recommend possible techniques and organizational strategies (most of which are adapted from interventions developed with military populations struggling with moral issues) for mental health professionals to help police officers surmount their moral suffering; and, (c) to advocate for additional empirical investigation, policy development, and counselling intervention in this area.

#### MORAL SUFFERING

This section explores two types of moral struggle that can compromise police officers’ wellbeing and job performance: moral distress and moral injury.

##### *Moral Distress*

In the mid-1980s, the philosopher Andrew Jameton (1984) referred to moral distress as the psychological disequilibrium and internal tension experienced by caregiving professionals when various factors prevent them from doing what is morally right in their workplace. These factors are associated with an organization’s policy and protocol, a lack of time and resources, workers’ mistakes, and bad judgment calls on the job. Moral distress also occurs when job requirements exceed the capacity of individual workers to perform their duties effectively, or when other relevant matters prevent caregiving professionals from acting in a “morally correct” way (Corley, 2002; McCarthy & Deady, 2008).

Furthermore, in their study with healthcare professionals, Kälvmemark, Höglund, Hansson, Westerholm, and Arnetz (2004) found that moral distress may be experienced when caregiving professionals decide to act in ways that are antithetical to the organization’s policies or protocols or that are contrary to a supervisor’s directions. In such situations, even when caregiving professionals are aware that they have made the “right” medical decision, they still may experience moral distress because they feel they have violated their organization’s procedures or their supervisor’s orders.

Moral distress can lead to impaired work performance in caregiving professionals, who may experience feelings of guilt, shame, and burnout. To prevent intensifying these feelings, some providers avoid responding to cases perceived to be similar. Moral distress causes some providers to disengage because they feel powerless to provide adequate help to those who are suffering, such as patients and crime victims (Corley, 2002). Moreover, those suffering from moral distress are at a higher risk of experiencing low job satisfaction, feeling compelled to quit their jobs prematurely, moving to different units, or taking significantly more sick days compared to their colleagues who have not experienced moral distress (Mänttari-van der Kuip, 2016; Pendry, 2007). While moral distress has been predominantly studied in the field of nursing (e.g., Corley, 2002; Repenshek, 2009), the psychological repercussions of moral distress also have been examined within other caregiving professionals, such as occupational therapists (Penny, Bires, Bonn, Dockery, & Pettit, 2016), physicians (Kälvemark et al., 2004), and social workers (Mänttari-van der Kuip, 2016).

### *Moral Distress in Police Work*

Although there is a great need for empirical research on moral distress specifically among police officers, in many respects the research on moral distress with healthcare providers and social workers offers some transferability. First, the roles are focused on helping others and providing a broader service to society. Also, police officers and members of these other professions often work under strained systemic conditions (e.g., a lack of resources, complexity of the presenting issues, and entrenched bureaucracies), which can limit the worker's ability to act in a manner that is consistent with their values or the values of their organization.

Conversely, there are unique aspects of the policing profession. Police officers are expected to make the "right" decision, even when none of the available choices are apparent. They are tasked with maintaining peace and order, including using necessary force. Furthermore, they are sometimes faced with following a supervisor's order, which might conflict with their values.

For example, a patrol officer and his partner respond to a domestic violence call. The officer's partner is physically injured while attempting to subdue the perpetrator. The unharmed officer follows the operational protocol he learned during training on domestic violence cases and takes reasonable, defensible action. Nevertheless, because of the negative outcome (i.e., harm to his partner), the officer cannot shake the guilt he feels for not doing enough to prevent what happened to his partner. Because of this moral distress, in the future, he may try to avoid responding to similar calls, and/or he may act in a hyper-aggressive manner to prevent a similar outcome.

Immediately upon their recruitment to the police academy, trainees are instilled with foundational values such as integrity, citizenship, justice, and pride (Laguna, Linn, Ward, & Rupslaukyte, 2010; Miller, 2000). Police recruits are trained in a way that prioritizes serving and protecting civilians in the community, even at their peril. Officers frequently witness human suffering in the line of duty (e.g.,

victims of crimes). At the same time, they are taught to use necessary force to uphold the law. These disparate and complex roles can lead some officers to develop what has come to be known as a “God syndrome” (Beaton & Murphy, 1995, p. 69), where they attempt to respond to all emergency calls, save all victims, and arrest all criminals. This, of course, is an impossible objective. Additionally, officers are under a high degree of public scrutiny, which can amplify the perceived consequences of negative outcomes.

Together, these factors create a significant discrepancy between officers’ expectations for themselves and the reality of the job. Frequently, police officers are unable to have a positive impact in many situations that they encounter, despite their best intentions and efforts. These experiences may cause them to question whether “we live in a just and safe world” (Burns, Morley, Bradshaw, & Domene, 2008; Craig & Sprang, 2010) and can leave officers with significant levels of moral distress (e.g., “I was not competent enough to end suffering in my precinct,” “I had to use force to arrest the abusive husband in front of his family”).

In his opinion article, police psychologist Morely (2003) argued that police officers might experience emotional paralysis and compassion fatigue as a result of this moral distress. It is apparent that moral distress is prominent among police officers and that its nature deserves to be examined by further research (Papazoglou, Blumberg, Briones-Chiongbian, Russo, & Koskelainen, 2019).

### *Moral Injury*

Researchers and counsellors who work with veterans and military personnel have studied moral injury extensively. Moral injury was not unknown in the past; indeed, there are a myriad of historical references depicting ancient warriors (e.g., Samurai, Greek-Roman war tradition) who experienced moral suffering or moral wounds (Dombo, Gray, & Early, 2013; Shay, 2014). The U.S. Marine Corps uses similar terms in their tactical training, such as “inner conflict,” when referring to morally injurious experiences (Nash & Litz, 2013). In their theoretical article on the conceptualization of moral injury, Litz and colleagues (2009) mentioned that *moral injury* refers to one’s perpetrating, failing to prevent, or bearing witness to actions of death, cruelty, and severe violence that “transgress deeply held moral beliefs and expectations” (p. 1). These researchers have contended that the experience of moral injury emerges when someone with legitimate authority in a high stakes situation perpetrates, fails to prevent, or witnesses disproportionate violence, incidents involving civilians, within-rank violence (e.g., friendly fire, military sexual trauma, betrayal of “what’s right,” leadership failures) (Maguen & Litz, 2012; Shay, 2014).

Furthermore, Frankfurt and Frazier (2016) noted that when one witnesses the death or severe injury of a close comrade, s/he is more likely to kill others and commit atrocities and, hence, is more vulnerable to experience moral injury. In other cases, service members may experience moral injury when, for instance, they obey orders to leave behind a wounded comrade to save themselves or others (Shay, 2014).

Research has indicated that moral injury may lead to multiple negative impacts, such as feelings of guilt and shame, alienation, lack of trust towards one's self and others, anhedonia, dysphoria, poor self-care, self-harm, suicidality, PTSD susceptibility, loss of spirituality, negative changes in ethical attitudes, and negative attributions about God (Currier, Holland, & Malott, 2015; Drescher & Foy, 2007; Farnsworth, Drescher, Nieuwsma, Walser, & Currier, 2014; Vargas, Hanson, Kraus, Drescher, & Foy, 2013). Additionally, other effects of moral injury include self-handicapping behaviours, demoralization, lack of social support, a sense of meaninglessness, and existential despair (Frankfurt & Frazier, 2016). In some cases, moral injury may indirectly have a "contagious effect" on the person's family members and friends (Nash & Litz, 2013). In their qualitative research study with veterans from the Iraq/Afghanistan era, Currier, McCormick, and Drescher (2015) found that injurious moral events likely occur in the following domains: organizational (e.g., leadership perceived as incompetent), environmental (e.g., persistent chaos), cultural (e.g., dehumanization of enemy), and psychological (e.g., grief over combat losses).

### *Moral Injury in Police Work*

Moral injury scholars Maguen and Litz (2012) wrote that "the scientific discourse about moral injury is nascent" (p. 3). Even though death, trauma, and loss are prevalent in police work, there is a lack of direct empirical research into moral injury in policing. Indeed, researchers have called for the study of moral injury among non-military professionals such as police officers and other first responders (Currier, McCormick, & Drescher, 2015).

As part of their duties, police officers often must make critical decisions (e.g., shoot/not shoot) that may turn out to be morally detrimental. For example, in his books *56 Seconds* (Gravel, 2012) and *Walk the talk: First responder peer support* (McKay & Gravel, 2016), Staff Sergeant Sylvio (Syd) Gravel (a Canadian police veteran, police peer support expert, and author) shared his traumatic recollections of moral injury and trauma when, during his night shift, he fatally shot an allegedly armed man. However, it was later discovered that the man was unarmed. Sgt. Gravel described with detail the impact of moral injury in his personal life (e.g., alienation, lack of trust) as well as the role of moral injury as a factor that led him to the development of PTSD:

Moral injury that sometimes feeds our anger... everyone around you is treating you like a hero for having the courage to do what you had to do. Outwardly, you show appreciation for their supportive comments but inwardly you feel emotionally broken. (McKay & Gravel, 2016, p. 153)

Similarly, even when the suspect is armed, if a bystander or fellow team member is injured during the shooting (i.e., it did not go exactly as planned), a moral injury can develop. In their research with police officers, Komarovskaya and colleagues (2011) found that officers who killed or seriously injured someone in the line of duty had a significantly higher risk of developing PTSD than officers who had



never killed or seriously injured somebody while on duty. Perhaps unsurprisingly, in two different qualitative studies, officers reported that making a mistake in the line of duty that resulted in the death of a colleague would be the most stressful from a list of more than 30 potentially traumatic incidents experienced by officers (e.g., being threatened with a gun, witnessing someone being killed) (Chopko, Palmieri, & Adams, 2015; Weiss et al., 2010).

Although recognition of the potential moral impact of a police shooting is important, numerous other non-shooting events can lead to moral injury in police officers. The events can be categorized as officer-initiated and officer-observed incidents. In the officer-initiated category, officers may experience moral injury from both omitted and committed behaviour. The committed behaviours range from excessive force during an arrest to impatience or rudeness when taking a victim's statement. The omitted behaviours range from a slow response to a call where a colleague or community member is injured or killed to failing to report a co-worker who commits an unethical act. In all these situations, the officers are left questioning their moral values and their ability to make morally correct decisions consistently. In the officer-observed category, a feeling of betrayal can ensue after an officer witnesses a supervisor or a trusted colleague violate a policy, procedure, or social norm. However, one can argue that these initiated and observed events, which are more ambiguous than officer-involved shootings, are some of the most morally challenging situations faced by police officers and, therefore, they are the incidents that often lead to moral injury.

#### POLICE MORAL SUFFERING IN PSYCHOTHERAPY: COUNSELLING IMPLICATIONS

Moral suffering (i.e., moral distress and moral injury) is prevalent in police work. Even though it has not been adequately studied empirically, anecdotal evidence confirms that many police officers experience the deleterious impact of moral suffering. Research findings (e.g., Currier, Holland, & Malott, 2015; Litz et al., 2009) have indicated that moral suffering initiates PTSD symptomatology among frontline professionals. Therefore, mental health professionals who provide treatment to police officers diagnosed with PTSD (or, for that matter, any psychological condition) should consider the moral suffering component in their therapeutic work with this population. However, Litz and colleagues (2009) argued that current evidence-based treatments for PTSD might not sufficiently address moral suffering, so psychotherapy with this population should also incorporate specific elements that treat moral suffering (e.g., forgiveness, self-compassion).

In the following section, several practice-based and evidence-based approaches are provided. Mental health professionals can apply these approaches to help police officers who are experiencing some degree of moral suffering. Many of these strategies have been recommended for work with nurses and veterans as effective ways to target moral suffering in the therapeutic context (e.g., Jordan, Eisen, Bolton, Nash, & Litz, 2017; Nash & Litz, 2013). The present authors, based on their anecdotal experiences, identify ways in which these therapeutic

techniques can be adapted for police officers who are experiencing moral distress and moral injury.

Before discussing therapeutic strategies, however, it is important to reiterate something that most mental health providers might already know. Many, if not most, police officers will not present with a complaint about moral suffering. For that matter, many officers will not immediately report feelings of guilt or shame, explicitly reference a specific event that caused distress, and/or connect their presenting problem with any crisis of conscience. The counsellor who is aware of the likelihood of moral suffering among police should thoroughly, but gingerly, assess the extent to which the officer is experiencing moral distress due to what the officer did (or failed to do) and/or what the officer observed a trusted colleague do.

*Psychoeducation.* Scholars have emphasized the crucial role of psychoeducation in helping caregiving professionals (Pendry, 2007) and military service members/veterans (Litz et al., 2009) learn about and reduce their moral suffering. Prior research with police officers has shown that psychoeducation can be a successful tool for helping improve perspectives about trauma and loss (e.g., Manzella & Papazoglou, 2014). Similarly, police officers can be helped to understand the job-related factors that increase the risk of moral distress. Specifically, psychoeducation provides a way of helping officers understand what they are experiencing in a potentially more accurate and palatable (i.e., less medicalized) fashion, while at the same time, focusing on the specific ways in which their job affects cognitive, emotional, behavioural, and spiritual health. This knowledge provides officers with a foundation on which to build the tools necessary to minimize their moral suffering and to gain a sense of control over it. This process increases engagement and belief in the therapeutic process.

Psychoeducation may occur in the context of individual psychotherapy (Litz, Lebowitz, Gray, & Nash, 2016) as well as in a group format, such as a police workshop or seminar (Regel, 2007). Mental health professionals who work with police organizations can develop psychoeducational sessions for officers and their supervisors. It has been suggested (e.g., Frankfurt & Frazier, 2016) that police leaders can be a catalyst for their officers to address and process moral suffering by modelling openness to the topic and normalizing the concept as a routine part of police work. Considering this, it may be particularly effective for mental health professionals to collaborate with police managers, trainers, or supervisors when providing information about moral suffering in police work.

In addition to providing psychoeducation through workshops or seminars, the techniques described in the following paragraphs (e.g., mindfulness, pleasant activities, and cognitive restructuring) can be adapted to the group context. These activities ideally should be interactive, rather than purely didactic to foster open dialogue among officers. They should include relevant police cases and testimonials to increase officers' understanding of the effects of moral suffering on job performance and on their overall health and wellbeing (Leggett, Wasson, Sinacore, & Gamelli, 2013). Discussion of moral suffering in this context may intensify the therapeutic impact of psychoeducation, help normalize moral reactions, and



directly reduce feelings of guilt, shame, and anger because of the collaborative setting of the group format.

*Mindfulness.* Mindfulness, which involves bringing one's attention to the present moment, can help officers develop greater awareness of their thoughts, feelings, and bodily sensations (e.g., heart rate, breathing) in an accepting and a non-judgmental manner (Papazoglou, Collins, & Chopko, 2016). Research has demonstrated the benefit of mindfulness for reducing anger (Bergman, Christopher, & Bowen, 2016) and some PTSD symptoms (Chopko & Schwartz, 2013) in police officers. For many officers, it may be uncomfortable to be encouraged to sit with and tolerate internal experiences without trying to change them, especially because of the role that decision-making and acting plays in their professional lives. Nevertheless, by practicing mindfulness officers become more aware of personal feelings of moral suffering such as guilt, shame, and anger, and how these feelings may be affecting their functioning. In addition to increasing awareness of internal states, mindfulness also provides a framework for emotion-regulation that can be used routinely in daily life as well as during more active processing moments in therapy. Counsellors are encouraged to practice mindfulness exercises with their police clients, especially those struggling with moral suffering.

*Pleasant activities.* Officers who experience moral suffering often isolate themselves from others due to their feelings of guilt, shame, and unworthiness. Exercise, relaxing hobbies, and time with loved ones can help to minimize harmful rumination and emotional numbing while reducing social isolation and improving one's mood (Drescher & Foy, 2007). Not surprisingly, however, morally distressed officers find less pleasure in previously enjoyable activities for a variety of reasons (e.g., anhedonia, hypervigilance). Therefore, counsellors are encouraged to review the rationale for behavioural activation (i.e., an evidence-based approach for improving mood and functioning) and to develop a schedule that their police clients agree to follow. The schedule should delineate the times at which officers will engage in fitness activities and hobbies with family and friends. Officers need to be reminded to have low expectations for the enjoyment they initially will feel during these activities, and that their mood will improve over time with a commitment to following the schedule.

*Cognitive restructuring.* Therapists can help their police clients to modify overly accommodated negative beliefs about themselves, others, and humanity in general, which stem from morally injurious incidents. For instance, an officer may believe that the "world is not safe," "s/he should not be forgiven for what happened," and "no one is to be trusted," based on work-related experiences. Approaches that include cognitive reappraisal (e.g., adaptive disclosure, cognitive processing therapy), by targeting maladaptive beliefs emanating from the morally injurious events, will help morally suffering officers to develop a more nuanced understanding of the factors that led to certain decisions and outcomes (Kopacz et al., 2016; Litz et al., 2016). To this end, cognitive processing therapy supports the notion that such maladaptive beliefs typically undermine the officers' self-worth, trust in oneself and others, sense of safety, self-compassion, and so forth. In particular, adaptive

disclosure has produced promising results in treating moral injury with military service members (Gray et al., 2012; Litz et al., 2016). Therefore, it appears that cognitive restructuring exercises together with some explicit discussion about the morally disturbing event(s) are important tools for counsellors to use with their morally suffering police clients.

It can be particularly helpful to review social cognition concepts that affect information processing. These include hindsight bias, just world beliefs, dissonance-reduction, and confirmation bias. Discussing with officers how these normative mental processes affect post-hoc processing of events, particularly when events occurred outside the range of typical day-to-day experiences (as is the case for many morally injurious events), can help to increase their commitment to the therapeutic process. Police officers may find it helpful to talk about how the goal of reappraisal is not to develop an overly positive view of past events, themselves, or others, but to achieve a more accurate interpretation of the details of these events.

*Apportioning blame.* It is common for police officers who are suffering morally to shoulder all the blame for what happened. Because self-blame can accentuate the experience of moral suffering and interfere with recovery from moral distress (Maguen & Litz, 2016), officers can learn to identify and modify self-blame. One strategy is to encourage officers to share responsibility for the morally injurious outcome of an incident by identifying all people and entities involved (e.g., “assign each person and entity their share of the blame from 0-100%”; Nash & Litz, 2013). The goal of this exercise is to assist officers in realizing that they bear some responsibility for the incident’s outcome, as opposed to feeling that they are entirely at fault. However, because diffusion of responsibility is a component of moral disengagement (Bandura, 1999), it is essential for the counsellor to focus this exercise on an objective, rational assessment of what happened, rather than allowing officers to minimize (or to exaggerate) their culpability.

*Self-compassion.* Self-compassion has been associated with greater life satisfaction, reduced anxiety and depressive symptoms, and overall improved psychological resilience and well-being (Neff, 2003). Regardless of the presenting problem, therapists should consider including self-compassion work with their police officer clients. Given the possibility of moral suffering, officers would benefit from “therapeutic interventions which provide meaning-making, self-forgiveness, acceptance, and a recommitment to personal values” (Haight, Sugrue, Calhoun, & Black, 2016, p. 191). These techniques include building awareness of thoughts and emotions without automatic judgment, reducing self-critical tendencies and feelings of failure, practicing self-kindness, and embracing imperfection as a part of being human (Neff, 2003). The theme of self-compassion can be woven in with the other strategies mentioned here, such as compassion-based mindfulness and writing activities (Neff, 2003).

When treating police officers and considering the potential of their moral suffering, therapists are encouraged to ask about the officers’ spirituality and religiosity. Spiritual factors were found to directly relate to military service members’ feelings of moral indiscretion and impact treatment of PTSD (Currier, Holland,

Drescher, & Foy, 2015). For officers who identify as religious, spiritually integrated cognitive processing therapy (SICPT) may be an effective intervention: “Specifically, SICPT uses the spiritual concepts and rituals of compassion, grace, spiritual guided imagery, repentance, confession, forgiveness, atonement, blessing, restitution, and making amends” to resolve moral injury (Pearce, Haynes, Rivera, & Koenig, 2018, p. 3). Of course, when appropriate, a referral to a provider with expertise in this modality should be given.

*Empty chair: Dialogue with a benevolent moral authority.* Counsellors can help police officers identify a caring, compassionate, and forgiving moral authority with whom they can engage in a simulated dialogue (Kopacz et al., 2016; Litz et al., 2009). In this way, police officers can articulate what they observed and experienced and what they think contributed to changes in their moral perspectives. In this context, emotions stemming from moral suffering (e.g., guilt, shame, anger) can be experienced and explored (Nash & Litz, 2013).

Furthermore, counsellors can encourage officers to share any remorse and/or sorrow regarding their actions, which may then lead to developing a plan for making amends. The goal of this technique is for the officer to self-generate how the authority figure would show forgiveness, which can lead to self-forgiveness and self-compassion. The exercise includes a discussion of how the officer experienced the process (e.g., “What are you taking from this exercise?” and/or “What did this exercise mean you?”; Kopacz et al., 2016; Litz et al., 2009). Ideally, the officer can sit in the chair of the benevolent moral authority. However, there may be times when the therapist steps in and plays this role, modelling forgiveness and compassion. In later sessions, another opportunity for self-compassion is for officers to experience the role of the moral authority in a “dialogue” with peers or subordinates who experienced a similar event and to think about what they would say to them.

*Make or seek amends.* Making amends is a vehicle for increasing self-forgiveness and is antithetical to self-blame and self-punishment (Litz et al., 2009; Nash & Litz, 2013). It allows officers to acknowledge that certain aspects of events did not go the way they would have liked, while at the same time, retaining a sense of morality and virtue. It can be helpful to tailor the exercise to officers’ individual needs and goals. For instance, officers can get involved in volunteer activities in their community (e.g., Drescher & Foy, 2007). Another exercise is writing forgiveness letters (Maguen & Litz, 2016), even though the letters may never be sent. It is important to note that these exercises do not require restitution or reparations directly to the individuals about whom the officer feels some guilt. They reflect the more spiritual processes of doing something morally good following behaviour that the officer felt was wrong. Fortunately for most police officers, they have and will continue to perform acts of great courage and heroism, which counsellors can use to mitigate self-blame.

Counsellors who work with police officers need to tread lightly, however, when it comes to exercises associated with making amends. Lawsuits, administrative disciplinary actions, and public scrutiny are by-products of some officers’ behaviour

that leads to moral suffering. Officers need to avoid attempts to alleviate self-blame by explicitly asking for forgiveness; such efforts could leave the officer admitting guilt in what might be a future legal action. Instead, counsellors are encouraged to focus on helping officers experience the spiritual benefit of self-forgiveness.

Because moral injury also can involve the sense of betrayal by a trusted other, seeking amends may be an important component of counselling work with morally suffering police officers. For these officers, anger is a dominant and often intrusive emotion. Therefore, seeking amends exercises should be done in a supportive, therapeutic setting. The empty chair technique may be effective, along with writing, but not sending, letters that ask for an apology. The goal is for the officers to forgive the source of betrayal to be relieved of the burden of continuing to carry the anger.

*Interdisciplinary collaboration.* Moral suffering is rarely treated by traditional psychotherapeutic techniques alone. Because this form of distress involves questions about or disruptions to officers' deeply held values, successful treatment requires some attention to officers' spiritual foundation. For some officers, it will be helpful for the counsellor to collaborate with officers' religious leaders, spiritual guides, or department chaplains to support and guide officers to re-establish a relationship with a higher power, benevolent deity, or God (Kopacz et al., 2016). For other officers who are not affiliated with a religion per se, the counsellor can facilitate a discussion about and provide guidance for the officers to re-establish a spiritual core; this can take place with, for example, a non-denominational minister or chaplain. The goal for all officers is to restore a sense of meaning and purpose in life, examine the role of forgiveness and gratitude, and work towards self-acceptance and self-forgiveness (Drescher & Foy, 2007).

Counsellors should also find ways to collaborate closely with law enforcement managers and executives. One avenue is to ensure that moral suffering is addressed in the police training curricula. Meanwhile, counsellors can work with police executives and front-line supervisors to help them learn to identify and address moral-related suffering experienced by their officers (Frankfurt & Frazier, 2016). For instance, there is an increasing trend for police organizations to implement "Safeguard" programs for officers working in higher risk areas with high potential for traumatic exposure and moral injury/distress (e.g., undercover operations, child abuse and exploitation units) (National Alliance on Mental Illness, 2016; Ontario Provincial Police, 2015). These programs build in regular assessments and check-ins with mental health professionals, which would provide excellent opportunities for assessing and addressing any emerging moral distress/injuries. To this end, counsellors can help police executives to destigmatize moral suffering by fostering an environment where officers are encouraged to express their concerns and experiences during training classes and pre-shift roll calls.

Furthermore, counsellors can work with police executives and department peer support team members to proactively confront the increased risk of moral suffering in particular police assignments (e.g., child abuse, domestic violence). Officers working in these assignments should receive preventative attention from

peer support, agency chaplains, and department counsellors. Fundamentally, information about moral suffering should be incorporated into police training during all phases of the career cycle, so that officers are well equipped before they experience the inevitable moral risks of policing (Blumberg et al., 2018).

#### CONCLUSIONS AND FUTURE RESEARCH

Despite the prevalence of anecdotal accounts, moral suffering (i.e., moral distress and moral injury) among police officers has not received adequate empirical attention. The present paper has aimed to introduce mental health providers to this important topic. Police officers experience long-term and cumulative forms of moral distress and moral injury throughout their careers. The attempt has been made to apply the theoretical underpinnings of moral suffering to police work, thus, helping the reader to understand the nature of moral suffering in law enforcement better.

Furthermore, the present paper pointed out several strategies that counsellors can use in their work with morally distressed and injured police officers. These strategies were adapted from previous work, which focused on moral injury and moral distress among military personnel and health professionals, respectively. Although further empirical data with police officers will be helpful to refine these existing interventions, the treatment strategies that have been discussed should be used but considered exploratory regarding best practices with police officers.

As moral injury scholars have suggested (e.g., Maguen & Litz, 2016), more empirical research on moral injury and moral distress among police officers is critical at this point. In recent years, researchers have attempted to examine moral distress by measuring prevalence rates (e.g., Elpern, Covert, & Kleinpell, 2005) or by applying psychoeducation exercises (e.g., Leggett et al., 2013). However, the empirical studies noted earlier looked at health care providers. Similar to moral distress, the moral injury literature predominantly includes theoretical or opinion articles (e.g., Drescher & Foy, 2007; Nash & Litz, 2013). Meanwhile, other researchers have primarily published qualitative research work on moral injury (e.g., Currier, McCormick, et al., 2015; Vargas et al., 2013) and few researchers (e.g., Currier, Holland, & Malott, 2015) have published empirical studies on moral injury. Significantly, most of the published articles on moral injury reflected counselling work with veterans and military personnel.

The present paper is a step towards opening a dialogue about the theoretical conceptualization of moral suffering (moral distress and moral injury) among police officers. It is recommended that future research initiatives develop case studies and focus groups to further explore the moral suffering phenomenon in the law enforcement professions. For instance, questions that should be answered include: What is the nature of moral distress and moral injury among police officers? Are police officers aware of those issues? Have they ever heard about those issues before? How did they cope with moral distress and injury when they experienced morally traumatic incidents? Do they believe that these moral issues affect their personal

and family life? If so, in what ways and to what extent? Quantitative research should develop effective ways to measure moral distress and moral injury among police officers. Extant measurements for moral injury (e.g., Currier et al., 2015) and moral distress (e.g., Corley, Elswick, Gorman, & Clor, 2001) have not been used with police personnel.

Furthermore, the relationship between moral injury/distress and other conditions (e.g., PTSD, compassion fatigue) deserves to be explored. For instance, what is the role of moral injury and moral distress in officers' susceptibility to developing PTSD following a severe traumatic incident? Similarly, do moral distress and moral injury render officers more vulnerable to the experience of compassion fatigue and burnout? Answers to such research questions will allow us to illuminate aspects of police trauma that have not yet been studied. Nevertheless, answers to such questions will help pave the way for the development of more comprehensive and evidence-based preventative strategies and treatment services offered to the law enforcement officers who serve our communities. This is just the beginning!

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