

RESILIENCE

A CARE ETHICAL PERSPECTIVE

Authors: Eva van Baarle/Peter Olsthoorn

Introduction

Soldiers from different countries return home from their deployment relating stories of witnessing moral violations committed by local people, by their colleagues or commanders,¹ or having transgressed moral boundaries themselves. An increasing body of evidence shows that experiences with moral transgressions and dilemmas where competing values collide, can cause mental health problems in soldiers,² including “moral injury.”³ There is thus growing awareness of the need to support employees in dealing with these dilemmas.⁴

Confrontations with such situations can violate a person’s deeply held values, and accordingly have a “devastating impact on the emotions, relationships, health, and functioning of affected individuals.”⁵ Due to their values being violated in certain situations, substantial numbers of soldiers have developed feelings ranging from guilt and shame, to anger and betrayal.⁶ Soldiers may struggle with profound “moral disorientation,” involving a confusing loss of previous certainties about what is right and wrong; consequently they engage in an “ethical struggle” with profound questions about personal goodness and the meaning of right and wrong, good and evil.⁷

Resilience training – creating false meaning?

The seemingly increasing prevalence of moral injuries raises a number of questions. In what way should we offer these soldiers support? And how do we create a fighting force that is fit enough to win complex wars? An often-heard solution nowadays is *resilience*: the ability to bounce back from shocking experiences and not be disrupted by them;⁸ to become more “resilient”—“happy, optimistic, adaptive, and mentally agile.”⁹ The armed forces of Australia, Canada, and the United States have introduced influential resilience programming, and this might inspire other countries to follow suit. The popularity of resilience training in the military is partly explained by the fact

Abstract

Not only the direct physical experiences of deployment can severely harm soldiers’ mental health. Witnessing violations of their moral principles by the enemy, or by their fellow soldiers and superiors, can also have a devastating impact. It can cause soldiers’ moral disorientation, increasing feelings of shame, guilt, or hate, and the need for general answers on questions of right and wrong. Various attempts have been made to keep soldiers mentally sane. One is to provide convincing causes for their deployment, which risks an “end justifies the means” way of thinking. The good cause can provide a moral justification for horrible atrocities. Another method, introduced in the USA, Canada, and Australia, aims to strengthen military personnel’s resistance by promoting and maintaining a happy, optimistic state of mind through the use of positive psychology. Alongside making soldiers “morally fit” for all kinds of situations, the focus could also be on moral recovery and forgiveness. Such a care-based military ethics approach, aimed at mutual understanding and interdependence, could help soldiers handle the emotional impact of moral conflicts. This demands that military units reflect on their organizational culture and rethink oaths and codes of conduct that focus mainly on efficiency and readiness, as well as the soldierly self-image with its seemingly still deeply rooted warrior ethos. Today, resilience and positive psychology in the military is apparently mainly geared to assuring its soldiers’ readiness. An appropriate set of virtues and understanding of virtue ethics that are less centered on self-perfection and autonomy could point to a different form of character-building and lead to a better understanding of others.

that it is based on positive psychology, which in turn harks back to Aristotelian virtue ethics.¹⁰ For some years, western militaries have professed to grounding their ethics training on this Aristotelian approach to virtues. It focuses on the kind of person one wants to be, calling for the development of good predispositions. This is in keeping with many militaries' tendency to move their ethics education away from a functional approach concentrating on military effectiveness, towards a more aspirational approach that focuses on character and aims to make soldiers better people.¹¹

Although resilience training that focuses on meaning-making is laudable, it fails to address the complexities and tensions within these experiences; instead it encourages soldiers to see value and purpose in their experiences. The tragedy is that moral dilemmas are not resolved, values collide, and you often have to choose between mutually exclusive choices of action. It may therefore not always be possible to reinterpret a moral dilemma in a positive light. Moreover, there are cases documented where soldiers struggling with shame and a guilty conscience were better able to come to terms with their experiences by condemning, not justifying them.¹² Institutional efforts to make soldiers view their actions as purposeful may even create rather than prevent moral conflict-colored problems, because people are encouraged to do things they might later come to regret, giving rise to a sense of disillusionment, betrayal, and anger.¹³

It seems, for instance, that feelings of guilt and shame can play an important role as heuristic tool to help realize what is wrong and as an incentive to refrain from acting inappropriately. Social psychologist Albert Bandura argues that people with high ethical standards can behave unethically if they find ways to justify their behavior, thus avoiding the feelings of guilt or shame that would normally prey on their minds when not living up to their ethical standards. According to Bandura, "there are many social and psychological maneuvers whereby moral self-sanctions can be disengaged from inhumane conduct."¹⁴ Moral justification (what I do is for a good reason) is such a maneuver.

In a worst case scenario, resilience training might numb military personnel. When psychiatrist Robert Jay Lifton wrote about U.S. service men killing 400 Vietnamese civilians at My Lai in 1968, he describes how "the most malignant actions can be performed with minimal guilt if there is a structure of meaning justifying them, even an illusory pseudo-formulation of the kind existing at My Lai (...)" In his view, "this way of avoiding guilt can render extremely dangerous any group of ordinary people (that is, devoid of any diagnosable illness)

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who happen to possess lethal weapons."¹⁵ Lifton shows that soldiers in Vietnam lived in an "inverted morality,"¹⁶ with their relationship to the war being one of "parallel illusion, deception, and self-deception."¹⁷

Ethics of care

A recent article by Van Baarle and Molendijk¹⁸ reflects critically on these training programs and resilience debates.¹⁹ Drawing on the ethics of care literature, they argue that it is possible to offer an alternative or additional approach to support soldiers, by looking at "resilience" as well as "moral recovery,"²⁰ "moral repair,"²¹ or "forgiveness"²² through a theoretical and practical lens. This approach resembles restorative organizational responses to moral transgressions that specifically attempt to heal damaged relationships between actors as opposed to violations of laws or codes of ethics.²³ Opening up through dialogue, and being willing and able to share concerns are considered important aspects of learning and creating a safer workplace.

In light of the above, care ethics offers an interesting perspective connoting the relational intricacies and implications of moral injury in the armed forces. In order to translate this perspective in practice, military ethics training can play an important role in "caring about,

caring for, caregiving, and receiving care²⁴ in order to support soldiers dealing with the emotional impact of moral issues.

An ethics of care perspective emphasizes the concrete needs of people with whom we have relationships.²⁵ It is driven by the emotions flowing from those relationships, rather than as a private disposition, and involves the idea of care not only as a value but also a practice. Ethics of care considers dependence and the need for responsibility and care as characteristic for the human condition and highlights the social nature and interdependency of human life rather than independence and individual autonomy.

In care ethics, the starting point for morality is the relational involvement with others, not

recognize their needs. Second, responsibility, or *caring for*, accepting moral responsibility for the work that needs to be done. Third, competence, or the actual work of *caregiving*. Fourth, responsiveness, or *care receiving*, having given care, this requires responsiveness to the reaction of the care receiver.

These four phases can be seen as an intertwined, mutually reinforcing process. In *Caring Democracy*,²⁹ Tronto added a fifth phase, *caring with*, to emphasize that care involves a paradigm shift from autonomy and contractual moral obligations to a focus on relationships and responsibility. *Caring with* is an activity that demands constant engagement with others, including solidarity and trust. It presupposes addressing power relations and domination in order to include others' voices. Accordingly, diverse phases of care such as attentiveness and responsiveness are not mere individualistic values or virtues: they should be seen as existing in interactions with others, meeting or responding to others' needs, not from the premise of "the perfection of the virtuous individual" nor "a focus on the care giver's performance."³⁰ Philosophers like McIntyre also stress that in Aristotelian virtue ethics, to achieve a good life, one must get involved in meaningful actions with others; it is not a solitary project.³¹

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the separation from them. The corresponding moral presupposition is responsibility for others.²⁶ A care-ethical approach does not begin with an abstract set of moral rules and interdictions.

Joan Tronto and Berenice Fisher include both public and private aspects in their broad definition of care:

"A species of activity that includes everything we do to maintain, contain, and repair our world so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment."²⁷

They introduce four phases of care that can help us understand how to *apply* care, each with its own moral dimension.²⁸ First, attentiveness, or *caring about*, to see the other and

Practical implications

While the relationship between fostering reflection on moral dilemmas, moral injuries and resilience has not yet received the necessary attention in research, the literature suggests that soldiers who are struggling to cope can benefit from interventions that develop an ethical frame of reference that enables them to make sense of their moral injury experiences.³² Being aware and attentive of one's personal moral values *and* the values of others, recognizing situations where these values are at stake, and being able to put the moral dimension of these situations into words, seem to strengthen military personnel's ability to communicate and justify to themselves and others why they choose to prioritize and act upon a specific value. In practical terms,

The Author



Eva van Baarle is assistant professor of Military Ethics and Philosophy at the Netherlands Defence Academy. In 2018, she obtained her doctorate with her research into fostering the moral competence of military personnel through ethics education. She is currently involved in the action research "Towards a socially safe Defence culture" as project leader.

this requires investing in employees with solid listening and communicative skills and providing them with adequate training and support and to foster an organizational culture that values and acknowledges these skills for the various phases of care. This implies extensive reflective consulting processes and organizational structures that empower employees to discuss moral issues and to enable ways of fostering moral learning. The ability to be accountable for one's actions when faced with a moral dilemma, to consciously choose between conflicting values while knowing that some values will have to be violated, may help avoid the feeling of having failed morally or succumbing to an overwhelming feeling of guilt.³³

To make this possible might require adjusting military personnel's social identity, or self-image.³⁴ Notwithstanding the current war in Ukraine, for most Western militaries, peacekeeping and humanitarian missions are still their core tasks. These "Operations Other Than War" are, however, sometimes seen as lesser than "the real thing."³⁵ Yi describes how U.S. Marines follow a martial arts program aimed at keeping them in touch with their warrior ethos after an era when the military was seen "as an instrument of social engineering."³⁶ This Marine Corps Martial Arts Program (MCMAP) still exists and in its current form "to strengthen the mental and moral resiliency of individual Marines through realistic combat training, warrior ethos studies, and physical hardening."³⁷ Research into the behavior of U.S. military personnel participating in Operation Restore Hope in Somalia during the early 1990s found that military personnel falling back on warrior strategies during peacekeeping are more likely to have escalating conflicts with the local population. Soldiers identifying with their warrior role created negative stereotypes about the Somali, resulting in a hostile attitude towards locals.³⁸ Interestingly, Op den Buijs, Broesder and Meijer found that identifying with the peacekeeper role is also better for a soldier's psychological wellbeing: it is in general psychologically more rewarding than identifying as a warrior, especially when there is no well-defined enemy or if the warrior role

conflicts with diplomacy and development roles.³⁹ It is therefore a pity that we have seen the proliferation of the term warrior at the expense of the humbler word soldier—something that probably does not contribute much to adjusting the above-mentioned image.

Finally, oaths, codes of conduct, and lists of values or virtues communicate what an organization considers important, and by showing due regard to outsiders' interests, it can alter that self-image. The codes, oaths, and values currently formulated in most militaries are undeniably somewhat one-sided as they main-

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ly concentrate on the organization's interests and aims. For instance, the virtues that prevail in most militaries, such as courage, loyalty and discipline, are not particularly helpful to the local population in countries where military personnel are deployed.⁴⁰ Evidently, today's soldiers need virtues, but not necessarily the functional variety that are commonplace at present. The obvious question is to what extent, at a time when many armed forces consider promoting universal principles as their main reason for being, they can reformulate military ethics to include outsiders' interests more than is currently the case. The virtues needed today are probably more about demonstrating care and benevolence to others, than about demonstrating one's

The Author

Peter Olsthoorn is associate professor in Military Leadership and Ethics at the Netherlands Defence Academy. Besides leadership and ethics, he teaches on armed forces and society, war and the media, and on ethics and fundamental rights for Frontex. His research is mainly on topics such as military virtues, military medical ethics, armed drones, and the ethics of border guarding.



own physical courage, loyalty, and discipline. The ethics of care is actually not at all at odds with the military's preferred method of teaching virtues: according to some authors, care ethics is a branch of virtue ethics.⁴¹ Opting for a set of virtues centered around care would also match the more aspirational and less functional approach that militaries are moving towards in their ethics education.

Discussion

In the early days of military psychiatry, suffering from mental injuries such as shell shock was initially seen as a failure; military psychiatrists were employed to return soldiers to the front as soon as possible, not least by administering treatments so severe that they made the battlefield look relatively attractive. Nonetheless, it was also psychologists who drew attention to the fact that in modern warfare, the chances of psychological harm are much greater than physical harm. The rise of military psychiatry and psychology ultimately led to more understanding for those who

lective "fighting force" and ultimately also the survival of the political community it serves. However, insofar as militaries promote "resilience" with a view to enhancing their personnel's "readiness," it also underlines a rather functional approach to training that mainly serves the military organization's interests. This has clear drawbacks, the most important being that it can desensitize military personnel to outsiders' suffering. What is more, such a functional approach is not only at odds with an ethics of care, but also with the virtue ethics at the heart of the positive psychology and resilience training that many militaries profess to embrace. Virtue ethics puts the emphasis on the agent's character and "human flourishing in relation to others," not so much their readiness.

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broke down.⁴² Breaking down is thus no longer considered a moral failure. At the same time, the idea that commonsense psychology can be applied to have soldiers return to the front as soon as possible proved persistent.⁴³ Especially in wartime, the principle of salvage (i.e., returning as many soldiers to duty as quickly as possible) takes precedence. What we see today is that resilience training and positive psychology are applied in order to ensure soldiers are "ready," and minimize the risk of them breaking down. Undoubtedly, this can be a good thing: military personnel attach great value to being able to, as they say, "look at yourself in the mirror," and resilience training might help them pass that test. Such resilience would also aid the military as a col-

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