
NORTH ATLANTIC TREATY
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STO TECHNICAL REPORT

TR-HFM-179

Moral Decisions and Military Mental Health

(Décisions morales et santé mentale dans l'armée)

Final Report of Task Group HFM-179.



Published January 2018

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List of Acronyms

ANOVA	Analysis Of Variance
APC	Armoured Personnel Carrier
CAF	Canadian Armed Forces
CI	Confidence Interval
CMTC	Canadian Manoeuvre Training Centre
CO	Commanding Officer
COSR	Combat Operational Stress Reaction
FM	Field Manual
HQ	Headquarters
IED	Improvised Electronic Device
ISAF	International Security Assistance Force (Afghanistan)
MD	Median
MEDDAC-FSGA	Medical Department Activity – Flight Standards for General Aviation
MH	Mental Health
MHAT	Mental Health Assessment Team
MJT	Moral Judgment Test
MND-C	Multi-National Division – Center
MO	Moral
MOD	Ministry Of Defence (Netherlands)
MOT	Morele Oordeel Test
mTBI	mild Traumatic Brain Injury
NATO	North Atlantic Treaty Organization
NCO	Non-Commissioned Officer
NEO	Neuroticism, Extraversion, Openness
NEO-PI-R	NEO Personality Inventory Revised
NEU	Neuroticism
NLD	Netherlands
NVVRS	National Vietnam Veteran’s Readjustment Study
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OP	Observation Post
PME	Professional Military Education
POW	Prisoner Of War
PTA	Primary Training Audience
PTSD	Post-Traumatic Stress Disorder
ROE	Rules Of Engagement
RTE	Rights To Engagement
SAR	Search And Rescue
SCL	Symptom Check List
SD	Standard Deviation

SFG	Special Forces Group
SIM	Sensemaking-Intuition Model
SME	Subject-Matter Expert
SS	Sensation Seeking
SS	Special Service
STO	Science and Technology Organization
TCI	Temperament and Character Inventory
TRiM	Trauma Risk Management
TTP	Tactics, Techniques, and Procedures
UK	United Kingdom
UN	United Nations
UNPROFOR	UN Protection Force
WHOQOL	World Health Organization Quality Of Life
WRAIR	Walter Reed Army Institute of Research
WWII	World War II

Foreword

At the time of completion of this final report, some of the material in this report has been published in part or total in academic journals or other scientific reports:

Chapter 4

Blanc, J.-R.S., Warner, C.H., Ivey, G.W. and Messervey, D.L. (2017). Association Between Unethical Battlefield Conduct and Mental Health: Implications for Leaders and Ethical Risk Assessments, *Psychology of Violence*, Advance online publication.

Chapter 5

Warner, C. and Appenzeller, G. Engaged Leadership; linking the professional ethics and battlefield behaviors, *Military Review*, September – October 2011, pp. 61-64.

Chapter 6

de Graaff, M.C., Schut, M., Verweij, D.E., Vermetten, E. and Giebels, E. (2016). Emotional reactions and moral judgment: the effects of morally challenging interactions in military operations, *Ethics & behavior*, 26(1), 14-31.

Chapter 8

Thompson, M.M. and Jetly, R. (2014). Battlefield ethics training: integrating ethical scenarios in high-intensity military field exercises, *European Journal of Psychotraumatology*, 5(1), 23668.

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Moral Decisions and Military Mental Health

(STO-TR-HFM-179)

Executive Summary

Military operations often involve difficult decisions that can affect the well-being of the decision-makers, their subordinates and peers, their adversaries and civilians impacted by the conflict. Although noted as a consequence of earlier conflicts, post-Vietnam saw an increased focus on the psychological consequences of war, including real or perceived ethical lapses and violations. Although they have been primarily associated with war, these decisions exist throughout the full-spectrum of military operations (e.g. peacekeeping, peacemaking, humanitarian, as well as combat). One of the inherent difficulties stems from the fact that these decisions can require the service member to choose between mission success, civilian safety, force protection and unit loyalty. These decisions have fundamental moral implications and impact and therefore in itself create psychological distress.

Military service members also have a professional responsibility to behave in accordance with laws, values and ethics. Seminal research from the United States has demonstrated that the underlying presence of psychological distress may negatively influence soldiers' attitudes towards following the laws of armed conflict and rules of engagement. This was found to be associated with behaviors that violated the military code of conduct, laws of armed conflict and other unethical behaviors. In this report the authors highlight the bidirectional relationship between ethical lapses and psychological distress including mental illness, that is, not only can bad decision have mental health consequences, but those that are suffering from psychological illness or are highly symptomatic are more prone to ethical lapses in attitudes and/or misconduct.

The group conducted 8 meetings to explore the impact of moral decisions in military operations and their relationship to mental health outcomes. Several papers have been produced by team members that have been published in peer-reviewed journals. The original productions are reprinted and have been included. The group also produced two white papers (see Annexes A and B). The first one defines military moral decisions and moral dilemmas, the latter being considered a special class of moral decisions. The second white paper defines moral decisions in military operations in relation to mental health outcomes. In summary, the group recommends:

- 1) To move away from an exclusive focus on the relationship of ethical violations and PTSD to a wider examination of sub-clinical MH problems, Combat Operational Stress Reactions (COSR), anger/aggression and specific combat experiences.
- 2) The incorporation of the findings of relationship between COSR and ethical violations into military leader training and clinician training.
- 3) Integrated ethics training as part of military and mental health education, prior to operations. Leadership training is recognized as an important aspect, since leaders are in fact ultimately responsible for the psychological well-being of their soldiers. For that reason Subject-Matter Experts (SMEs) (legal, ethicists) and operational leaders are needed to jointly develop training content while the training is delivered by leaders, not others (rather than relying exclusively on chaplains, legal, or medical personnel). This model is already being used by some NATO Nations for their mental health/resilience training.
- 4) We recommend that health providers be made aware of the relationship between ethical decisions and mental health problems. Guilt and shame may be drivers for a range of mental health problems

including concepts such as moral injury that need to be recognized. Treating PTSD with accompanying guilt, shame and grief may be more complicated and require exploration and more time than current 'standard' evidence-based PTSD treatment regimens.

Décisions morales et santé mentale dans l'armée

(STO-TR-HFM-179)

Synthèse

Les opérations militaires impliquent fréquemment des décisions difficiles qui peuvent influencer sur le bien-être des décideurs, de leurs subordonnés et de leurs pairs, de leurs adversaires et des civils touchés par le conflit. Bien que cela ait été remarqué après les conflits antérieurs, la période qui a suivi la guerre du Vietnam a mis l'accent sur les conséquences psychologiques de la guerre, y compris les manquements éthiques et les violations réels ou perçus. Principalement associées à la guerre, ces décisions existent dans tout le spectre des opérations militaires (maintien de la paix, rétablissement de la paix, interventions humanitaires, combat). L'une des difficultés inhérentes découle du fait que ces décisions peuvent amener le militaire à choisir entre le succès de la mission, la sécurité des civils, la protection des forces militaires et la loyauté à l'unité. Ces décisions ont des implications et un impact moraux fondamentaux, ce qui crée en soi une détresse psychologique.

Les militaires en service ont également la responsabilité professionnelle de se conformer au droit, aux valeurs et à l'éthique. Des recherches pionnières aux Etats-Unis ont démontré que la présence sous-jacente d'une détresse psychologique pouvait détériorer l'attitude des soldats envers le droit des conflits armés et les règles d'engagement. Cela a été associé avec des comportements violant le code de conduite militaire et le droit des conflits armés et avec d'autres comportements contraires à l'éthique. Dans ce rapport, les auteurs mettent en évidence la relation bidirectionnelle entre les manquements à l'éthique et la détresse psychologique, incluant la maladie mentale. Autrement dit, non seulement une mauvaise décision peut avoir des conséquences sur la santé mentale, mais ceux qui souffrent de maladie psychologique ou présentent des symptômes aigus sont plus sujets aux manquements à l'éthique et/ou aux mauvais comportements.

Le groupe a mené huit réunions pour étudier l'effet des décisions morales dans les opérations militaires et leur relation avec la santé mentale après les opérations. Les membres du groupe ont rédigé plusieurs articles qui ont été publiés dans des revues jugées par leurs pairs. Les publications originales sont ici reproduites et ont été incluses. Le groupe a également produit deux livres blancs (voir les annexes A et B). Le premier définit les décisions morales et les dilemmes moraux dans l'armée, les dilemmes étant considérés comme une catégorie à part de décisions morales. Le second livre blanc définit les décisions morales dans les opérations militaires en lien avec les conséquences sur la santé mentale. En résumé, le groupe recommande :

- 1) D'abandonner la focalisation exclusive sur la relation entre les violations éthiques et le syndrome de stress post-traumatique (SSPT), au profit d'un examen plus large des problèmes de santé mentale inapparents, des réactions de stress opérationnel (RSO), de la colère / agressivité et des expériences de combat spécifiques.
- 2) D'intégrer les résultats sur le lien entre le RSO et les violations de l'éthique dans la formation des chefs militaires et des cliniciens.
- 3) D'intégrer une formation généralisée à l'éthique dans la formation, militaire et à la santé mentale, avant les opérations. On estime que la formation des chefs est un aspect important, car les chefs sont responsables en dernier ressort du bien-être psychologique de leurs soldats. C'est la raison pour laquelle il est nécessaire que des experts (juristes, éthiciens) et des chefs opérationnels développent ensemble le contenu de la formation et que les chefs délivrent en personne cette formation (au lieu de se reposer exclusivement sur les aumôniers militaires, les juristes ou le personnel médical). Ce modèle est déjà en usage dans certains pays de l'OTAN pour la formation à la santé mentale / résilience.

- 4) D'informer les prestataires de santé de la relation entre les décisions éthiques et les problèmes de santé mentale. Le sentiment de culpabilité et la honte peuvent être à l'origine de divers problèmes de santé mentale, ce qui inclut des concepts tels que la blessure mentale qui doivent être reconnus. Le traitement du SSPT s'accompagnant d'un sentiment de culpabilité, de honte et de souffrance peut être plus compliqué et nécessiter des examens et plus de temps que les schémas thérapeutiques « standard » actuels du SSPT fondés sur les résultats.

Chapter 1 – MORAL DECISIONS IN MILITARY OPERATIONS AND ITS RELEVANCE FOR MENTAL HEALTH PRACTICE AND OUTCOMES

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CANADA

1.1 INTRODUCTION

Successful military service requires service members to be able to perform under extreme stress. Nowhere is this more needed than during combat and deployment operations. Successful performance during stressful training exercises requires the ability of service members to effectively engage in behaviors that enable them to manage the stress they are experiencing. Military operations often involve difficult decisions that affect the well-being of the decision-makers, their subordinates and peers, their adversaries and civilian non-combatants. There has been increased focus since Vietnam War on the psychological consequences of real or perceived bad decisions or ethical lapses. These decisions exist throughout the full-spectrum of military operations (e.g., peacekeeping, peace-making, humanitarian, and combat) and are often the most difficult that soldiers will face. The difficulty stems from the fact that these decisions may require the service member to choose between mission success, civilian safety and force protection. Military members also have a responsibility to behave in accordance with laws, values and ethics, which can also be in conflict. The complex operational environment demands rapid decisions. Research has shown that there is a bidirectional relationship between ethical lapses and mental illness, that is, not only can a bad decision have mental health consequences, those that are suffering from psychological illness or are highly symptomatic are more prone to ethical lapses or misconduct.

The participation of Forces in multi-national peacekeeping operations has presented a set of challenges to moral and ethical decision-making over and above the problems inherent in conventional warfare. Much attention has been given to stress and exposure to traumatic events during deployment and its effect on mental health, which has led to a focus on 'peacekeepers stress syndrome' [13], post-deployment syndrome [12] and the well-described and better-known post-traumatic stress disorder or one of the other the 'signature' disorders mild traumatic brain injury. Yet, it is no less important to gain understanding of the perspective on moral dilemmas and mental health, and to gain more empirically based knowledge about the factors influencing the moral dilemmas from moral reasoning, moral engagement and resilience to moral disengagement during and after current military operations. It is also known that challenges to the primary stressor dimension can lead to ambiguity, isolation, powerlessness, boredom, frustration intolerance and disengagement [2], [1], [3]. It has been hypothesized that part of the complexity of modern operations is due to moral and ethical dilemmas. For example, being overruled by political leaders in the home country while Taliban are being spotted in a tactical 4-minute window of time and being confronted with an IED attack the next day that injures comrades can be quite hard to digest. To learn that innocent civilians were killed in a targeted shooting when you were in doubt about the accuracy of the information can also be difficult.

In particular it can be hypothesized that a relation exists between moral dilemmas and mental health. This relation could go both ways, to optimal health and resilience as well as to disengagement, stress-related symptoms.

1.2 DEFINITIONS

For the purpose of this report we distinguish moral dilemmas from moral decisions:

- Moral dilemmas are a special class of moral decisions, in which:
 - i) There is a conflict between at least two core values/obligations (loyalty, obedience, respect for life);
 - ii) Acting in a way that is consistent with one underlying value means failing to fulfill the other(s);
 - iii) Harm will occur regardless of the option chosen; and
 - iv) Decision is inescapable and inevitable; some action must be taken.

Moral dilemmas require the reconciliation of conflicting values and obligations. These decisions may create psychological distress associated with what are called moral injuries such as grief, shame, guilt. In some cases, moral dilemmas contribute to mental health problems such as PTSD, depression and anxiety. The underlying presence of psychological distress may negatively influence soldiers' attitudes towards following the laws of armed conflict and rules of engagement. This can lead to decision-making resulting in misconduct and other unethical behaviors.

- Moral decisions are judgments that:
 - i) Invoke the fundamental values of the decision-maker; and
 - ii) That affect the well-being of others.

These decisions can be difficult when they involve conflicts among the fundamental values of the decision-maker, and those decisions will seriously affect the well-being of others. Military operations involve decision-making at every level (strategic through tactical) and these decisions can have important moral implications for military personnel at all levels. Thus, it is important to determine the impact of such decisions on important outcomes such as mental health (regret, guilt, shame). While this association is often assumed, there is little empirical evidence that the association exists and what the nature of the association is. It is also important to understand the processes impacting the moral decision / mental health relation and to develop a range of practical interventions across the deployment cycle (e.g., education and training, after action reviews, counseling, reintegration programs). Fortunately, the state of the science has progressed to the point where there is much that national militaries can do to prepare their service members for the military tasks that service members are asked to perform, including those tasks essential for managing the stressors of combat. Building mental health resilience through training is one of these things.

1.3 MILITARY ETHICS AND CLINICAL RESEARCH

Military ethics deal with the regulation and use of state-sanctioned violence. It also forms the foundation for moral education, preparing personnel to act with integrity. Military operations have always held the potential for raising moral issues that can have profound consequences for the well-being of others.

A corporal's dilemma:

Imagine a young soldier securing an area for civilian protection and he sees a pregnant teenager running towards him. Is she in dire need of help or is she a bomb? If he shoots her – and she was actually in need of help – he loses the support and trust of those he tries to protect. If he moves to

protect her and she's a suicide bomber, civilians and soldiers are killed. A fresh-faced, 19-year-old soldier must solve this complicated ethical dilemma in seconds, or risk being killed.

Military personnel are confronted with questions and dilemma's involving values and norms that have no quick and easy solutions. According to Richardson *et al.* [8], this means that military personnel need to be 'morally fit' in all types of military operations, from peacekeeping to stabilization operations. Moral fitness has been defined as, 'an attitude of alertness and responsibility on a moral level' (Ref. [8]; 99). This is necessary when confronted with moral questions and dilemmas such as the use of weapons, cooperation with other (civil) parties or unclear and ambiguous rules of engagement in humanitarian missions.

In the public domain, some doubt is cast upon the relevance of emotions and ethics in some professions. Morally challenging interactions and the consequent processes should not remain neglected, as Van Baarda and Verweij [11] highlighted in their appeal for stimulation of "moral competence" in the military. It is important that links are established between the military, humanitarian aid workers, social workers, law enforcement officers, and medical professionals in order to cooperate and learn from one another's policy, training, and care/administration-system regarding coping with morally challenging interactions.

Research into moral development has focused heavily on the cognitive aspects of morality, and most specifically on individual's moral judgment and decision-making process. In the context of the virtue approach in moral psychology, the moral emotions of guilt and shame – recently been described as 'moral injury' – play a very important role, yet these have received little theoretical or empirical investigation. There has been an increased interest in the psychological consequences of real or perceived bad decisions or ethical lapses. Authors such Jonathan Shay [9] and Brett Litz [6] have written extensively on the plight of veterans that are haunted quite literally by what they perceive as ethical misconduct that occurred on the battlefield. Some see guilt and shame as a core aspect of illness such as PTSD, that must specifically targeted when treating veterans.

In clinical practice, as well as in recent literature, the post-traumatic states of guilt and shame are associated with the affective processes found in PTSD and depression, often leading to suicidality, and substance use disorders. It is not known what time trajectories are prevalent in these types of injury. They could be kept, hidden for years or incapacitate from the moment of homecoming or during the deployment itself. They can also last a lifetime, as we know – we were told by some colleagues about their fathers that only revealed only on their death bed that they were active in German Waffen SS. This may seem important and can free the person, and could lead or contribute to forgiveness, yet it can also bring about anger and new conflicts in the sons and daughters left behind.

1.4 MORAL INJURY

The term moral injury has recently begun to circulate in the literature on psychological trauma. It has been used in two related, but distinct, senses; differing mainly in the "who" of moral agency. Moral injury is present when there has been:

- a) A betrayal of "what's right";
- b) Either by a person in legitimate authority (my definition), or by one's self – "I did it" [5]; and
- c) In a high stakes situation.

Both forms of moral injury impair the capacity for trust and elevate despair, suicidality, and interpersonal violence. They deteriorate character. Clinical challenges in working with moral injury include coping with:

- 1) Being made witness to atrocities and depravity through repeated exposure to trauma narratives;
- 2) Characteristic assignment of survivor's transference roles to clinicians; and
- 3) The clinicians' countertransference emotions and judgments of self and others. [9]

Moral injury also has been defined as “*perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations*” [5]. Various acts of commission or omission may set the stage for the development of moral injury. Betrayal on either a personal or an organizational level can also act as a precipitant. On a conceptual level, moral injury is different from long-established post-deployment mental health problems. For example, whereas PTSD is a mental disorder that requires a diagnosis, moral injury is a dimensional problem. There is no threshold for establishing the presence of moral injury; rather, at a given point in time, a veteran may have none, or have mild to extreme manifestations. Furthermore, transgression is not necessary for a PTSD diagnosis nor does PTSD sufficiently capture moral injury, or the shame, guilt, and self-handicapping behaviors that often accompany moral injury [7].

Various types of guilt and shame concerning combat experiences exist (i.e., survival guilt, guilt over acts of omission and acts of commission, guilt about thoughts/feelings). Emerging themes in this field include betrayal (e.g., leadership failures, betrayal by peers, failure to live up to one's own moral standards, betrayal by trusted civilians), disproportionate violence (e.g., mistreatment of enemy combatants and acts of revenge), and incidents involving civilians (e.g., destruction of civilian property and assault). Violence within armed forces and such as military sexual trauma, friendly fire, and “fragging” has also been the focus of considerable discussion and some research. Guilt and shame may drive symptoms of PTSD and depression and may also involve perceived moral transgressions including dishonesty, harm to others, injustice, violation of trust, failure to care and lack of self-control. Combat-related guilt can sometimes be distinguished from guilt types on the basis of specific false assumptions and errors of logic that are frequently associated with different kinds of traumatic circumstances. Self-blame can at times be based on false assumptions that are rooted in neurotic conflicts in early life.

1.5 CLINICAL CARE

Because there is sufficient evidence that morally injurious events produce adverse outcomes, developing treatments that target moral injury is an important step. Research investigating a new intervention for military personnel and Veterans that target moral injury, life-threat trauma, and traumatic loss is underway [4], [10]. This treatment module focuses on the impact of killing in war and can be incorporated into existing evidence-based treatment for PTSD.

There is a need for interventions that move beyond the traditional fear-based models of war-zone exposure and focus on PTSD-related guilt- or shame-based injuries and that directly target moral injury. It is recognized that research involving larger systems that can facilitate recovery from moral injury is also needed, particularly across disciplines that integrate leaders from faith-based and spiritual communities, as well as other communities from which individuals seek support. At this point in the development of the construct of moral injury there are many unanswered questions that need further development.

Military mental health professionals particularly psychiatrists and psychologists are faced with multiple, difficult questions that shape the context for patient care. Are these moral injuries part of or independent of the traditional disorders we diagnose? If they are independent of illness do they require “treatment” in the usual sense or is another more holistic approach required. These questions as to where issues such as shame and guilt fit in are at times difficult to answer, and future efforts, including policy and evidence-based treatment practices, should aim to reducing the ambiguity faced by clinicians. New research should focus on continuing to understand the

relationship between psychological fitness and moral dilemmas. The psychological and biological factors within this relationship must be explored. Approaches based on evidence must be developed that will target the issue throughout service members career with particular emphasis on the deployment cycle. The role of health professionals, leaders and others including (but not limited to) ethicists, chaplains, and legal officers must be explored and defined issues as training for mental health care providers who deal with military patients and veterans should be provided not only in military graduate medical education but also in job-specific courses and in ethics.

The scientific discourse about moral injury is nascent, yet it provides an excellent springboard for future investigations. There is a need for research on guilt and shame assessment among combat-deployed Veterans and for interventions that focus explicitly on management of these parameters. Longitudinal studies of moral injury are also needed in order to better understand changes over time and whether (or when) interventions are helpful.

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Chapter 2 – CONTEXT IN WHICH MORAL DECISIONS ARE MADE IN MILITARY OPERATIONS

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2.1 INTRODUCTION

Since the fall of the Berlin Wall in November 1989, the North Atlantic Treaty Organization (NATO) has focused on deterring the rise of militant nationalism and to provide the foundation of collective security that would encourage democratization and political integration in Europe and elsewhere. The dramatic fall of communism associated with this event led to an eastward expansion of NATO and its partners and posed new threats to European security including the rise of nationalism and ethnic violence in the Middle East and Northern Africa. This threat led to an expansion of NATO's military role into the full spectrum of military operations including stability and peacekeeping operations in Kosovo, southern Sudan, and Bosnia, as well as major combat operations in Afghanistan and Libya. With this increasing number of military operations, NATO military forces are presented with multiple contexts in which moral and ethical dilemmas are encountered. The purpose of this chapter is to describe several factors which impact those dilemmas including the operating environment for many of these missions, unified action, and the increasing use of multi-national force operations.

2.2 SHIFTING CONTEXTS

With the shift from a focus on defensive positions and postures within Western Europe to ongoing operations in Africa and Asia, NATO is faced with developing an understanding of new operational environments. In most of these environments, NATO forces are not being asked to engage with state-sanctioned conventional armies in a single country, but rather third-party organizations, terrorist groups and warlords who cross international boundaries.

- These enemies are not uniformed, the battlefields are asynchronous, and the enemies frequently employ guerrilla and irregular warfare tactics and procedures.
- These enemies do not subscribe to the recognized and agreed upon laws of war.
- This environment requires tactical leaders to make on-the-ground decisions about targets, interpreting rules of engagement, and determine how to address battlefield prisoners while balancing the requirements for the short-term mission with the enduring mission of leading and caring for their troops.
- An additional factor in recent NATO military operations is that tactical, life or death decisions are being made by leaders who are less experienced and of less rank than historically was the case. In some NATO Nations, the concept of the "Strategic Corporal" [1] emerged to describe junior leaders who have been put in positions where they must make decisions that were normally made by more senior leaders.

2.3 IMPACT

With the increase in irregular warfare tactics and procedures and the increasing threat of non-state actors, battles are increasingly fought amongst the people rather than around the people [2]. This increases the complexity of

the battlefield and the variables that leaders must assess when determining their courses of action. As such, leaders must weigh political, military, economic, social, information, infrastructure, physical environment, and time factors in developing military plans. Leaders will then determine where they will accept risk to achieve their missions including the potential for ethical dilemmas so they can develop mitigating strategies.

Additionally, leaders will implement unified action to synchronize, coordinate, and integrate the varying number of governmental and non-governmental entities involved in NATO military operations. This increasing level of complexity is evident in all types of NATO operations from hurricane relief to combat operations in Libya. The goal of this process is to achieve a unity of effort and to maximize mission effectiveness. However, these situations also add many challenges to include influencing organizations which the military commander may not have command and control over and may have differing political and social agendas. This sets the table for potential dilemmas as overt as corruption but may also include subtler dilemmas such as evacuation priority, etc. Thus, leaders at all levels must ensure they assess the resources they have available at their disposal, establish clear lines of communication, and ensure coordination of plans within appropriate levels of operational security. This includes non-governmental organizations which may assist in relief operations during stability and peacekeeping operations to coordinating all aspects of land, sea, and air combat power during major combat operations.

A final challenge is the use of multi-national NATO forces. There have been more than thirty-five NATO operations since 1990, of those, all involved multi-national forces. When dealing with multi-national forces, additional challenges are present including differences between:

- Laws;
- Doctrine;
- Weapons;
- Equipment;
- Terminology;
- Culture; and
- Political objectives.

Specific to NATO, there are standardization processes in place to address doctrine, weapons, equipment, and procedures, but there continues to remain cultural and political issues which add complexity to these situations. These challenges present through issues of mission focus, trust and confidence, respect, patience, and knowledge of partners. For example, language barriers may lead to increased difficulties with command and control during times of high operational tempo leading a commander to potentially choose a less prepared unit for a mission due to concerns about confidence in the unit. To address these concerns, as military leaders know, the most effective leaders are effective in:

- Conflict resolution;
- Diplomacy;
- Cultural sensitivity; and
- Behavioral flexibility.

Additionally, the most effective leaders are persuasive, not coercive, and sensitive to national needs and seek to establish trust between forces. Further, effective leaders balance and overcome training and experiential differences about moral decisions and ethical battlefield behaviors.

2.4 CONCLUSION

The purpose of this chapter was to provide a brief overview of several of the unique challenges that our leaders face when assessing, planning, and directing NATO operations. They include the complexity of the operational environment, the principle of unified action, and the difficulties of leading a multi-national force. These challenges are an important aspect to the discussion of moral dilemmas, ethical battlefield conduct, and mental health problems. As discussed, effective leader attributes can enhance the ability of military members of NATO Nations to avoid committing unethical battlefield behaviors and mitigate the potential effects on the mental health and ultimately the mission.

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Chapter 3 – MORAL DILEMMAS ASSOCIATED WITH FOLLOWING MILITARY ORDERS

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3.1 INTRODUCTION

The idea that orders are conceived by military leaders and then automatically obeyed to the letter by their subordinates is not a completely accurate view of how military orders actually work. Although military orders are usually obeyed, there are occasions when subordinates disobey orders. There are other instances in which followers carry out orders slowly, or partially, or both. Indeed, there are times when particular military orders should not be obeyed, as described later in this chapter. The relationship between issuing orders and obeying orders is complex and becomes further complicated when moral implications are involved, as they sometimes are in military life.

This chapter focuses on the type of moral dilemmas that can accompany military orders. The chapter has four parts. The first part introduces psychological research showing that we can expect a range of reactions to orders other than obedience. The fact is followers don't always obey orders and it is unrealistic to expect that they will. The second part describes some instances in which soldiers should actually disobey orders. This means that soldiers need to know which orders to obey and which to disobey. The third part shows that soldiers cannot always rely solely on orders or regulations to give them the direction they need; there will be times they have to take independent action and this can lead to moral dissonance. The fourth and final part presents the fundamental moral dilemma, so called because it shows the basic tensions that often exist between the orders soldiers receive and the professional obligations they are expected to fulfill.

3.2 ORDERS ARE SOMETIMES DISOBEYED

People have a predisposition to obey authority, as the experiments of Stanley Milgram [14] dramatically demonstrated. Military indoctrination during basic training is designed to further solidify soldiers' natural tendency to follow lawful orders when given by those with legitimate authority. However, personal motives and situational influences can sometimes obstruct the inclination to obey authority figures [2], [4], [5], [7], [19]. There are instances in which soldiers refuse to carry out orders outright or alternatively comply with their orders, but only half-heartedly to the point the original objectives of the orders are only partially attained or not at all. This occurred many times within the French army in the World War I, but perhaps some of that disobedience was justified, as suggested by the following quote from *Témoins* by Jean Norton Cru: "*if the orders had always been obeyed, to the letter, the entire French army would have been massacred before August 1915*" (cited in Ref. [20], p. 3).

Research on leader-follower relations indicates that we can expect three types of responses to orders from subordinates:

- Commitment;
- Compliance; and
- Resistance. [12], [23]

Each response is best considered as a broad category with varying reactions within. In addition, the responses of some individuals can involve behaviors from more than one category (e.g., the soldier who initially resists, but then complies, perhaps grudgingly). Nevertheless, distinguishing the categories is useful because depending on the time, place and individuals involved, “*one or another of them predominates*” (Ref. [13], p. 110).

Most leaders would prefer subordinates who are committed to the organization’s goals. This class of follower identifies with the organization and adopts the attitudes and norms associated with the role they are filling [12]. Subordinates in the compliant category will obey an order or regulation in order to earn a reward or recognition from a leader, or alternatively, to avoid punishment or a leader’s disapproval. Some soldiers may be compliant because they are conditioned to do this by their military experiences and training. Compliant subordinates are not as reliable as committed followers and might not carry out orders as well if they are not supervised closely. Resistant subordinates have oppositional attitudes and motives, so they will delay, disobey and derail organizational efforts. Close supervision and strong social control is required to ensure resistant subordinates don’t hamper unit effectiveness.

Based on findings from this line of research, we can expect considerable variance in the motivation of military personnel at any given time and therefore a range of responses to orders; some individuals will be totally committed, others will comply to avoid punishment or seek reward, and still others may be utterly opposed. In the end, it is incumbent on military leaders to monitor the reactions of their subordinates and issue legal, just and sensible orders.

3.3 SOME ORDERS SHOULD BE DISOBEYED

There are occasions, hopefully rare, when a leader will issue illegal or immoral orders which followers should not obey. The military is a hierarchical institution, so there may be some people outside the military who don’t realize that there are times when military personnel *may* disobey orders. Even less well-known is when it is permissible to disobey orders. Most western nations have regulations which forbid soldiers from obeying illegal orders, but it is sometimes difficult for soldiers to determine when an order is illegal, especially in difficult situations when pressures are intense and emotions raw. Three writers have attempted to provide some guidance on this subject – Huntington [10], Walzer [22] and Rescher [17].

In his iconic work, *The Soldier and The State*, Huntington [10] suggests four conditions in which military personnel can disobey their superiors. His first – when orders are illegal – is relatively simple; as stated above, most nations instruct their soldiers to disobey illegal orders. His second condition, when orders are immoral, is less clear. Immoral orders that are also illegal will be easier to identify, but many soldiers would have a difficult time determining when a legal order was immoral. Unfortunately, Huntington didn’t explain how one determines when an order is immoral. Would they apply Kant’s categorical imperative to determine the universal merits of the order and ensure furthermore that everyone is being treated as an *end* and not as a *means*? Would they take the utilitarian approach to determine the greatest good for the greatest number? Or would they use virtue-based ethics to evaluate the motives of the individual issuing the order? Morality is a complex subject, so most military personnel would likely benefit from some advice on how to determine when an order is immoral. For his third condition, Huntington allows disobedience in order “*to further the objective of the superior*” (Ref. [10], p. 75). To this end, a subordinate is permitted to take action which might be otherwise viewed as disobedience when the junior has an opportunity to pursue the commander’s intent in a way that was not previously anticipated or authorized with an order. Interestingly, this view, which may have been considered novel in Huntington’s day (but it wasn’t; the German military employed it in WWII), is now encouraged in those nations that subscribe to the doctrine of mission command (called decentralized command by some). Huntington’s fourth condition allows for disobedience in “*doctrinal matters*” where a subordinate, perhaps through education or some other

form of personal learning, becomes aware of a new development which is unknown to senior leaders. In this case, the junior is permitted to push the new ideas up the chain of command, but he or she “*must tread judiciously*”, according to Huntington [10]. Huntington’s criteria for proper disobedience are a good place to start our search for guidance on disobeying orders, but they need to be expanded to make them more useful for 21st Century soldiers.

More recent works by Walzer [24] and Rescher [17] are helpful in determining when it is acceptable to disobey orders, but these works are not well-known in military circles and they too need some elaboration to make them more useful to rank-and-file military members. Walzer approaches the problem as one of competing obligations. Military decision-makers have what he calls hierarchical obligations and non-hierarchical obligations which can come into conflict. Hierarchical obligations are those responsibilities military personnel have towards superiors up the chain of command and to subordinates below them. Non-hierarchical obligations extend outwards to stakeholders beyond the chain of command like non-combatants or refugees, who will be impacted by decisions taken. The crux of the problem is to reconcile the hierarchical and non-hierarchical obligations when they conflict with one another, but Walzer doesn’t provide a formula nor does he assign weights to the competing obligations. Instead, he suggests that the military professional should employ ethical reasoning models (e.g., rule-based decision-making, utilitarianism, and virtue ethics) to determine who to satisfy – the superior, the subordinate, or the non-combatant.

Rescher [17] considers the obligations facing military professionals in a single hierarchy which includes the soldier’s chain of command, service, nation, civilization and humanity. Rescher’s arrangement suggests that humanity is the most important obligation, followed, in turn, by civilization, nation, service, and chain of command, but he doesn’t make this explicit and doesn’t give any direction on how to resolve conflicts other than recommending (like Walzer) that ethical reasoning models be used to determine the overriding obligation in any given situation. This leaves the soldier on his or her own to determine the right thing to do. In the absence of any other guidance, many will revert to their orders or to other relevant regulations.

3.4 WHEN ORDERS ARE INSUFFICIENT

Orders and regulations by themselves cannot be expected to give soldiers the guidance they need to perform their duties effectively all the time [3]. To be certain, there are many instances when orders suffice, but not always. As in Huntington’s third condition mentioned earlier, circumstances can change after orders have been issued so soldiers can find themselves in evolving situations where they are separated from their leaders and must take action that perhaps differs from what their commanders ordered earlier. In such situations, rules and regulations can guide behaviour, but military regulations, standard operating procedures and Rules Of Engagement (ROE), like issued orders, will not cover all the actions that need to be taken at such times. Subordinates are left alone to make the best decisions they can, perhaps employing reasoning like that advocated by Lord Nelson:

What would my superiors direct, did they know what is passing under my nose? To serve my King and to destroy the French I consider the great order of all, from which little ones spring, and if one of these little ones militate against it, I go back to obey the great order. (cited in Ref. [10], p. 75).

To put a more modern face on the potential conflict between obeying orders and taking the right action, consider the case of a Canadian colonel commanding a UN formation in the Balkans in the early 1990s, who found that his Rules Of Engagement (ROE) restricted him from protecting non-combatants being threatened by local belligerents. His solution to this dilemma was to position his troops between the belligerents and the vulnerable non-combatants, so his soldiers could then properly use military force in accordance with their ROE if pressed by the belligerents. Here is his description of events:

... In the spring of 1994 in the village of Matasi (a few kilometers south-west of Knin, Croatia), local Serb soldiers took to robbing food and other supplies from Croats who had managed to hang on to their homes despite the earlier frenzy of ethnic cleansing. ... In many cases, the stolen cows, sheep or chickens were all that had been keeping their Croat owners from starvation.

Indeed, there were three such minority villages in the area ... But in Matasi the thieves had severely roughed up an old widow in the process of taking her chickens. The same local military commander had earlier caused the arrest of seventeen local Croats – old men and women, children, complete families – on trumped-up charges of “spying”, and had them trucked off to jail in Knin in a far from gentle manner, while his soldiers relieved the emptied homes of the meagre findings there. Only our protestations at every level obtained the release and return of these folks. Of course, they were already in a state of increased fear as a result of this treatment; but now, with the robberies and accompanying violence, life approached the unbearable. It seemed to me time to invoke in a more tangible and visible means of fulfilling that part of the UNPROFOR mandate which was “to protect minorities from the fear of armed attack.”

Now, how does one protect someone from fear? Not just any fear, but a specific fear: in this case, fear of armed attack... The only way I could imagine of mitigating the resulting fears was to camp armed UN troops on the doorstep of the intended victims. Quite literally, that’s what we did. And that’s when things in the ROE (Rules of Engagement) sense started to get tricky.

For we had no mandate, no clause in our ROE, that enabled us to use deadly force to protect the life and property of these Croats. But there was nothing stopping us from demonstrating an intention to do so by the presence of armed soldiers stationed so as to alleviate the fears of potential minority victims. By doing so, our soldiers thus became the potential first targets of would-be criminal bullies. If they became so, the legitimate rights of self-defence, or Rights to Engagement (RTE), would come into play. Thus, the minorities would be protected not in a direct way, but because of their proximity to self-protected UN soldiers.

But it’s a fine line that must be walked. An unarmed Serb soldier entering a chicken coop and walking away with its residents, for example, couldn’t be engaged with deadly force. The trick was and is to position UN soldiers so that they always become the targets, which is something that they can then do something about. Because I had no knowledge of their own national military and criminal laws, I was unsure that the Kenyan soldiers, to whose unit I gave the task, would understand such subtleties... I ordered the CO to advise the local Serb commander – who had always responded to our earlier protests over his soldiers’ actions by describing them as “uncontrolled elements” – that we were going to enforce our mandate in the area, thereby helping him to control “uncontrolled elements.” As things turned out, the guarded Croats were henceforth left unmolested, the armed presence of the Kenyans achieving the intended objective without them having been directly challenged. Alas, the sad part of this is that we had nowhere near the number of troops that would have been needed to similarly protect the other thousand or so Croats living in Sector South. But we made a good start in Matasi.

I don’t know what the lawyers would say about all this, but I didn’t care then as I don’t care now. I felt confident in succeeding on any witness stand. Deliberately endangering soldier’s lives in order that they are forced to defend themselves and thereby achieve another aim may be of dubious legality at best, granted. But when such “endangerment” is in fact the only way our legitimate military mission could be accomplished – as surely it was here – then the legal focus must change. How can it be otherwise? And surely this philosophy is and always was at the root of the whole Peacekeeping idea – the philosophy of deliberate engagement. (Ref. [15], p. 11-13)

3.5 THE SOLDIER'S FUNDAMENTAL MORAL DILEMMA

There are many moral dilemmas that soldiers can experience in the normal course of their duties; too many to cover adequately here, but there are some which can be expected to happen more frequently than others. These are dilemmas that occur when three professional military obligations come into conflict – the soldier's obligations to:

- 1) Obey orders in pursuit of mission success;
- 2) Protect subordinates; and
- 3) Ensure the safety of non-combatants.

The tensions that can arise among these obligations are referred to here as 'the soldier's fundamental moral dilemma,' and are illustrated in Figure 3-1 to show how the problem is essentially a risk management exercise for maintaining a proper balance among potentially competing obligations. Implied by the model is the idea that emphasizing one obligation can draw attention from the others. For example, in the UN Balkan episode described above, the Canadian colonel emphasized non-combatant security, and in doing so, increased the risk to the soldiers under his command. Had he not made this decision, the risk would have remained largely with the non-combatant villagers and perhaps mission success may have been put at risk as well. For more on this idea of risk transfer, see Shaw's [18] analysis of modern Western warfare.

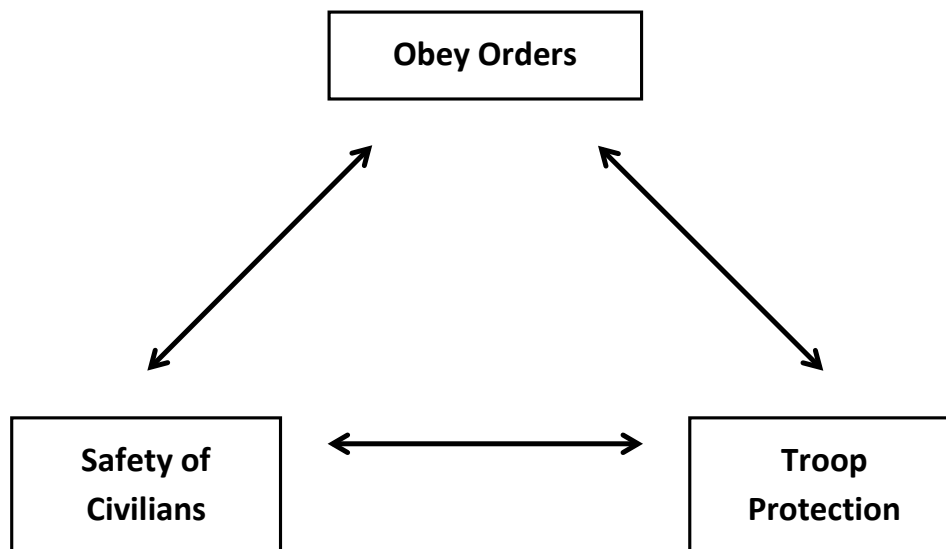


Figure 3-1: The Soldier's Fundamental Moral Dilemma (adapted from Ref. [16]).

In the soldier's fundamental moral dilemma, obeying orders is closely aligned with the goal of mission success because orders are issued for the purpose of assigning duties so that missions can be achieved. The two professional obligations, obeying orders and mission success, complement each other and are emphasized throughout the military institution. At the same time, military leaders are taught that their troops are their greatest resource and not to be spent frivolously. Indeed there are many examples in which commanders have refused to send their soldiers in pursuit of imprudent missions (see Ref. [11] for an example of such a case from the Balkan campaign). But soldiery obligations don't end with obeying orders and protecting one's own troops. There are also regulations, codes and laws to protect civilians in operational areas. This emphasis on non-combatant safety

is part of the reason for the growth of Rules Of Engagement (ROE), which tell soldiers when they can use force, up to and including deadly force, and when they can't.

Until recently the relationship between mission success and troop protection was captured in the maxim 'mission – own troops – self,' which directs leaders to attend to mission success before looking after their troops or taking care of themselves. Taking care of one's self was considered acceptable only after the other two are satisfied. However, this prioritization seemed to change in the Balkans operations of the 1990s when the term 'force protection' came into popular use. During that campaign, security of one's own troops seemed to be more important than mission success, as we saw in Srebrenica [9] and a number of similar operations. This maxim appears to have evolved as the nature of military missions has become more complex. The original maxim, mission – own troops – self, made no reference to local populations, but this consideration seems to be ubiquitous now, especially in counter-insurgency operations. Managing the three competing demands in Figure 3-1 has become more complicated in modern missions and the potential for conflicts between these imperatives has increased.

Obedying orders may be more problematic in conflicts where national interests are not threatened. Soldiers understand they are the last line of defence when their country is in peril and will submit to great danger in the defence of their nation. When their nation is not in threat however, they may be less inclined to put themselves at risk. For example, a study of 800 Canadian military officers who had served in military operations in the 1990s at home (the Oka native land dispute of 1990, the Winnipeg flood of 1997, and the ice storm of 1998) and abroad (the Balkans, Rwanda, and Somalia) found that:

More than 30% of the respondents to the questionnaire stated they would automatically put the safety of their own troops before the maintenance of the mission. Not surprisingly, many respondents also stated that the dilemma was a major cause of stress. (Ref. [6], p. 11)

The reason why this issue was a source of stress to respondents in this study is likely because military leaders are taught throughout their training that mission success is the top priority in military operations. The fact that military officers learned this on their training and then, on actual operations, determined that troop safety was as important or more important was likely a troubling revelation.

Another tension point in Figure 3-1 is the obligation to respect the safety of civilian non-combatants in an operational area while also achieving mission success and protecting one's own troops. An article by Smith [21] described the difficulty in managing these three obligations in traffic control operations in Iraq. Traffic control operations consist of setting up checkpoints to restrict the enemy's freedom of movement, to capture insurgents or contraband, or simply to establish a presence in an area. Checkpoints can be set up quickly and moved often for sound tactical reasons, but all this movement can lead to potentially harmful consequences. Soldiers will be nervous until they get their new checkpoint working smoothly, and nervous soldiers make mistakes. Local drivers can be surprised or angered by an unexpected checkpoint and might drive through a new checkpoint without stopping (either intentionally or unwittingly), making the soldiers even more nervous. In terms of the model in Figure 3-1, the problem for soldiers manning these checkpoints is to ensure they apply their ROEs properly while balancing the risk to their own troops and non-combatants. But we know that soldiers make judgments, ROEs can be interpreted, and sometimes risk can be transferred to non-combatants to enhance troop safety (see Ref. [18] for more on this).

Figure 3-1 depicts the fundamental moral dilemma that soldiers and their leaders must manage in operations. By emphasizing mission success, one can draw attention, either consciously or subconsciously, away from the requirement to attend to troop security or non-combatant safety. When the soldiers of Task Force Barker during the Vietnam Conflict were exhorted by their leaders to avenge the recent losses to their own side, the soldiers

became emotionally charged and the non-combatant villagers living in My Lai suffered grievously [1]. By emphasizing troop safety in some of the traffic control operations in Iraq, soldiers transferred risk to non-combatants and innocent civilians were killed [21]. Counterinsurgency doctrine advises that soldiers must treat indigenous populations with dignity and respect. This means emphasizing the safety of civilians. But as Figure 3-1 shows, this will be done at a potential cost to obeying orders, mission success or troop safety. Perhaps that is what happened when Canadian Lieutenant Greene's head was split open by an axe-wielding teenager in a meeting with Afghan villagers in 2009 [8]. The Afghan youngster was quickly shot by Greene's platoon mates, but not before Greene was seriously injured. The situation deteriorated further and the platoon came under fire while leaving the village, so, in the end, both troop safety and mission success were at risk.

3.6 CONCLUSION

The aim of this chapter was to describe the kind of moral dilemmas that can be associated with military orders. Issuing and receiving orders is not as simple as some might think. Subordinates have some control in their responses to orders and some may elect to disobey them completely or partially. Orders will not always give soldiers the guidance they need, so they need to learn when it is proper to obey and when it is not. There is an inherent moral dilemma within the soldier's mandate to achieve mission success while also ensuring troop security and non-combatant safety. The tensions between competing values and demands of the mission have increased in recent years. This added complexity alone can result in a higher probability of moral dilemmas in the future. As it is called here, the soldier's fundamental dilemma must be managed by all military personnel, but especially leaders at every level of the chain of command. Orders and regulations will help them assign priorities and solve dilemmas most of the time, but not always. This is an area in which training needs to be applied.

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Chapter 4 – RELATIONSHIP BETWEEN UNETHICAL BATTLEFIELD CONDUCT AND MENTAL HEALTH

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“I think it safe to say that in Viet Nam a number of fairly ordinary young men have been psychologically ready to engage in slaughter and that moreover this readiness is by no means incomprehensible” – Gault [11], p. 454.

4.1 INTRODUCTION

Research on unethical battlefield conduct and mental health is rooted in Futterman and Pumpian-Mindlin’s [9] seminal text on the psychological recovery of World War II veterans, specifically in their observation that the deliberate or accidental killing of defenceless personnel can give rise to haunting feelings of guilt that can, in turn, complicate treatment and impede recovery from war neuroses. Since then, most empirical studies falling within the realm of battlefield ethics and mental health have built on this idea, and regarded unethical conduct such as involvement in atrocities—and sometimes even killing under traditional military justification as yet another kind of battlefield stressor contributing to post-deployment readjustment difficulties [2], [5], [16], [19]. However, recent mental health studies, notably those on the association between Post-Traumatic Stress Disorder (PTSD) and violence, are showing that mental health problems, including traumatic brain injuries may sometimes precede violent behaviours (e.g., Ref. [27]). Accordingly, and because all the research on the association between mental health and unethical battlefield conduct is cross-sectional, this chapter proposes that the association between mental health and battlefield misconduct, such as unrestrained violence towards non-combatants, is bi-directional. In other words, it is postulated that mental health problems can either precede or follow the perpetration of unethical acts.

In keeping with the foregoing point of view, this chapter is structured into four main parts. First, the term unethical battlefield conduct is defined and statistics regarding the prevalence of behaviours falling within this category are presented. This is followed by a review of studies supporting the view that battlefield misconduct is associated with mental health problems. Next, studies supporting the view that mental health problems can increase the risks of unethical conduct are presented. In the last part, key findings are integrated into a ‘triad of evil’ which, together with an assessment of other risk factors, should prove useful as a framework for assessing ethical risks in operations. Though all studies on which this chapter is based have focused on the experience of previous wars veterans, it is expected that the lessons learned from these studies will also be useful to understand the experiences of today and tomorrows’ veterans, notably those that will fight or be otherwise involved in unconventional warfare. As discussed later in this chapter, unconventional confrontations (e.g., guerrilla warfare, counter-insurgency operations) create pressures that make unethical battlefield behaviours more likely and easier to condone.

4.2 WHAT IS UNETHICAL BATTLEFIELD BEHAVIOURS?

Here, the term ‘unethical battlefield behaviours’ refers to acts that are at odds with what is generally regarded as morally or legally acceptable (e.g., from the perspective of the Geneva Conventions) conduct for service

members. These unethical behaviours can be directed at local civilians, members of opposing forces and, in some cases, even at members of one’s own unit – what is commonly termed ‘fragging’ or ‘military fratricide’. Unethical conduct can also range in severity from minor instances of insubordination to the unrestrained use of violence against civilians and/or detainees. In a clinical case study discussing treatment considerations when patients report atrocities, Haley [13] provided a shocking example of an act of insubordination presumably coupled with fragging:

When ordered by a new inexperienced officer to assault a hill strongly defended by the Vietcong, where there had been numerous American casualties in the preceding weeks, Bob reported, “It was me and my men or him.” He left ambiguous who killed the officer but stated coolly, “We didn’t go up no shit hill and next week we had a new lieutenant” (p. 193).

As can be expected, clinicians and researchers have traditionally concentrated their efforts in understanding the psychological ramifications of extreme cases of battlefield misconduct, such as the intentional killing or harming of defenceless personnel, either military or civilian. However, as indicated in the introduction, there is also an emerging literature on the determinants of unethical battlefield conduct, as well as some social psychological research on the environmental factors that can turn normal, ordinary soldiers into perpetrators of unethical battlefield behaviours. Readers wishing a comprehensive review of the latter are referred to one of Philip Zimbardo’s [33] latest books called *The Lucifer Effect: Understanding How Good People Turn Evil*.

With regards to the prevalence of unethical battlefield conduct, the estimates vary widely across operational context and population studied (see Table 4-1 for details). For instance, research conducted among Vietnam veterans receiving treatment for mental health problems reported estimates ranging from 31 – 45 % for direct participation in abusive¹ battlefield violence [13], [31] whereas research conducted among the general Vietnam veteran population reported estimates ranging from 16 – 32 % [22], [19]. Though more recent research presents a much less worrisome picture than studies conducted among Vietnam veterans, they show that regardless of nationality and mission type, there still is an important minority of soldiers at risk of witnessing and/or engaging in at least minor forms of unethical battlefield behaviours (e.g., insulting and/or cursing non-combatants in their presence). Additionally, even though violations of the Law of Armed Conflict and Geneva Conventions seem to be less frequent today than they were in the seventies, it is important to note that an important minority of Canadian Armed Forces (CAF) personnel has allegedly witnessed these infractions while deployed with the International Security Assistance Force (ISAF) in Afghanistan [3]. With that information in mind, we now turn to the next section which discusses the detrimental effects that extreme forms of battlefield misconduct may have on the mental health of their witnesses and perpetrators.

Table 4-1: Prevalence of Unethical Battlefield Conduct.

<i>Author(s)</i>	<i>Sample Description</i>	<i>Behaviour(s) Studied</i>	<i>Prevalence</i>
Haley [13]	Vietnam veterans undergoing psychotherapy at a Veteran Administration clinic (<i>N</i> = 130).	Participated in atrocities	31%
Yager [31]	Soldiers (<i>N</i> = 31) who had been back from Vietnam for 2 to 1.5 years when they sought psychiatric treatment.	Participated in acts of abusive violence ¹	45%

¹ Here, the word abusive is synonym with unethical and unlawful.

<i>Author(s)</i>	<i>Sample Description</i>	<i>Behaviour(s) Studied</i>	<i>Prevalence</i>
Hendin <i>et al.</i> [14]	Vietnam veteran ($N = 100$) diagnosed with PTSD.	Rape or deliberate killing of civilians or of other American soldiers	≈33%
Laufer <i>et al.</i> [19]	Vietnam veterans ($N = 350$) drawn from a stratified probability sample ($N = 1,342$) of the non-institutionalized civilian population.	Witnessed and/or participated in atrocities ³	32% ²
Breslau & Davis [5]	Vietnam veterans ($N = 69$) who were psychiatric inpatients in a Veterans Administration hospital.	Witnessed atrocities Participated in atrocities	19% 39%
Hiley-Young <i>et al.</i> [15]	Vietnam veterans ($N = 177$) admitted to a Veterans Administration hospital PTSD unit.	Witnessed the mutilation of Vietnamese bodies ⁴ Participated in the mutilation of Vietnamese bodies	≈66% ≈33%
MacNair [22]	Stratified random sample ($N = 1,638$) of Vietnam veterans with combat experience.	Witnessed atrocities Participated in atrocities	9% 16%
MHAT IV [24]	Randomly selected U.S. troops ($N = 1,767$) scattered across Iraq.	Insulted and/or cursed non-combatants in their presence Damaged and/or destroyed private property when it was not necessary Physically hit/kicked a non-combatants	35% 11% 5%
MHAT V [25]	Randomly selected U.S. troops ($N = 2,994$) scattered across Iraq and Afghanistan.	Insulted and/or cursed non-combatants in their presence Damaged and/or destroyed private property when it was not necessary Physically hit/kicked a non-combatants	33% 14% 6%
Warner <i>et al.</i> [28]	Personnel ($N = 397$) drawn randomly from an infantry brigade population of 3,500 soldiers ⁵ .	Insulted and/or cursed non-combatants in their presence Damaged and/or destroyed private property when it was not necessary Physically hit/kicked a non-combatants Witnessed the brutality/mistreatment of a non-combatant by a unit member	30% 14% 6% 9%

<i>Author(s)</i>	<i>Sample Description</i>	<i>Behaviour(s) Studied</i>	<i>Prevalence</i>
Blanc [3]	Canadian Armed Forces Personnel (N = 819) surveyed about halfway their six to seven month deployment in Kandahar Province, Afghanistan.	Witnessed brutality/mistreatment toward non-combatants Observed violations of the Law of Armed Conflict / Geneva Conventions ⁶	9% 5%

Notes:

- ¹ Examples included mistreating or killing prisoners or civilians, desecrating bodies, and attacking comrades or officers.
- ² Most often cited were torture of prisoners; physical mistreatment of civilians; the use of napalm, white phosphorous, or cluster bombs on villages; death or maiming by booby trap; and the mutilation of bodies.
- ³ U.S. troops were allegedly responsible for 82% of these cases.
- ⁴ Examples included cutting off ears, putting heads on sticks, or placing bodies in grotesque positions.
- ⁵ These participants had not received any battlefield ethics training at the time of survey administration.
- ⁶ It is impossible to tell from the available data who was responsible for these incidents.

4.3 RESEARCH ON THE MENTAL HEALTH OUTCOMES OF UNETHICAL BATTLEFIELD CONDUCT

Up until 2006, when the Mental Health Advisory Team IV [24] report was released, most U.S. research (the only available research) on the relationship between mental health and battlefield misconduct had focused on the post-war adjustment difficulties of Vietnam veterans who had witnessed or perpetrated war-related crimes while serving overseas. Though war-related crimes had obviously occurred in previous wars, the unique features of that conflict (e.g., the pervasive feelings of insecurity, the sentiments among U.S. troops that they were fighting alone, and the fact that it was not always clear who the enemy was; [19]) created pressures that made acts of brutality against civilians and detainees more common in Vietnam than in previous American wars. This situation, in turn, spawned a string of retrospective studies on this topic, which together paved the way for contemporary research on battlefield ethics and mental health (e.g., Ref. [20] and [6]).

In what is presumably the first study to look at the association between unethical battlefield behaviours and mental health, Laufer and his colleagues examined whether a model of war trauma consisting of three components (combat exposure, witnessing abusive violence, participation in abusive violence) was better able to identify and explain the myriad of psychiatric symptoms experienced by Vietnam veterans than a model consisting solely of stereotypical combat stressors. Using a sample of 350 Vietnam veterans they found that participation in abusive violence (not witnessing) and cumulative exposure to combat stressors, each independently of the other, conferred a significant risk for psychiatric symptoms both during and after deployment. Furthermore, these effects were found to be stronger among African Americans than among Whites, with participants in the former group experiencing higher feelings of demoralization and guilt than those in the latter group [19]. Readers wishing to know why this difference was found are referred to Laufer *et al.* [19] for a discussion of hypotheses.

Building on Laufer’s work, Breslau and Davis [5] conducted a study to examine the effects of wartime stressors, including typical combat stressors and exposure to atrocities, on the onset of full-blown psychiatric disorders, including PTSD, major depression, mania, and panic disorder. Using a small sample (N = 69) of Vietnam veterans who were psychiatric inpatients in a Veterans Administration hospital, they found that the proportion of participants meeting criteria for PTSD was not significantly higher (56%) among those who had witnessed but

had not participated in atrocities than among those who had neither participated in nor witnessed atrocities (53%). In contrast, all those who had participated in atrocities were diagnosed with PTSD and the relationship between participation in atrocities and PTSD held true even when the effect of combat exposure was taken into account in the analysis. However, contrary to expectations, no relationships were found between participation in atrocities and the other psychiatric disorders examined in the study.

In a following study, Yehuda, Southwick, and Giller [32] extended the work of Breslau [5] by looking at the relationship between different warzone stressors (i.e., exposure to atrocities and stereotypical combat stressors) and the severity of PTSD and depressive symptoms in Vietnam veterans ($N = 40$) receiving treatment for chronic PTSD. Though they did not distinguish between witnessing atrocities and participating in them, and did not statistically control for the common association between stereotypical combat-related experiences and atrocity exposure, their results – notably the robust association between level of atrocity exposure and severity of depressive and PTSD symptoms – supported the notion that “*the type of trauma experienced by an individual, not only the amount, contributes to the severity of PTSD symptoms experienced over the course of the illness and to the impact of these symptoms on overall functioning*”.

In an effort to further build on this notion, and to address the limitations of prior studies such as Yehuda’s research discussed previously, King and his colleagues [16] designed a study to assess the simultaneous and differential contribution of four categories of war-related stressors (i.e., traditional combat events, atrocities/abusive violence, perceived/subjective threat, and harsh living conditions) to PTSD. Using retrospective self-report data from a sample of 408 Vietnam veterans, they found evidence of a direct association between PTSD and three of the four stressor categories included in their structural model, namely harsh living conditions, perceived/subjective threat, and atrocities/abusive violence. In the case of traditional combat, its effect on PTSD was not present but was accounted for by perceived/subjective threat.

Despite the apparent consistency emerging from the above results, it is important to note that not all studies have found a link between active participation in atrocities and PTSD. For instance, in an effort to partly replicate King *et al.*’s [16] study, and to further differentiate the universe of warzone stressors, Fontana and Rosenheck [8] examined the relative importance of five categories of warzone stressors (i.e., fighting, insufficiency², threat of death or injury to oneself, death or injury to others, killing others, and committing atrocities) to the development of PTSD. Using a sample of Vietnam veterans ($N = 1,198$) they found that once the effects of other stressors were taken into account, aspects of atrocities, aside from killing others, did not play a substantial role in the development of PTSD. Though unexpected, this finding opens the door to the possibility that participation in atrocities may sometimes lead to a different kind of wound, a ‘moral’ injury.

A number of authors have recently used the term moral injury (e.g., [35], [20], [34]). *Moral injury* is defined as a state of grave suffering characterized by PTSD-like symptoms and haunting feelings of inner conflict (e.g., feelings of shame, guilt, or anxiety relative to the consequences of one’s own behavioural choices) arising from perpetrating, failing to prevent, witnessing, or learning about acts that are at odds with one’s deeply held beliefs about right human conduct and expectations about how people should be treated [20]. With regards to symptomatology, the moral injury framework proposed by Litz *et al.* differs from PTSD in two important ways. First, unlike PTSD, there is no threshold for establishing the presence of moral injury [23]. The perspective is therefore less clinical and more in line with the tenets of occupational health psychology—and with the concept of perpetration-induced traumatic stress (see Ref. [22], for details) – where those who have symptoms that do not rise to the level of a disorder are still of interest. Second, contrary to PTSD, there is no requirement that the

² Examples included bad and/or inadequate amount of food and water, inadequate equipment or supplies, loss of freedom of movement, and lack of privacy.

injurious experience be associated with fear, helplessness, or horror. Instead, it is feelings of shame and/or guilt that are thought to give rise to the problem.

In addition to the risk for PTSD and moral injury, there are evidence that participation in abusive warzone violence, such as desecrating the bodies of enemy combatants, may also predict post-military violence to self, spouse, and others [15]. Using Vietnam veterans ($N = 177$) admitted to a Veterans Administration hospital PTSD unit, Hiley-Young and colleagues found that participation in the killing of Vietnamese (presumably civilians) predicted post-military violence to others and to spouse, and that participation in the desecration of bodies predicted post-military suicide attempts.

To summarize, with the exception of Fontana and Rosenheck's [8] study, most research conducted among Vietnam veterans provide evidence that participation in war-related crimes confer a significant risk for mental health problems, notably PTSD, with the severity of symptoms varying in tandem with the intensity of exposure (e.g., witnessing war-related crimes being less psychologically damaging than participating in the event). The association between unethical battlefield conduct and mental health was recently reaffirmed in two large-scale studies conducted among U.S. troops deployed to Iraq and Afghanistan [24], [25]. In the case of the MHAT-IV [24] study, results from soldiers stationed in Iraq showed that those who screened positive for a mental health problem (anxiety, depression, or acute stress) were twice as likely to have engaged in unethical behaviours relative to those who did not screen positive. This finding was subsequently replicated in the MHAT-V 2008 study [25] where this relationship was found to hold true even after controlling for time spent 'outside the wire'. Having established a link between unethical battlefield behaviours and adjustment difficulties after deployment, we now turn our attention to the possibility that mental health problems may sometimes predate unethical conduct, for instance, by enabling angry feelings to override normal restraints towards violence or by numbing feelings that typically support sound ethical judgement (e.g., feelings of sympathy; [12]).

4.4 RESEARCH ON THE MENTAL HEALTH DETERMINANTS OF UNETHICAL BATTLEFIELD BEHAVIOURS

Before we begin, a few words of caution in interpreting the findings of the cited studies are in order. First, in reading this section, it is important to remember that what we know about the effects of mental health problems on battlefield conduct is based on cross-sectional data, which logically precludes any definitive 'causal inferences' from the results. Second, unlike the studies discussed in the previous section, the majority of studies reviewed here *have not* specifically focused on unethical battlefield behaviours, but on self-reports of violent offending *after* deployment. That said, given the documented association between aggression and unethical battlefield conduct [30], it seems reasonable to expect that those with mental health problems such as PTSD will be at greater risk of behaving unethically than others, for instance, by reacting with aggression towards civilians when confronted with an anger-provoking situation on deployment. The same may be true for those who have sustained a mild Traumatic Brain Injury (mTBI) as impulsivity and a lack of affective empathy are common consequences of mTBI [29].

With those caveats in mind, we can now turn to the National Vietnam Veterans Readjustment Study, which is arguably the most comprehensive study to date on the prevalence of mental health problems and other readjustment problems among Vietnam veterans. In their report to Congress, the authors indicated that veterans who met diagnostic criteria for PTSD were "*living profoundly disrupted lives*" (Ref. [17], p. 12). For instance, they found that approximately forty percent of them met diagnostic criteria for at least one other psychiatric diagnosis (often substance abuse disorder) and reported high levels of actively expressed hostility (e.g., 36.8% had committed six or more acts of violence in the preceding year). That said, this finding of an association between PTSD and violence was subsequently called into question because the confounding effects of related

factors, notably combat exposure and alcohol abuse, were not taken into consideration (or statistically controlled for) in the analyses.

To address this limitation, Lasko and her colleagues examined the association between war-related PTSD and self-reports of aggression/violence while simultaneously controlling for the confounding effects of five variables including education, combat exposure, psychiatric comorbidity, past-history of substance abuse, and neurologic soft signs [18]. Using a sample of 37 Vietnam veterans, they found that those who met criteria for PTSD ($n = 25$) scored significantly higher than the non-PTSD subjects on nearly all measures of self-reported aggression/violence used in their study. In addition, the association between PTSD severity and aggression/violence remained significant even when the combined effect of the five confounding variables was accounted for in the analysis. However, in contrast with previous studies, such as the NVVRS study discussed earlier, they found no relationship between combat exposure and aggression/violence. This led them to conclude that “*aggressive psychopathology in war veterans may be regarded as a property of PTSD, rather than as a simple consequence of military combat*” (p. 379).

This conclusion was later put to the test in a study involving a community sample of World War II veterans ($N = 331$) who had been taken Prisoners Of War (POWs) and were still living with their spouse when the study was undertaken [26]. Here, both verbal and physical manifestations of violence were examined and the possible confounding effect of depression was accounted for in the analysis. Much like Lasko and her colleagues, they found that the association between captivity stressors and both forms of aggression was fully mediated by PTSD. In other words, they observed that the intensity of captivity stressors was strongly predictive of domestic violence, but only in the presence of PTSD. Additionally, they found that the association between PTSD and both categories of aggressive behaviours was moderated by depression, meaning that depressive symptoms tend to exacerbate the risk for domestic violence in former POWs with PTSD.

Having determined that “*there is little doubt that there is an association between aggression and PTSD*” (p. 860), Beckham and her colleagues designed a study to understand what role, if any, uncontrolled anger – a common feature of PTSD – may play in the association between PTSD and interpersonal violence [1]. Using a sample of 118 Vietnam War veterans seeking care for PTSD, they found that the relationship between PTSD severity and interpersonal violence was fully mediated by what they termed aggressive responding, meaning that when exposed to an anger-provoking situation, those with a history of anger-management problems were statistically more likely to have engaged in interpersonal violence relative to those with better self-control.

This pattern of interpersonal violence arising from anger-management issues has also been observed in Finley’s research on intimate partner violence among OEF/OIF veterans with PTSD [7]. In their review of 16 interview transcripts, she and her colleagues identified three patterns of partner violence – *violence committed in anger*, *dissociative violence*, and *parasomniac violence* – that mapped well onto recognized symptoms of PTSD, specifically amplified anger, dissociation or flashbacks, and sleep disturbance. However, despite the valuable insights that this study and the ones summarized before provide on the negative behavioural outcomes of PTSD, they have all been hindered by important methodological limitations – the use of self-report measure of post-deployment behaviours, the reliance on cross-sectional data, or the confounding effects of pre-existing risk factors have not been accounted for – that researchers in the field have only recently started to overcome.

MacManus’ cohort study on violent offending by UK military personnel deployed to Iraq and Afghanistan provides a remarkable example of a study that overcame those three methodological limitations [21]. Using data from 13,856 randomly selected, serving and ex-serving UK military personnel with criminal records, he and his associates found that after adjustment for pre-service violent offending and other risk factors (e.g., age, rank, educational level), serving in a combat role and having a history of more frequent exposure to traumatic events

during deployment, each independently of the other, conferred a significant risk for violent offending. Additionally, they found that psychiatric health problems such as PTSD³, alcohol misuse, and a recent history of anger-management issues were all strong predictors of violent offending and, in the case of psychiatric health problems, that they partially mediated the association between traumatic battlefield experiences and violent offending on the home front.

It is worthy of note, here, that this relationship, albeit indirect, between traumatic deployment experiences and violent offending seems to hold true not only across conflicts (e.g., World War II, Vietnam, Iraq/Afghanistan), but across NATO nations as well. For example, in a study involving 6,002 U.S. soldiers, many of whom had recently returned from in Iraq, Gallaway found that, relative to those who had never been deployed, those who were categorized as having the highest cumulative combat exposures were significantly more likely to have a history of psychiatric health issues, to have been engaged in physical altercation with spouse and others, and to have been convicted for a criminal offence since joining the army [10]. Another related case in point is that Canadian Armed Forces study, discussed at length in Chapter 10, which found that much of the harmful effect that combat exposure may have on soldiers' attitudinal dispositions towards unlawful/unethical battlefield conduct seem to occur via symptoms of psychological distress [3].

This last finding brings us back to our initial concern – the relationship between mental health and unethical battlefield conduct specifically. Having reviewed some of the key empirical studies concerning the relationship of combat experiences, PTSD, and anger-management issues with violent offending after deployment, it is now time to turn our attention to what may very well be the first study to systematically examine which of these factors are most strongly associated with reports of unethical conduct on deployment. In this study (see Ref. [30] for details), the data from the Operation Iraqi Freedom (OIF) MHAT-V study discussed earlier was re-analysed ($N = 2095$) and the composite measure of unethical conduct was regressed onto eight predictors, including the combat experiences of fighting, killing/injuring other, perceiving threats to oneself, being exposed to the death/injury of others, witnessing atrocities, PTSD, time 'outside the wire', and self-reports of violence committed in anger in the month preceding survey administration. When these factors were considered together in the analysis, only the combat experiences of fighting and witnessing atrocities were related to unethical battlefield conduct, and the relationship between PTSD and battlefield misconduct was fully mediated by aggression, suggesting that *“contrary to the impression sometimes conveyed from high-profile cases involving unethical conduct by soldiers, PTSD is not the main driver of the unethical behaviours [they] measured”* (p. 263). Together with the other studies discussed in this section, Wilk's findings provide some evidence that anger-provoking situations are associated with unethical battlefield behaviors.

4.5 ASSESSING ETHICAL RISK ON OPERATIONS: THE TRIAD OF RISK FOR UNETHICAL BEHAVIOUR

Having seen the prevalence of battlefield misconduct across conflicts, it should be clear that assessing ethical risk is of critical importance in order to plan or implement mitigation. As shown here, in addition to threatening mission success, ethical lapses in battlefield conduct can prove harmful both to their witnesses and their perpetrators. The problem though is that there is a lack of writings about the practical aspects of “how to assess ethical risk”. Thus, without a useful framework to organize their thoughts, and a list of observable factors to consider, military leaders and clinicians have only their own experience and judgement to guide their assessment. The rest of this chapter attempts to fill this void by shedding light onto risk factors forming a triad of evil.

³ Of all the symptom clusters that characterise PTSD, the hyperarousal symptom cluster was found to be the most strongly associated with violent offending.

The triad of risk for unethical behavior is as follows:

- 1) A recent history of traumatic combat experiences;
- 2) An indication from service records, or prior knowledge of the person, that he/she has a history of legal offending; and
- 3) Recent behaviors indicative of angry feelings and frustration.

The presence of anyone of these factors should alert the person making the assessment to the potential for unethical conduct, either during or after deployment. On the other hand, the absence of these risk factors does not necessarily indicate the lack of a serious risk if other critical factors are present, for example, if morale is low and features of the operational and organizational environments create pressures to behave unethically (e.g., if after taking casualties a unit is not given an opportunity to fight back). Those who wish to read about these other risk factors are referred to Bradley and Tymchuck [4] for a review of organizational risk factors and to Gault [11] for a review of operational risk factors.

With regards to the first element of the triad, a history of traumatic combat experiences, generally the person making the assessment should feel more concerned the more threatening and/or morally shocking was the experience and the less the person was able to fight back (or more generally intervene) because of the tactical situation or the rules of engagement. With regards to the second element in the triad, the person making the assessment should consider both violent and non-violent offenses, giving more weight to the more severe and more recent infractions. As for the third element, the presence of behaviors indicative of angry feelings, military leaders should watch for the following warning signs where the person has:

- Been yelling at colleagues,
- Gotten angry and kicked or smash something or punched a wall,
- Threatened a unit member with physical violence, or
- Gotten into a fight and hit a unit member.

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Chapter 5 – ENGAGED LEADERSHIP: LINKING THE PROFESSIONAL ETHIC AND BATTLEFIELD BEHAVIORS

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5.1 ETHICAL BEHAVIOR

Ethical behavior of battlefield soldiers is paramount in counterinsurgency and stability operations, where the support of the local populace is vital to mission success. Despite their rarity, ethical lapses even in the lowest tactical echelons can detrimentally affect the strategic mission. A single incident can set back the success of an entire unit [1]. Indeed, it can even set back an entire coalition, as was evident at Abu Ghraib and Haditha [2]. Recently, similar events took place in Afghanistan when five members of an Army Stryker brigade allegedly murdered three Afghan civilians [3]. These events resurrect memories of Vietnam when soldier misconduct was considered more prevalent, as seen in major events such as the My Lai Massacre, but also in frequent drug use, fragging of unit leaders, and poor treatment of non-combatants [4]. Events in Iraq revived a debate over the ethics of our soldiers, and whether these events represented isolated incidents or an ethical culture problem that might indicate a failure of Army Values and post-Vietnam initiatives to counter the problems of the “hollow Army” [5]. On the surface, the recent moral failures appear to be isolated incidents.

However, the repetitive combat deployments and asymmetric operational environments our Army faces now provide ample opportunities for future behavioral and ethical lapses to occur, as soldiers must make split-second decisions that affect the safety of their units and the local populace. Preventing ethical lapses requires a change in unit culture in which soldiers hold each other accountable to high standards of conduct and performance. This culture change can only occur through direct leader involvement via engaged leadership that fosters proper behavior and discourages inappropriate actions. This article offers an overview of factors that produce soldier misconduct, reviews the ethical climate in Iraq, presents a course of action to address battlefield ethics, and discusses how engaged leadership improves ethical performance on the battlefield.

5.2 MISCONDUCT IN THE OPERATIONAL ENVIRONMENT

During deployments, soldiers face a myriad of physical and mental stressors, both environmental and psychological. Environmental stressors include harsh climates, difficult terrain, constant noise, and the continuous threat of physical harm. Psychological stressors include sleep deprivation, fatigue, and illness or injury. Mental stressors include dealing with organizational dynamics and information flow gaps, performing duties outside one’s normal area of concentration, and being separated from friends, family, and support groups. Taken together, these factors are termed combat and operational stressors. Soldiers respond to them with adaptive or maladaptive reactions along a continuum of physical and psychological adaptation [6]. Adaptive responses lead to increased cohesion, mission effectiveness, and heroic acts, but maladaptive responses take the form of either misconduct behaviors or combat operational stress reactions.

Combat operational stress reactions are defined as “*expected, predictable, emotional, intellectual, physical, and/or behavioral reactions of soldiers who have been exposed to stressful events in combat or military operations other than war*” and include physical, emotional, cognitive and behavioral responses [7].

In contrast, misconduct includes a myriad of behaviors that range from shirking or malingering, alcohol use in theater, or significant violations of the Laws of Land Warfare [7]. Of key interest in stability operations are the soldiers' interactions with non-combatants. Current military doctrine and research is unclear about the factors that lead soldiers toward misconduct during such interactions. Some experts think that Post-Traumatic Stress Disorder (PTSD) leads to misconduct behaviors [8]. However, recent research indicates that the presence or absence of PTSD is not an influential factor in soldier attitudes toward non-combatants. Rather, the volume of combat exposures a soldier experiences seems to be the most influential factor [9]. Furthermore, low levels of training and poor unit discipline are key indicators for misconduct. Leaders should be aware of the previous experiences of their soldiers and create a climate that not only demands they act appropriately, but also ensures they hold other unit members accountable for their conduct as well.

5.3 ETHICAL CLIMATE IN IRAQ

In 2006, the commander of the Multi-National Force-Iraq requested an assessment of the ethical culture of his force in the annual Mental Health Assessment Team (MHAT) Soldier Well-Being Survey of deployed U.S. soldiers in Iraq. This represented the first systematic assessment of battlefield ethics in a combat environment since World War II and addressed soldier misconduct behavior, attitude towards battlefield ethical issues, and battlefield ethical training for soldiers preparing for combat operations.

The findings showed that less than 50 percent of soldiers were willing to report a member of their unit for ethical violations [10]. In addition, nearly 10 percent of soldiers reported damaging a no-combatant's personal property or hitting and kicking non-combatants when it was not necessary [10]. Soldiers with higher levels of combat exposure reported increased rates of non-combatant mistreatment [11]. These findings were revalidated in the next iteration of the MHAT survey in 2007 [12]. The findings were disturbing because they suggested increased vulnerability to further ethical breaches [13].

5.4 BATTLEFIELD ETHICS TRAINING PROGRAM

The MHAT findings prompted then-Major General Rick Lynch, the Multi-National Division-Center (MND-C) commander, to develop and implement a battlefield ethics training program for all soldiers under his command. The MND-C staff, with assistance from the U.S. Army Judge Advocate General Center and School, the Walter Reed Army Institute of Research (WRAIR), and several civilian experts in ethics, built a comprehensive ethics training program [14]. They based the program on the Laws of War, Army Values, and the West Point Honor Code [15]. They chose a chain-teaching instructional model in which senior leaders taught their immediate subordinates using a compact disc that included video vignettes from popular movies to highlight lesson objectives. The subordinate leaders, in turn, taught their subordinates and soldiers to filter the training down through all levels of military personnel to the lowest echelon. Training was in small groups in teams, squads, and platoons to promote discussion. To ensure that they standardized training throughout the organization, unit leaders were provided with a script that accompanied the training program and included a set of key questions and discussion points. The training began in December 2007, and all units reported training complete by mid-January 2008. A recent scientific review of the effectiveness of this training program noted significant reductions in soldier mistreatment of non-combatants and simultaneous improvement in soldiers' ethical attitudes. While the video clips and material provided a novel technique to assist leaders with framing the context of the discussion, retaining soldiers' attention, and focusing it on key training concepts, the greatest impact of the program came from the chain-teaching format. It *“provided a method for leaders to engage their subordinates (engaged leadership) so that soldiers were hearing personally from their own leaders how they were expected to respond to ethically challenging situations and allowed for direct discussion of mission-relevant situations.”*

5.5 ENGAGED LEADERSHIP

In his 2007 book, *Engaged Leadership*, Clint Swindall noted that “engaged leadership” develops employees committed to the organization and its outcomes, including the methods and means used to achieve them. He defines three key tenets for engaged leadership:

- Directional leadership (building a consensus for the vision).
- Motivational leadership (inspiring people to pursue the vision).
- Organizational leadership (developing the team to realize the vision). [16]

These tenets are not new. They are already ingredients in our current military system in the form of leaders who have the staff and positional power to build a consensus, inspire their soldiers, and direct them toward their commander’s intent and vision. However, engaged leaders need to focus on the key competencies of knowing their soldiers, effectively communicating, and being directly involved with their subordinates. These competencies closely mirror three of the key tenets of mission command – understand your soldier, describe the mission clearly, and direct soldier actions on the battlefield [17].

These principles are not just about how the commander imposes his will on the enemy and synchronizes his unit’s efforts, but also how he controls his unit and sets the conditions for achieving the desired end state.

5.5.1 Engaged Leaders Know Their Soldiers

Effective leaders build mutual trust by determining the needs and motives of subordinates and understanding how events and life factors affect them. Leaders need not only know their soldiers prior exposures and combat experiences and how that might influence their behavior, but also understand key events or stressors occurring in their lives that might distract their attention or affect their decisions. While combat exposure can be a significant event, recent studies have shown that the most frequent source of combat operational stress reactions are events happening back on the home front [18].

Leaders must get to know their soldiers before a deployment. They must learn about their soldiers’ families, their friends, key events in their lives, their motivations for joining the military, and their plans, goals, and aspirations, not only for their military career but also for life. Most soldiers will openly share this knowledge, but it can be difficult for some to do so, especially those who are struggling to cope. They are not comfortable openly sharing details about their life outside of work. Studies have shown that there are significant stigmas about asking for help in the military culture with the largest barriers being soldier’s concerns that their leaders or supervisors might have less confidence in them or treat them differently if they are having problems [19]. This perception more than doubled in those who did have ongoing problems [19]. Leaders must work to counter this perception.

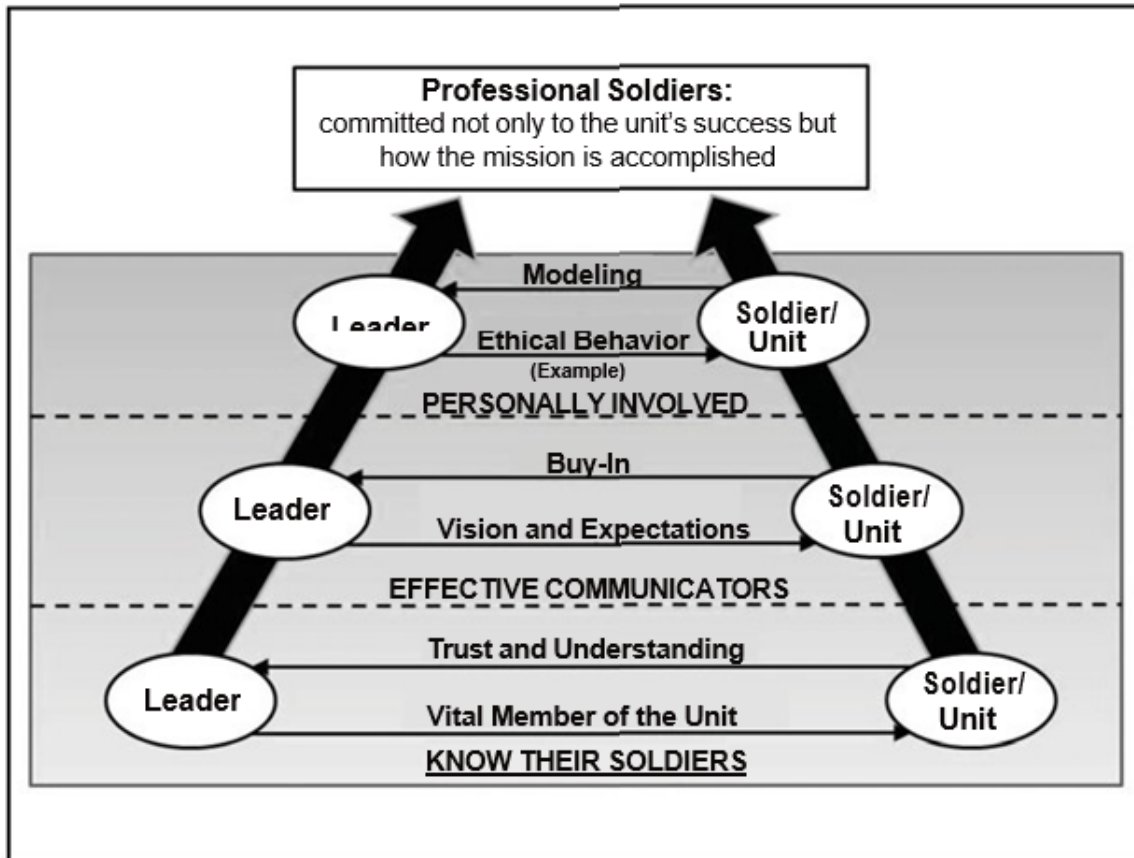


Figure 5-1: Engaged Leadership’s Impact on Ethical Culture.

Leaders must understand soldier learning styles and effective motivational methods to help them overcome barriers or stigmas associated with seeking help. There is no “one-size-fits all” technique to do this with; leaders must adapt their approach for each soldier and take the time not only to get to know the soldier but those around him, his family, friends, and the key individuals who influence him. These interactions can be both informal and formal, but need to endure throughout the leader-subordinate relationship and be viewed as part of leading.

Making these interactions routine helps overcome the lack of trust a soldier might have with the leader including reservations about the leader’s motivation. If questions about family, friends, and life events are infrequent, soldiers view them as probing and they will be less trusting. However, if the questions are part of the command climate from the moment that the soldier enters the unit, they become part of the culture and yield a higher level of understanding. When leaders possess this level of knowledge two echelons deep on all of their personnel, then they will have a higher level of situational awareness and understand how to effectively motivate, employ, and lead the unit.

Building trust starts with how the leader welcomes a soldier into a unit. Lieutenant General Lynch frequently noted how as a brigade and division commander he met with all newcomers to welcome them into the unit and outline his expectations for the unit. During these sessions, he addressed the importance of seeking assistance and emphasized that he viewed asking for help as a sign of strength, not a sign of weakness. Furthermore, he noted that when serving as a direct level or small unit leader, he frequently called the spouse and parents of

each new soldier joining his unit to thank them for the trust and privilege that they placed in him and the Army. Such interactions have several positive effects.

First, they immediately send a message to the soldier that they are important to the unit, a cherished member of the team, and vital to the mission. They provide the commander with a level of awareness, insight, and understanding about the soldier that he is unlikely to get from just an initial interview. Second, the interactions immediately send a message to families that we genuinely care about their soldier. Third, the interactions build a bridge for future communication and instill a culture and climate in which junior or subordinate leaders see the value that the commander places on getting to know soldiers. The interactions also encourage all subordinates to do this as well.

As previously mentioned, combat exposures and life events contribute to a soldier's level of stress, and this directly leads to poor behavioral performance. If the leader has a level of insight and understanding about what is affecting the soldier, then he can anticipate potential adverse issues and situations and intervene early to ward them off. The Battle-field Ethics Training throughout MND-C educated soldiers and their leaders about potential negative influences and provided them with information, useful techniques, and methods they could use for intervention. Using the chain-teaching program opened a dialogue between direct-level leaders and their subordinates about issues of stress and combat performance. Furthermore, it emphasized that establishing understanding and awareness was vital to set the conditions for success for the soldier and prevent the negative outcomes that lead to ethical misconduct on the battlefield (Vignette 1).

Vignette 1

After five months in Iraq, a battalion commander noticed his personal security detachment was no longer functioning at the expected level. There was no specific deficiency or issue, but rather, that he and his team could sense there was a problem. He requested the assistance of a combat operational support team. The team conducted a debriefing and learned that there was growing frustration because the team was being "loaned" to the deputy brigade commander who was not following the Tactics, Techniques, and Procedures (TTP) for IED defeat established by the battalion commander. Because of this, the team felt the deputy commander did not value their lives and was not concerned about their safety. Upon learning this, the battalion commander met with the team and addressed their concerns by stating that he would ride in the lead vehicle for all missions in which the battalion supported the deputy brigade commander and would ensure the unit followed the TTP.

5.6 ENGAGED LEADERS ARE EFFECTIVE COMMUNICATORS

Effective communication spans the gap between the leader and subordinates. The leader must ensure that soldiers know they are valued members of the organization and understand unit standards, values, behaviors, and expectations. The leader should seek buy-in from their subordinates.

To be an effective, engaged communicator, leaders must be able do three things:

- Show empathy and connect with soldiers.
- Articulate the vision, direction, and expectations (mission, intent, and end state) to subordinates.
- Modify their delivery style to effectively motivate soldiers.

Showing empathy and connecting with soldiers is vital. Empathy is not sympathy. Rather, it is about reflecting back to the soldier that you understand his experiences and care about their personal needs and achievement. Empathic leaders seem to be better able to effectively build and maintain relationships. Leaders need to hone their empathy skills through listening, perspective-taking, and compassion [20]. This is especially important in a diverse organization such as the military because subordinates come from many different backgrounds and life experiences. As Stephen Covey noted in *Seven Habits for Highly Effective People*, empathic listening allows the leader to appreciate and understand the impact that different life experiences have on how individuals respond to and act in situations [21]. Empathy shows the sincerity and authenticity vital in understanding and creating a connection with soldiers.

As previously mentioned, getting to know soldiers is about building trust and developing an understanding of the soldier's needs and motives. Leaders who have a strong level of awareness and understanding of their soldiers can then carefully select their tone, word choice, and message in linking the soldier's personal motives to the unit's mission and vision. Creating a new connection to the unit's mission, vision, and values is a powerful influencing tool in all stages of the deployment cycle because it strengthens the core of the unit. As Gene Klann notes in his book, *Crisis Leadership*, "*During a crisis, the leader can leverage a credible vision and value system and use both as a rallying point and as a way to provide stability to employees who are rocked by events.*" [22] A clearly communicated vision and set of values creates a unit standard that will provide a learned response for how soldiers should act in times of crisis. These clear, established standards of performance become part of the unit culture and lead to adaptive rather than maladaptive responses to stress. Furthermore, they provide soldiers with internal direction to hold each other accountable to maintain the mission.

Leaders must establish the soldier's commitment to the unit's mission and values through many different methods. In his book, *The 21 Irrefutable Laws of Leadership*, John Maxwell noted that individuals first "buy-in" to the leader and then into the vision [23]. Unit leaders must leverage their awareness and understanding of the soldier to transition their behavior from compliance to the positional power of the supervisor to commitment to the organization and to its outcomes. Through the enhanced level of understanding, leaders are able to use rational influence techniques such as rational persuasion and apprising as well as soft tactics such as inspiration, relationship building, and personal appeals to achieve this goal. A leader can implement these methods in day-to-day operations, programmed performance counseling sessions, casual daily contact, and mentoring relationships. By converting from a culture of compliance to a culture of caring and commitment, leaders are able to establish cultural norms in which soldiers will be more apt to hold each other accountable and uphold the standards even when the leader is not present. This is vital in battlefield situations where soldiers may encounter swiftly changing, challenging situations where they must make rapid decisions. A clearly communicated vision, which establishes the level of expected standards and acceptable behaviors, creates a culture of commitment to the unit's vision, its values, and other members leading the soldiers to exhibit appropriate behavior.

Effective communication was a key component of MND-C Battlefield Ethics Training. Starting at the top with senior leaders, the first line supervisor met with their direct subordinates and subordinate leaders to discuss the issue of battlefield ethics. Rather than sending out a chaplain, lawyer, or senior leader to rotate between units delivering the message, the individual who knew the soldiers best and had a good understanding and awareness of each soldier's current levels of stress and life events was accountable and delivered the training. This proved a much more effective approach and made the subordinates more receptive to the training. The leader tailored the dialogue to battlefield situations the unit had encountered, thereby enhancing the relevance of the discussion while referring back to the bedrock Army Values, timeless principles of the West Point Honor Code, and the Marne Standard book. Soldiers participated in the training with a group of their peers to create an environment where they felt more comfortable sharing their experiences and developing a collective situational understanding. As a result, the soldiers were able to grasp the importance of this issue allowing the leader to use their personal

influence, rather than positional power, to enable the soldiers' commitment to a culture of battlefield ethics rather than mere compliance with a set of rules (Vignette 2).

Vignette 2

A battalion was six weeks into its third deployment to Iraq. While more than half of the soldiers in the unit had previous experience in Iraq or Afghanistan, less than a quarter of them were with this battalion during prior deployments. During the train-up to deployment, the company commanders and first sergeants emphasized how the tactics, techniques, and procedures were significantly altered from prior deployments in accordance with the new counterinsurgency doctrine. All units rehearsed them during their exercises and leaders placed specific emphasis on how to interact with the locals to focus on establishing security. However, once in theater, one of the squads began to be confrontational and derogatory towards non-combatants. A sister squad leader pulled the senior NCO from the renegade squad aside and asked why they were acting in that manner and was told *“that is how we did it in my old unit and we all got through safely.”* The sister squad leader replied, *“That is not how we do it in this unit and you need to change or we are going to fail to accomplish what we are all here for.”*

5.6.1 Engaged Leaders are Personally Involved

In the “Commander’s Role” in Mission Command, FM 3-0 notes that the commander directs all aspects of the operation by preparing, positioning, ordering, and adjusting personnel [24]. In engaged leadership, the leader directs through their personal presence and involvement. Put simply, leadership is a contact sport. Good leaders are engaged leaders. They personally set and enforce standards, perform checks and inspections, share in hardships, and remove barriers to create the best possible conditions for the unit and soldiers to succeed.

While leaders publish their standards, orders, intent, and other expectations, they must first set and enforce them through their own actions and example. An engaged leader recognizes that he is always on a platform with soldiers watching him, so he leads the way for others through his example. An engaged leader must set the tone for the desired values and principles for the unit. A leader’s actions are more influential than developing trust and communicating the values, goals, and vision. If a leader communicates the desired values in their vision, spoken word, and unspoken communication but then violates those same values through their own behavior or conduct, they create a hypocritical ethical climate that will quickly erode morale and unit mission effectiveness. By modeling expected behaviors, the appropriate standards will trickle down through the ranks of subordinate leaders who will likewise mimic or emulate the leader’s actions. An example of this occurred during Operation Iraqi Freedom when a division commander wanted to increase the emphasis their subordinate commanders put on addressing soldiers’ mental health concerns. Rather than instructing their commanders to place emphasis on this area, the commander modeled this behavior, mentioned how they were focusing on this area for their staff, and had their staff behavioral health provider travel with them to several engagements with their brigade commanders. The subordinate commanders quickly noticed their emphasis and followed suit, acting in kind without any prompting or verbal instruction from the division commander [25].

Leaders must follow-up to ensure they set the proper tone through their direct involvement in performance checks, inspections, and counseling. A leader’s personal participation and involvement in and emphasis on events, actions, activities, and items have significant impact. In 2007, a newspaper story about poor living conditions for recovering Wounded Warriors at Walter Reed Army Medical Center received worldwide attention and resulted in the resignation of the secretary of the Army and dismissal of two general officers. During the congressional testimony surrounding this event the surgeon general of the Army testified that he did not inspect barracks [26]. While it was by no means the surgeon general’s responsibility to inspect barracks, the remark

highlighted that soldier living conditions were not a priority in that organization. Priority dilemmas constantly challenge leaders. The engaged leader must determine the key areas that support the organization's mission and values and emphasize them through performance checks and inspections. He must regularly examine the ethical culture and climate of the unit and anything that impedes this climate.

Engaged leaders remove all obstacles and barriers by creating the best possible conditions for success. As leaders communicate with their subordinates and motivate them toward the commander's vision and unit end state, they learn of impediments and roadblocks that hinder soldier effectiveness and unit performance. This feedback from subordinates is vital. It allows the leader to engage at various levels to make changes or determine effective workarounds in line with the values of the organization. This level of personal involvement aids direct leadership and allows the leader to establish and encourage ethical practices that help prevent unsound practices not in line or keeping with Army Values.

Conducting performance checks and inspections, as well as sensing sessions with the staff, also aid in recognizing key obstacles. In battlefield ethics, direct leader involvement is key. Ethical issues must be an important part of mission analysis and the evaluation of results. Leaders must identify potential situations units might encounter on the battlefield and build realistic scenarios into all training to challenge subordinate leaders and soldiers, prompt the right response, and reward the right behaviors. The professional performance of the soldier should be a daily concern in garrison, training, and deployment, not just in quarterly or annual training classes.

The MND-C Battlefield Ethics Training involves leaders directly with their soldiers. Chain teaching and scenarios infused with current unit experiences allow leaders, soldiers, and subordinates to discuss how to cope with the same or similar ethical challenges on the battlefield as well as identify and address obstacles, including key equipment, translators, or items to overcome a barrier (Vignette 3).

Vignette 3

During a site visit to a remote patrol base in southern Iraq by the brigade commander and his staff, a member of the team became aware of a significant morale problem. A sergeant said that "he was so hot and tired, he didn't care" to enforce standards anymore. Thus, the patrol base had no ice, cooling systems, or reliable power. The following day, the brigade commander personally led a convoy carrying two new generators to the site. On follow-up evaluation three weeks later, unit morale was significantly improved, standards were clearly being enforced, and commanders at all levels were now routinely assessing and addressing living conditions at patrol bases.

5.7 THE WAY AHEAD

Leaders must demonstrate competence, courage, candor, and commitment, point the unit in the right direction, and maintain the laws of war, even in the toughest of times. To do this they must keep their troops informed – of the objectives of the operation, the mission, actions to take, and the commander's intent. They must conduct after action reviews to reduce uncertainty by candidly addressing the actions that occurred and defuse resentment and tension before soldiers come into contact with non-combatants. In doing so, leaders show that they understand challenges and the stress of combat but maintain a focus on the mission and end-state to keep soldiers on the objectives and remind them of the true enemy. Leaders must be aware of their soldier's levels of stress and fatigue. Fatigue can interfere with sound and effective decision-making. The 2007 MHAT report noted that soldiers averaged only 5.6 hours of sleep per day, which is significantly less than what is needed to maintain optimal performance (7 – 8 hours per night). [27] Furthermore, the MHAT reported a decrease in work

performance due to the accumulation of stress associated with higher cumulative months of deployment [28]. Commanders must attempt to ensure that all soldiers get enough rest and monitor units for signs of elevated stress. If possible, they must establish predictable work and rest cycles. In 2007 – 2008, Lieutenant General Lynch noted early in MND-C's deployment that some of his officers were nodding off during the day. In response, he established a division standard daily routine of 15 hours of work, 2 hours of physical training/personal time, and 7 hours of rest. He modeled this behavior himself and set the clear expectation that the staff would also. He soon noted significant improvements in officer performance and attitudes. This underscores the effectiveness of leading by example and becoming personally involved.

Lastly, the commander must make ethics a top priority throughout the deployment cycle. They cannot tolerate violations. Inappropriate soldier actions should be frequently discussed throughout units. Ethics should not require a special class. It should become a habitual part of the unit's routine, incorporated throughout all actions of the unit and in all discussions. Leaders must directly participate in this process, signaling the priority of the issue and modeling the expected behavior. Otherwise, interventions are likely to be less effective.

The ethical performance of our soldiers on the battlefield is of great concern to all leaders. It not only affects our profession of arms, but individual lapses can have significant tactical, operational, and strategic level impact. Leaders must set the conditions that promote and uphold the ethical performance of soldiers at all levels. As evidenced by the MND-C Battlefield Ethics Training Program, appropriate ethical performance is not achieved through a specific training program, but instead through integrated ethical training and most importantly engaged leadership.

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Chapter 6 – EMOTIONAL REACTIONS AND MORAL JUDGMENT: THE EFFECTS OF MORALLY CHALLENGING INTERACTIONS IN MILITARY OPERATIONS

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ABSTRACT

This study explores the association between different types of morally challenging interactions during military deployment and response strategies (e.g., moral justification), as well as the mediating role of moral emotions. Interviews with Dutch servicemen who participated in military operations (e.g., in Afghanistan, Angola; N = 45) were content coded. We found a relationship between local-cultural and team-related interactions and moral justification; these effects were mediated by other condemning emotions. Similarly, other condemning emotions mediated the relationship between local-cultural interactions and relativism. This study points at the importance of other condemning emotions in shaping military reactions to frequently occurring morally challenging interactions.

Keywords: dilemmas, moral emotions, military deployment, moral disengagement, numbing, relativism.

6.1 INTRODUCTION

During a patrol mission in Afghanistan, where I was one of the drivers, we escaped from a suicide attack. A man had blown himself up in a marketplace close by. We are still not sure what his target might have been. Except for him, nobody had died in the incident. . . . Since we were this close to the site, we were commanded to collect body parts and remains of the bomb. After identification, the body would be returned to his relatives in order to ensure a proper funeral. We all started to collect whatever we could find. However, at one moment I started to realize what I was doing. . . . This man . . . maybe we had been his target! And now I had to collect body parts so he could get his funeral! It wasn't me who had blown him up in pieces! The whole situation made me sick, I was disgusted by what we had to do. At the same time I felt so angry, I felt he had it coming and I didn't want him to have the honor of a proper funeral. I didn't want to comply with our orders then . . . but there was not much choice. (Fragment from an interview with a female Dutch Corporal regarding her deployment experiences)

This example illustrates the challenging situations that military personnel may encounter during deployment. In this case it involves choosing between the conflicting values of compliance on one side and fairness on the

other. It has generally been acknowledged that military deployment comes with such morally challenging interactions (for an overview of differing types of moral challenges, see Ref. [46]). We define morally challenging interactions as situations in which an individual is confronted with an intrapersonal “clash” of values caused by an interaction with others. Morally challenging interactions may occur in every environment in which individuals interact. However, in some environments these dilemmas are more evident than in others, for example, due to cultural diversity and extreme circumstances. We propose that they are particularly likely to occur in the context of military operations because of:

- a) Large cultural differences;
- b) A necessity to act;
- c) A not self-evident situation; and
- d) High stakes. [26]

These features create an environment susceptible to extreme, complex, and morally challenging situations. Others have referred to such situations as *moral dilemmas* (e.g., Ref. [55]). Because servicemen do not always perceive a situation as a dilemma but refer to it as an interpersonal frustration, the more neutral term morally challenging interaction is used throughout this article. Confrontations with *morally challenging interactions* may evoke strong emotions, because deciding on the best course of action to take is often regarded as extremely difficult [55], [56]. This is clearly illustrated in the example described in the introduction, wherein the Dutch Corporal experiences both anger and disgust. In turn, these emotional reactions are likely to influence the (behavioral) response strategies [34]. For example, anger may trigger aggression, as has been illustrated by incidents such as the My Lai Massacre and more recently the Haditha Incident. In the 1968 My Lai Massacre in South Vietnam, more than 400 civilians – including children, women, and the elderly – were gang-raped, mutilated, and eventually killed by U.S. troops [39].

U.S. Marines killed 24 Iraqi civilians – including children, women, and the elderly – in Haditha, Iraq, in 2005 [25].

The goal of this explorative study is to gain insight in the process of moral judgment in military operations by exploring the relationship between morally challenging interactions and response strategies. We also focus on the possible mediating role of emotions. Because there is a lack of earlier empirical research in this field [8], transcripts of interviews with recently deployed Dutch servicemen serve as input for a narrative analysis, based on the *grounded theory approach* [7], [17].

This study has both a theoretical and practical ambition in relation to moral judgment during military deployment. First, we aim to increase the understanding of the psychological process of moral judgment in the context of morally challenging and emotionally charged encounters that present themselves during military operations. Due to the exploratory nature of this study, the results give a first glance at the type of interactions servicemen experience and the processes present in these experiences. Furthermore, by exploring different types of morally challenging interactions, we may be able to estimate to what extent this process is contingent upon the specific type of interaction. As such, the outcomes of the study are also likely to have practical value for the deployment of troops by military organizations, as it may result in recommendations for pre-deployment-training programs to better identify risky encounters and to prevent incidents of irresponsible acts from happening.

In the remaining part of the introduction, we provide an overview of the field on the affective approach in moral judgment research, followed by a theoretical framework that we use as the basis for our analyses.

6.2 MORAL JUDGMENT RESEARCH: AN EFFECTIVE APPROACH

Historically, studies on moral judgment mainly focused on:

- a) Group dynamical processes, such as obedience and anonymity (e.g., Ref. [35]); and on
- b) Cognitive processes in individual reasoning following the social cognitive theory [2], [18].

From the 1990s onward, an effective approach gained more and more attention in the field of moral psychology. This led to an abundance of studies focusing on intuition and emotion in relation to moral judgment (e.g., Refs. [18], [20], [24], [27] and [53]). Research on the incorporation of emotions in moral judgment in the military context is scarce [48]. Most studies address emotions in relation to stress or symptoms of Post-Traumatic Stress Disorder (PTSD) and are mainly of a more clinical nature (e.g., Refs. [12], [13], [32], [44] and [8]). Moreover, the non-clinical literature focusing on moral judgment within the military is mostly theoretical/conceptual of nature and not so much empirically driven (e.g., Ref. [41], [42], [46] and [8]). Furthermore, the few empirical studies that were conducted on moral judgments in the military mainly focused on cognitive processes without addressing emotions and intuition (e.g., Refs. [40], [51], [56] and [59]).

Moral emotions can be defined as “[emotions] that are linked to the interests or welfare either of society as a whole or at least of persons other than the judge or agent” (Ref. [21], p. 276). Thus, moral emotions reflect basic human emotions (such as anger, compassion, and fear) but in a specific context enclosing a “third-party” aspect that causes a moral challenge [47]. These moral emotions are often caused by events in which the social order of human life is inflicted, such as discrimination, or aggression, and that do not necessarily and directly involve the observer himself or herself [47]. Haidt [21] distinguished between four categories of moral emotions:

- a) Other condemning emotions;
- b) Self-conscious emotions;
- c) Other suffering emotions; and
- d) Other praising emotions (see Table 6-1).

In the opening example of this article, the potential harm of the suicide bomber may have led the corporal to experience feelings of disgust and anger (other condemning emotions toward the bomber).

Table 6-1: Moral Emotions Based on Haidt [21].

Constructs			
Main Category	Sub-Category	Description	Operationalization
Other Condemning Emotions	Anger Contempt Disgust	Encloses feelings that involve a negative judgment regarding others. Sometimes referred to as the “hostility triad” [47].	Discusses feelings of frustration, madness, rage, hatred, disapproval, anger, contempt, disgust, loathing, aversion, superiority, and so on, in a moral context.
Self-Conscious Emotions			
Positive	Pride	Involves ongoing assessments of the individual’s perception of his/her personal moral worth and ability to fit within a community [47].	Discusses feelings of pride, self-importance, self-satisfaction, and so on, in a moral context.
Negative	Shame Embarrassment Guilt		Discusses feelings of shame, embarrassment, guilt, humiliation, disgrace, blame, remorse, and so on, in a moral context.
Other Suffering Emotions	Compassion	Most strongly felt when it involves close relatives (such as one’s kin or friends), but can also be caused by the suffering of total strangers [34].	Discusses feelings of compassion, empathy, sympathy, pity, concern, care, and so on, in a moral context.
Other Praising Emotions	Awe Gratitude Elevation	Positive emotions that originate in situations in which an individual considers other people’s behavior as virtuous [11].	Discusses feelings of awe, gratitude, elevation, admiration, respect, appreciation, and so on, in a moral context.

6.3 MORAL JUDGMENT RESEARCH: RESPONSE STRATEGIES

Emotions may have a prolonged effect [34], [53], [54]). According to Lerner and Keltner [28], emotions trigger processes that persist beyond the eliciting situation. These emotion-related processes subsequently direct behavior and cognition in response to objects or events that may have only a slight relation to the original cause of the emotion [28]. Research shows, for example, that anger motivates aggressive actions toward the inflictor [21] or more punitive judgments of others involved in the incident, even when this is not appropriate [54].

Individuals deal with their emotions in interpersonal relationships and social interactions by using a certain response strategy [15]. Generally, response strategies in morally challenging interactions can be regarded as a form of coping. Coping refers to an individual's attempt to regulate one's reaction and meet the specific demands of a stressor [6]. Although decades of research on coping have identified an abundance of different strategies (for military studies, see Refs. [30], [37] and [44]), a recent meta-analysis by Connor-Smith and Flachsbart [6] shows that two global categories of response strategies are distinguished under such conditions. First, individuals may use active (or engagement) strategies, involving vigorous attempts to manage the situation at hand. Second, individuals may make use of passive (or disengagement) strategies, for example, by avoiding the stressor [6]. To further categorize active response strategies, we used Bandura's framework of "moral disengagement" (e.g., Ref. [1]). We distinguished the passive response strategies into "numbing" (e.g., Ref. [29]) and "ethical relativism" (e.g., Ref. [58]).

"Moral disengagement" refers to the process in which the behavior of an individual or a certain group of people – despite their moral self – gradually and often unwittingly becomes irresponsible [1]. According to Bandura, the self-regulatory process of internal moral control permits an individual to selectively activate or withdraw from his or her moral standards [1], [2].

"Numbing" is a term introduced in the field of psychiatry and refers to the process of desymbolization and deformation. This refers to a state of mental disturbance – an individual is no longer capable of human mentation [29]. Therefore, the individual is incapable to create and re-create meaningful images and forms in relation to an occurring event [29]. Within the clinical literature, similar attempts of suppression are referred to as psychological dissociative defence mechanism, which is strongly related to the well-researched elements of depression and PTSD [36]. However, discussing the comprehensive theories on depression and PTSD falls outside the scope of this article. Instead, numbing is used (which resembles elements of the mentioned clinical models) as a concept in this study. This is because it is better confined and well-studied within a military context (e.g., Refs. [31] and [32]). Thus, "numbness" refers to an individual's absence of emotional responsiveness to situations that "normally" evoke an emotional reaction [32].

Another passive response strategy, "ethical relativism", differs from numbing, as the service-men do not "shut down" their feelings, but they tend to relativize and over-rationalize the situation at hand [58]. Ethical relativism emerges from "*what at first appears to be common sense position that ethical judgments vary from culture to culture and that therefore there is no objective standard by which to judge a specific act*" (Ref. [58], p. 305). Thus, in this disengagement strategy the servicemen are aware of their environment and the challenge they face – in contrast to numbing – but they do not act upon these situations, because they believe they have no right to do so given the specific cultural determination of the situation.

To summarize, based on theory and previous moral judgment research discussed in the preceding sections, the model depicted in Figure 6-1 is hypothesized to explain the relations between morally challenging interactions, moral emotions, and response strategies. It is assumed that emotions mediate in the relation between morally challenging interactions and response strategies during military operations. Table 6-2 presents the operationalization of the response strategies described in the previous paragraphs.

Table 6-2: Response Strategies Based on Bandura [1], Lifton [29] and Whetham [58].

Constructs			
Strategies	Main Category	Sub-Category	Operationalization
Active Response Strategies	Reconstruction of own behavior or the incident	Moral Justification	Justifies what happens, for example by saying that the goals justify the means.
		Advantageous Comparison	Compares the incident or own behavior with other situations that are considered worse, for example by saying that torture is permitted since the victim killed innocent children.
		Euphemistic Labeling	Uses language that masks what happens, for example discussion of collateral damage.
		Displacement of Responsibility	States not to be held responsible for what happened, for example by saying someone else gave an order.
	Reconstruction of own role in the incident	Diffusion of Responsibility	States it is unclear who is responsible in the situation, for example by saying there were others present as well who could have intervened.
	Reconstruction of the parties involved	Dehumanization	Uses language that dehumanizes individuals or groups of people, for example by referring to them as dogs instead of people.
		Blaming the Victim	States the victim has to blame himself for getting into this situation, for example by saying they started the terrorizing first.
Passive Response Strategies	Numbing		Discusses a state of emotional numbness or apathy, for example by saying the situation goes by in a blur.
	Relativism		Puts the situation in perspective, for example by saying that (cultural) differences are omnipresent and improbable to overcome.

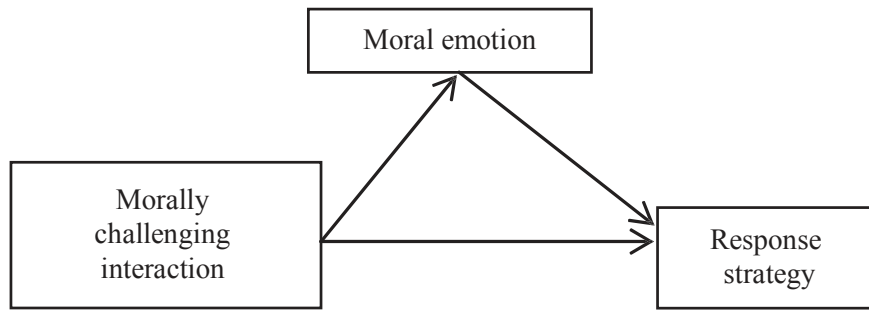


Figure 6-1: Expected Relations Between the Concepts.

6.4 METHOD

For the purpose of this study, transcripts of interviews were content analyzed according to grounded theory approach. The aim of this study was two-fold. For the first aim – categorizing the types of moral challenges in military operations – no previous research or theory was used to make constructions of this reality. Here, coding was used as “*an iterative, inductive, yet reductive process that organizes data*” (Ref. [57], p. 549). By means of coding themes, categories of moral challenges could be constructed from the servicemen’s narratives. Second, this study aimed to gain insight in the relationship between moral challenges and behavioral responses – in terms of engagement and disengagement strategies – and the mediating role emotions play in this relation. For this purpose, the proposed theoretical framework was used as a starting point for abduction: a qualitative research strategy within grounded theory in which theoretical knowledge and presumptions serve as heuristic tools to make sense of social phenomena in social interactions [45].

6.4.1 Sample

Participants were selected from units that experienced direct contact with the local population or coalition forces during a military deployment. First, participants having being deployed in Afghanistan as part of Task Force Uruzgan (under ISAF command from 2006 to 2010) were interviewed. Additional servicemen participating in other operations were recruited for participation as the process continued in accordance with *snowball sampling* [4], [38]. Most participants had been deployed to Afghanistan, and others were deployed to countries such as Angola, Iraq, Liberia, and Bosnia. The deployment experiences varied between one and five times deployed ($M = 2$, $SD = 1.2$). The participants differed in age and rank, varying from 18 years to 47 years old ($M = 28$ years, $SD = 8.3$) and from private/marine up to lieutenant colonel. Of the participants, 17 were in a leadership position. Most participants were male. Only seven women participated in the study, which can be explained by the fact that very few women are enlisted and deployed abroad.

6.4.2 Procedure

First, brigade commanders were asked to support this study. They all considered the topics addressed relevant and gave their consent for us to contact their subordinates. Second, 60 individuals were initially personally contacted by e-mail (officers) or by a personal letter to their commanding officers (for troops and non-commissioned officer). Participants were given the opportunity to address this call by sending an e-mail to the researchers or by informing their commanding officer, who in turn would inform the researchers about the servicemen’s willingness to participate. The participants were informed that the project aimed at gaining insight into deployment experiences and its impact on the daily life of individual servicemen. All participants were

ensured confidentiality, meaning their commanding officers or other third parties would not be notified of their individual answers. A total of 45 servicemen voluntarily agreed to participate in this study, and with them a meeting was arranged. A further 11 servicemen – willing to take part in an interview session – eventually did not participate for differing reasons, such as unavailability or not meeting the research criteria. At the beginning of each interview session, the participant was again informed about the procedure and the possibility to abort the session at any time. It was also ensured that those participants who were approached by their commanding officers were truly present on a voluntary basis.

6.4.2.1 Interview Format

Data were collected by qualitative semi-structured interviews following a prepared interview guide. The interview guide was tested in a small number of interviews before using it in the main study to ensure that all participants were asked similar questions regarding their deployment experiences. Regular informed consent procedure was followed. The participants were all interviewed by two behavioral scientists. One of the interviewers (the first author of this article) was continually present throughout all interview sessions, whereas the second interviewer position was shared between two researchers. The meetings were arranged at a location that suited the participant. Most interviews were carried out near the servicemen's workplace or at their homes. The interview location was quiet and secured from disturbance in order for the participants to speak freely. Therefore no colleagues, commanders, or family members were present or near during the interview sessions, which lasted approximately 50 minutes. The interviews were all digitally recorded and transcribed afterward.

The interviews consisted of open-ended questions covering basic demographic information (such as rank, age, and professional function) and of individually adapted follow-up questions covering the interviewee's general experiences in the mission area. This general introduction was needed for the servicemen to construct internalized and evolving stories (narratives) wherein morally challenging situations would be addressed. The participants were invited to share their experiences and narratives, so open-ended questions were asked, such as *"Can you give us an example of a situation that was quite difficult to cope with during deployment?"* This gave the researchers the opportunity to go into detail with regard to the respondents' remarks. When respondents did not describe it themselves explicitly, morally challenging situations were addressed with questions like, *"Did you encounter situations in which you were confronted with 'unusual' things?"* and *"Can you explain what you considered unusual in this particular example?"* Other questions were *"Did you engage in behavior you later thought of as condemnable?"* and *"Did you encounter situations in which your own principles or convictions about right or wrong were challenged?"* To address the emotions experienced in the situations, we elaborated upon the servicemen's narratives and their facial or non-verbal expressions with questions such as, *"This seems to affect you in some way. Can you explain your feelings about this situation a bit further?"* When the serviceman gave no hint of having experienced emotions in the specific situation, we explicitly asked him or her to reflect on the situation and to think over the emotions that he or she experienced.

6.4.2.2 Coding Procedure

After the interview sessions, the interviews were transcribed and systematically content analyzed by three researchers, two of whom were unaware of the specific research questions. The first author of this article coded all transcripts. For this, a manual coding-guide was developed describing the rating strategy, covering the operationalization of each construct (see Table 6-1 and Table 6-2). Markers that highlighted key aspects of the construct, from the responses of the pilot study, represented high agreement with each construct.

First, two transcripts were coded independently by all raters. The goal was to categorize the specific types of morally challenging situations. After coding, the three raters discussed their findings. This led to an abundance of codes that had to be narrowed down to general applicable codes in terms of which other parties were involved in the morally challenging situation. Finally four remaining general codes were added to the manual coding guide:

- a) Local cultural interaction;
- b) Work/home interaction;
- c) Team-related interaction; and
- d) Coalition force interaction (for a discussion, see the Results section).

Then, two raters coded four interviews independently ($\kappa = .43$) and discussed their findings. It became apparent that at times one of the raters had coded a narrative, whereas the other rater had left the narrative uncoded. Therefore, kappa showed moderate agreement. It was decided that the rater who had left narratives blank needed to code these specific sections again (unaware of the other rater's codings). This was performed and led to a higher kappa (.78), which reflects substantial interrater agreement. For the remaining interview transcriptions, this procedure was followed to establish agreement about the codes.

6.5 RESULTS

This section first provides an analysis of the morally challenging interactions described by the interviewed Dutch military personnel. Then, descriptive data of the measured constructs are reported. Finally, the mediation model is tested on the basis of regression analyses, in line with Baron and Kenny [3].

6.5.1 An Overview of the Reported Morally Challenging Interactions

On the basis of the "others" involved in the situation, the reported morally challenging situations were categorized as relating to four broad types of interaction:

- a) Local cultural interaction;
- b) Work/home interaction;
- c) Team-related interaction; and
- d) Coalition force interaction.

Moral challenges in the category of local cultural interactions originate from perceived differences in moral standards between the Dutch forces and local principles or values. Other researchers referred to such situations as morally and culturally critical situations (cf. Ref. [48]). A sergeant, who found himself and his unit in such a delicate situation, described an example of such a challenge:

When we arrived at a local police station we heard a woman screaming. It turned out she was locked away in the ammo box we installed only a few days before. She was stressed. Without her husband being present, local traditions prohibited the woman from being in a room with other men. So the policemen locked her up in the ammo box. For us, that caused a dilemma. We didn't want to provoke the policemen or put the woman's honor to shame, but we also wanted to protect her safety and well-being and get her out of the box.

Work/home morally challenging interactions refer to situations that create a moral challenge in the interaction with close relatives, such as spouses, parents, children, or other loved ones. An example of a moral challenge in work/home interactions was described by a corporal who experienced a dilemma when communicating with family back home:

We had experienced quite a lot; several wounded, one of my buddies had died, and I had to collect body parts of a suicide-bomber. . . . I wanted to share these experiences with my family back home.

. . . I needed their comfort and reassurance. However, I knew that when I would tell them what I was facing every day it would hurt them terribly.

Team-related morally challenging interactions refer to situations in which the serviceman's interaction with direct colleagues – such as unit-members, staff members, or a commander – causes a moral challenge. One of the platoon commanders described how (from his perspective) the military staff obstructed the operation, a challenge we categorized as a work-related interaction. He described:

The staff's perspective was completely off. They used their previous deployment experiences as frame for this operation. However, Afghanistan is quite different from for example former Yugoslavia. So, they continuously asked me to carry out impossible assignments which created for me the dilemma: to obey orders or to assure the well-being of my own personnel?

A fourth category of morally challenging interactions refers to moral challenges caused by cooperation and communication with other coalition forces present in the mission area. A sergeant described an example of a moral challenge in relation with interaction with coalition forces. This sergeant's team was confronted with destructions in a village caused by one of the Western coalition partners:

It was quite a challenge to explain to the villagers that we were not "the bad guys" . . . that we had nothing to do with this. The villagers were frustrated and angry, and the situation got hostile. I understood their reaction, I would probably be angry too, had I been in their situation. The situation remained under control, the villagers cooled down. The next day we had to carry out an assignment together with the coalition partner that had caused the damage to the village. It felt awkward to cooperate with them since I didn't agree with their way of operating and it felt like deceit towards the villagers. However, I had no choice but to deal with it since we needed the coalition forces to complete our own mission.

6.5.2 Descriptive Data for Our Main Constructs

All narratives were coded for the operationalization of the different variables, including the types of morally challenging interactions. For each narrative, the times a variable was mentioned was determined. The means, standard deviations, and correlation between the variables measured in this study are presented in Table 6-3.

Table 6-3 shows that challenges related to team-related interactions were most often mentioned ($M = 4.67$, $SD = 4.17$). Least mentioned were coalition force interactions ($M = 1.73$, $SD = 1.10$). Other condemning emotions were the most described moral emotions by the participants ($M = 2.98$, $SD = 3.36$). Least described were negative self-conscious emotions ($M = 0.20$, $SD = 0.51$). The response strategy servicemen most often reported was relativism ($M = 2.53$, $SD = 2.69$), whereas the least mentioned were diffusion of responsibility ($M = 0.04$, $SD = 0.21$) and dehumanization ($M = 0.04$, $SD = 0.21$). Advantageous comparison was not expressed at all and is therefore not presented in the table.

Table 6-3: Correlations Between Demographics, Type of Interaction, Response Strategies and Emotions.

	M	SD	1	2	3	4	5	6	7	8	9
1. Gender (1, 2)	1.16	0.37	–	–	–	–	–	–	–	–	–
2. Age	28.76	8.33	-.05	–	–	–	–	–	–	–	–
3. Rank	4.09	3.12	.09	.84**	–	–	–	–	–	–	–
4. Leadership (1, 2)	1.62	0.49	.21	-.68**	-.61**	–	–	–	–	–	–
5. No. of deployments	2.05	1.13	-.21	.61**	.42*	-.47**	–	–	–	–	–
6. Local cultural interaction	2.55	2.35	.28	.28	.44	-.24	-.03	–	–	–	–
7. Work-home interaction	1.5	0.80	-.21	.13	.01	-.12	.12	-.39	–	–	–
8. Team-related interaction	4.67	4.12	.04	.59**	.71**	-.47**	.43*	.38	-.24	–	–
9. Coalition force interaction	1.73	1.10	.41	.02	.40	.16	-.05	.16	-.26	-.15	–
10. Moral justification	1.38	2.09	.04	.27	.35*	-.10	-.01	.49*	-.14	.48**	.16
11. Euphemistic labeling	0.16	0.42	-.16	.11	.18	.04	.15	.55*	.06	.36*	-.39
12. Displacement of responsibility	0.51	1.08	.14	.14	.32*	.03	.27	.56**	-.25	.37*	.13
13. Diffusion of responsibility	0.04	0.21	.21	-.02	-.08	.17	.20	-.01	-.20	-.04	.12
14. Dehumanization	0.04	0.21	-.09	-.22	-.18	.17	-.23	-.16	–	-.21	–
15. Blaming the victim	0.13	0.34	-.17	.08	.16	-.10	.14	.21	.21	-.21	.04
16. Numbing	0.42	0.75	.42**	.07	.24	.13	.03	.76**	-.22	.47**	.33
17. Relativism	2.53	2.69	.31*	.01	.25	.17	-.10	.49**	.02	.45**	.44
18. Other condemning emotions	2.98	3.36	.17	.06	.16	-.12	-.00	.62**	-.28	.53**	.14
19. Self-conscious emotions (positive)	0.98	1.14	-.05	-.06	.19	-.14	-.17	-.10	-.07	.22	.09
20. Self-conscious emotions (negative)	0.20	0.51	-.05	.03	.01	-.06	.16	.45*	-.15	.17	-.22
21. Other suffering emotions	0.89	1.34	.55**	-.06	.09	.14	-.17	.74**	-.38	.06	.46
22. Other praising emotions	1.11	1.30	.06	.05	.08	-.36*	.03	.13	.02	.30	-.23

* $p < .05$. ** $p < .01$.

Note. $N = 45$. Advantageous comparison was not mentioned, therefore it is not presented in this table.

Gender 1 = male, 2 = female.

Leadership 1 = in a leadership position, 2 = in a subordinate position.

6.5.3 Correlations

First, a correlation analysis between morally challenging interactions and response strategies was conducted. This analysis showed significant correlations between both the mentioning of local cultural interactions as well as team-related interactions with the response strategies: moral justification, euphemistic labeling, displacement of responsibility, numbing, and relativism (all $.36 < rs < .76$; all $ps < .05$). Then it was tested whether the mentioning of specific interactions is correlated with certain emotions. This correlation analysis showed significant correlations between local cultural morally challenging interactions and other condemning emotions ($r = .62, p < .1$), negative self-conscious emotions ($r = .45, p < .05$), and other suffering emotions ($r = .74, p < .01$). A significant correlation was also found between team-related morally challenging interactions and other condemning emotions ($r = .53, p < .01$).

Several significant correlations between emotions and response strategies were found (see Table 6-4 for a complete overview of the correlations between these variables). Other condemning emotions positively correlate with the response strategies – moral justification, numbing and relativism (all $.51 < r_s < .59$; all $p_s < .05$). Also, other suffering emotions positively correlate with these three response strategies and with diffusion of responsibility (all $.33 < r_s < .57$; all $p_s < .05$).

Table 6-4: Correlations Between Response Strategies and Emotions.

	Other Condemning Emotions	Self-Conscious Emotions (Positive)	Self-Conscious Emotions (Negative)	Other Suffering Emotions	Other Praising Emotions
Moral Justification	.59**	.14	.16	.33*	.14
Euphemistic Labeling	.10	-.18	.06	.03	.13
Displacement of Responsibility	.15	-.03	-.11	.21	.14
Diffusion of Responsibility	.20	-.09	.13	.35*	-.19
Dehumanization	-.03	.10	-.09	-.06	-.10
Blaming the Victim	.22	.01	.11	.08	.17
Numbing	.51**	.14	.07	.57**	.28
Relativism	.53**	.18	.04	.41**	.15

* $p < .05$. ** $p < .01$.

6.5.4 Regression Analyses

To test our mediation model, we performed a series of regression analyses in which each time a different response strategy was used as the dependent variable. In line with Baron and Kenny’s [3] approach, we included only local-cultural and team-related interactions as predictors, as they were the only situations showing a relationship with both emotions and response strategies. In Step 1, we entered the control variables rank, gender, age, number of deployments, and leadership position; in Step 2 we entered the type of moral interaction; and in Step 3 we included the emotional category, to examine its possible mediating role. These analyses show that emotions have a mediating effect for certain response strategies. Only other condemning emotions had a significant mediating effect on the relation between several types of morally challenging interactions and response strategies. Both the relation between local cultural morally challenging interactions and moral justification ($B = .26, p \leq .05$) or relativism ($B = .30, p < .05$) is mediated by other condemning emotions. Also, other condemning emotions had a significant mediating effect in the relation between work-related morally challenging interactions and the response strategy moral justification ($B = .33, p < .01$; see Table 6-5 and Table 6-6 for more details).

Finally, significance of the indirect path was established by conducting a Sobel test, using the bootstrapping procedure [43]. These analyses showed the indirect effect to be significant for the relationship between local cultural interactions, other condemning emotions, and moral justification, 95% Confidence Interval (CI) [.01, 1.43]; 1,000 bootstrap resamples, at a significance level of $p < .001$. For the relationship between team-related interactions, other condemning emotions, and moral justification the indirect effect showed to be significant at a $p < .01$ level, 95% CI [-.28, -1.34], 1,000 bootstrap resamples. This was also the case for the relationship between local cultural interactions, other condemning emotions, and relativism, 95% CI [.01, .58], 1,000 bootstrap resamples. Therefore, the prediction that other condemning emotions mediate the relationship between local-

cultural interactions and moral justification or relativism is supported. As is the prediction that other condemning emotions mediate the relationship between work-related interactions and moral justification.

Table 6-5: Regression Analysis with Moral Justification as Dependent Variable.

	<i>Model 1</i>	<i>Model 2</i>	<i>Model 2a</i>	<i>Model 2b</i>	<i>Model 3</i>	<i>Model 4</i>	<i>Model 4a</i>	<i>Model 4b</i>
Control Variables								
Age	.02	-.01	.01	-.01	.02	.09	.05	.08
Gender	-.34	-1.83	-1.43	-1.66	-.34	-.49	-.76	-1.20
No. of Deployments	-.59	.02	-.24	.04	-.59	-.85	-.64	-.72
Leadership Position	.51	1.58	1.72	1.63	.51	.62	1.35	.78
Rank	.36	.33	.35	.32	.36	.09	.28	.12
Type of Interaction with Others								
Local Cultural Interaction	–	.87**	.46	.98**	–	–	–	–
Team-Related Interaction	–	–	–	–	–	.27**	.09	.26**
Interaction-Effect of Emotions								
Other Condemning Emotions	–	–	.26*	–	–	–	.33**	–
Other Suffering Emotions	–	–	–	-.25	–	–	–	.48

* $p < .05$. ** $p < .01$

Note. $R^2 = .20$ for Model 1 ($p < .01$), $f^2 > R^2 = .31$ for Model 2 ($p < .01$), $f^2 > R^2 = .89$ for Model 2a ($p < .05$), $f^2 > R^2 = .01$ for Model 2b (*ns*); $R^2 = .20$ for Model 3 (*ns*), $f^2 > R^2 = .22$ for Model 4 ($p < .01$), $f^2 > R^2 = .14$ for Model 4a ($p < .01$), $f^2 > R^2 = .05$ for Model 4b (*ns*).

Table 6-6: Regression Analysis with Relativism as Dependent Variable.

	<i>Model 1</i>	<i>Model 2</i>	<i>Model 2a</i>	<i>Model 2b</i>	<i>Model 3</i>	<i>Model 4</i>	<i>Model 4a</i>	<i>Model 4b</i>
Control Variables								
Age	.01	-.02	-.02	.01	.01	.09	.07	.09
Gender	.52	-.70	-.25	-.23	.54	.37	.17	.21
No. of Deployments	-.18	.32	.37	.03	-.18	-.48	-.33	-.46
Leadership Position	2.31	3.19**	3.32**	3.36**	2.31	2.96**	2.96**	2.47*
Rank	.31	.40	.25	.31	.31	-.01	.13	.00
Type of Interaction with Others								
Local Cultural Interaction	–	.72**	1.00**	.24	–	–	–	–
Team-Related Interaction	–	–	–	–	–	.31**	.11	.31**
Interaction-Effect of Emotions								
Other Condemning Emotions	–	–	–	.30*	–	–	.23	–
Other Suffering Emotions	–	–	-.63	–	–	–	–	.10

* $p < .05$. ** $p < .01$

Note. $R^2 = .17$ for Model 1 (*ns*), $f^2 > R^2 = .19$ for Model 2 ($p < .01$), $f^2 > R^2 = .05$ for Model 2a (*ns*), $f^2 > R^2 = .10$ for Model 2b ($p < .05$); $R^2 = .22$ for Model 3 (*ns*), $f^2 > R^2 = .27$ for Model 4 ($p < .01$), $f^2 > R^2 = .07$ for Model 4a (*ns*), $f^2 > R^2 = .00$ for Model 4b (*ns*).

6.6 DISCUSSION

In the present study, we explored the presence of emotions in morally challenging interactions related to military deployment and their mediating role in the relation between these interactions and the following (behavioral) response strategies. This study offers three main conclusions.

First, four broad types of morally challenging interactions can be distinguished in relation with military deployment (i.e., local cultural, work/home, team-related, and coalition force interactions). Team-related morally challenging interactions were most described, followed by local-cultural morally challenging interactions.

Second, the present study shows that the participating servicemen report using relativism most often as a response strategy in morally challenging interactions. In relation with local cultural interactions, servicemen express that they find themselves in a different culture where they should respect common traditions. However, doing so may lead to what Schut and Moelker [49] referred to as “moral incapacity”, because one’s own values are side-lined or neglected in that situation. Also, the response strategies moral justification, numbing and relativism showed a strong relationship with local cultural and team-related morally challenging interactions.

Third, the findings of this study indicate that other condemning emotions are most brought up by the servicemen in differing morally challenging interactions. Also, strong correlations between local cultural morally challenging interactions and emotions, as well as strong correlations between work-related morally challenging interactions and emotions, were found. The results addressing the mediator effect of emotions revealed that only the relations between local cultural or team-related interactions and moral justification, and between local cultural interactions and relativism, proved to be significantly mediated by other condemning emotions.

6.7 LIMITATIONS AND FUTURE RESEARCH

Although offering several interesting suggestions about emotions experienced in relation with military deployment, and their influence on response strategies in morally challenging interactions, this exploratory study also has limitations. To explore moral judgment, narratives of servicemen were used and consequently interpreted. Table 6-1 and Table 6-2 presented the operationalization of concepts, which should be used as a means to interpret the material as objectively as possible. The described operationalization should be regarded as “sensitizing concepts”. These give direction to researchers’ focus and are a suggestion of the participants’ construction of their social reality by helping the researchers understand the participant’s situation and feelings [5], [50]. In explorative/qualitative research, this is common methodology. The next step is to use the categorization of morally challenging interactions that we propose, with the findings regarding moral emotions and response strategies as a framework or a starting point for further exploration and validation. To do so, quantitative screening methods should be used during the interview sessions and when analyzing the material.

Recent studies pointed out the relevance of judgment difficulty and moral intensity for ethical decision-making [52]. Also, moral judgment research showed that certain morally challenging situations evoke more intense emotional processing than others [18]. Therefore, we suggest to address these features of morally challenging interactions (such as proximity and intensity) in relation to emotional reactions during military operations in future research. After all, research suggests a strong link between moral intensity and mental health problems such as PTSD and moral injury [33].

Earlier research regarding moral judgment indicates differences between individuals’ emotional responses to morally challenging situations (e.g., Refs. [14], [16] and [22]). Differences were found, for example, in the

success at interpreting others' emotional expressions and in the degree of expressivity of emotions between men and women [19], [60]. Due to the small sample, we cannot present strong insights regarding how moral emotions and response strategies correlate with leadership or gender. However, small significant effects of gender and leadership position were found in our study as well (see Table 6-3). We would suggest that future research further elaborates on how this correlates with emotions and response strategies in extremely complex and stressful morally challenging interactions.

6.8 CONCLUSION

Because complexity of today's military operations are growing, confrontations with morally challenging interactions are inevitable [9]. It is important to address the servicemen's responses in morally challenging interactions because, when it comes to their own behavior, individuals tend to reaffirm their moral self-concept even when they have engaged in immoral acts [23]. Subsequently, this "moral cleansing" can result in engaging in prosocial behavior (e.g., helping others to relieve oneself of feeling guilt), or it can license individuals to engage in future immoral acts by self-indulgent behavior [23]. Within a military context this may result in undesirable (side) effects because people's well-being and political systems are at stake [46], [51]. The results of this exploratory study show that the responses of servicemen are mediated by emotions in certain morally challenging interactions. The present study suggests that experiencing emotions and using different response strategies is not exclusive to local cultural morally challenging interactions but is also related to other types of morally challenging interactions. Until now, intercultural (problematic) interactions had received little attention (e.g., Refs. [48] and [49]). Our study suggests that interactions, for example, within work units or between family members can also become morally challenging. The findings of this exploratory study highlight the need for future research with a broader scope beyond intercultural interactions.

Finally, it is worth to briefly consider the policy implications of our findings. Within the military, ethical training mainly focuses on teaching rational decision-making models in a high stake environment like deployment [51]. However, our findings are a reminder that emotions – regardless of intensity – are inevitable in morally challenging interactions and influence a serviceman's behavioral responses. Therefore the military would benefit from expanding its attention in the direction of affective processes [10]. This would stimulate a professional culture in which recognition of, and adequate coping with, emotions in moral challenges are considered relevant. As such, the military guards its employees from moral injury and other parties from incidents with negative consequences.

Nevertheless, caution should be taken when interpreting the results of this study. After all, this study was conducted as an explorative study giving a first glance at the processes at work and proposing a framework of types of morally challenging interactions. We urge other researchers to further analyze what is occurring in "battlefield ethics". In addition, the field needs to expand beyond the "military gates", as moral challenges are not exclusive for this domain. It is important that links are established between the military, humanitarian aid workers, social workers, law enforcement officers, and medical professionals in order to cooperate and learn from one another's policy, training, and care/administration-system regarding coping with morally challenging interactions. In the public domain, some doubt is cast upon the relevance of emotions and ethics in some professions. Our findings are a strong reminder that morally challenging interactions and the consequent processes cannot remain neglected, as Van Baarda and Verweij [55] already highlighted in their appeal for stimulation of "moral competence" in the military.

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Chapter 7 – THE IMPACT OF MORAL DILEMMAS ON ISAF FORCES: RESEARCH BY SOLDIERS WHO HAVE BEEN DEPLOYED TO AFGHANISTAN 2009 – 2011

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ABSTRACT

BACKGROUND: Soldiers are increasingly confronted with moral dilemmas, both in the Netherlands and beyond. The Netherlands' commitment to the military operation in Afghanistan has led to a deployment in the past few years of thousands of Dutch soldiers. This study focuses on the question to what extent personality and temperament influence, reasoning depending on various stages of morale, the quality of life of military personnel who have been exposed during their mission to Afghanistan with a difficult decision or moral dilemma. METHOD: The collection of values has been initiated through a Delphi method to assess military moral values. Five experts were invited to indicate five moral values which were most characteristic of a soldier. After a few iterations and obtained consensus those were used in a semi-structured interview with 62 soldiers that have been deployed in the period from 2009 to 2011 to Afghanistan. The interview had as a function to validate the dilemmas, to test the reliability of the data and to provide an opportunity to give a personal meaning to the experience. RESULTS: In the soldiers who reported having been exposed to one or more moral dilemmas during deployment neuroticism appeared to play a strong role in the perception of quality of life. It was found that both the reasoning of moral development stage and level of training failed to be strong determining factors in how such difficult decisions were processed. CONCLUSION: Exposure to a moral dilemma did not have an effect on quality of life. The moral judgment was on average higher in soldiers who had experienced no dilemma. It is recommended to not only teach military ethics and lessons stress and trauma during classes in the casuistic of moral dilemmas, but also on the possible psychological effects on the soldiers themselves. In the relationship between both subjects, the soldier is forced more insistently to think and reflect on this topic and he or she may be more aware of the impact in an early stage and recognition of psychological needs in a colleague can be enhanced.

7.1 INTRODUCTION

“I saw that had a commanding argument with one of his men. He shouted loud and then pressed a burning cigarette onto the arm of the soldier” (Interview in 2012, Adjutant).

Military ethics are arising from clashes of soldiers with ethical questions and dilemmas in concrete practice. These are not easy questions and dilemmas that soldiers can face them [40]. Soldiers are increasingly confronted with moral dilemmas, both in the Netherlands and beyond. Thus, shaking the hand of a general of the party can be seen by the other party as a betrayal [12]. The Netherlands' commitment to the military operation in Afghanistan has led dispatched to that area in the past few years, thousands of Dutch soldiers. Besides the huge transition to a society with different values than the Western military was used to, the military was brought in special operating conditions. Litz *et al.* [20], quoting as an example the lack of “own” military culture and context with respect to the home. Units sometimes operate in small, independent groups and make their own decisions. In addition, it is striking that during surgery there is unconventional warfare in which the “enemy” is not easy to recognize. The ethical problems in these operations could be summarized briefly as a value

dilemma [11]. For example, a local farmer in Afghanistan can with a gun easily be mistaken as a Taliban fighter although it is customary to determine the status of the man and tries to protect his family. Individual soldiers are under moral considerations and have to make a choice and have to carry on. Careful choices need to be made and the best estimate of what each choice may be is of great importance [43].

The moral decision-making is characterized by large inter-individual differences [22]. Different people will judge differently the same situation and also assess other [26]. These advances are differences in personality and temperament-based largely [22]. Research by Lazarus and Folkman [15] found that determine the situation and the characteristics of the person's ultimate response. Canadian research has found that the social role and identity of the person has strong influence in guiding moral decision [37]. Research among veterans showed that the concept of "quality of life" offered a fresh perspective because of the focus on daily functioning and the subjective experience of the physical, mental and social health. Among soldiers seize experiences gained during deployment or war on these dimensions of quality of life [31]. There is a suspicion that the personality of a person's vulnerability to actually develop symptoms could increase [29]. Various studies have shown that there is a relationship between personality traits and both physical [34], and mental health [3], [39]. The personality trait neuroticism would be a good predictor of physical and psychological symptoms following a deployment [29].

Someone has moral judgment, if the person can recognize the moral aspects of a situation and judge accordingly. In other words, when the values, norms and interests in the particular circumstances and consequences of the act are appointed and assessed appropriately. Moral judgment is very important for those who are regularly confronted with moral questions and dilemmas [10]. According to Kohlberg, the moral judgment of an individual is formed by a stage-related process (e.g., thought structure) [13]. Development takes place in thinking/reasoning about why something is right and wrong. Both Piaget [27] and Kohlberg [14] emphasize that it is not about an individual chooses but how one chooses; the underlying considerations to arrive at a choice. Different individuals may choose the same, but for different reasons [32]. Research shows that reasoning in higher stages of moral, individual situations not only from their own perspective, but also from the perspective view of the other. The moral reasoning is grouped in three levels; the pre-conventional, conventional and post-conventional level [13].

This study focuses on the question to what extent personality and temperament influence, reasoning depending on various stages of morale, the quality of life of military personnel who have been exposed during their mission to Afghanistan with a difficult decision or moral dilemma. To answer this question it is important to first answer the following questions:

- 1) What values have come under pressure or in conflict during the mission to Afghanistan?
- 2) In which stage of moral reasoning is the person while participating in the study?

Following the research question and based on literature search produced a number of hypotheses are formed:

- The degree of quality of life by soldiers, to Afghanistan during their mission exposed to a moral dilemma as less experienced than in soldiers who have not been exposed during their deployment to Afghanistan with a moral dilemma.
- The degree of quality of life by military personnel to Afghanistan during their mission exposed to a moral dilemma as less experienced when moral reasoning is less developed, and will be less affected by the military in whom the level of moral reasoning is high.
- The degree of quality of life by military personnel who have been exposed to Afghanistan during their mission to a moral dilemma as less experienced by highly neurotic soldiers, and is less affected by military personnel who score low on this attribute.

- The degree of quality of life by military personnel who have been exposed to Afghanistan during their mission to a moral dilemma as less well-perceived by less stimulus-seeking soldiers, and is less affected by military personnel who score high on this characteristic.

7.2 METHOD

7.2.1 Design and Procedure

They started with an inventory of military moral values. For this study, the Delphi method was used because in literature there were no good data were available which would apply to the Dutch military situation. The Delphi method is then also used to get a clustering of the detected military moral values. Seven experts were invited to give five moral values which are most characteristic of a soldier. The experts were selected based on their expertise in the defence dimensions, ethics and care. Five of the seven experts responded to the request and were interviewed. The interview was done by two people and took an average of one hour of time. Most experts had prepared for the interview so that they clearly had the values for them typical of a soldier. After the five calls had been made, an attempt was made to divide the values in clusters with similar values. This was fed back to the experts, if they had advice to give the clusters so again so inside the values that were mentioned were visible during the interview (see Table 7-1). An iterative process with e-mail led to unanimity on the following values: *safety, justice, resilience, loyalty and recognition*.

Table 7-1: Clusters of the Core Values of the Delphi Method – Divided into Sub-Values.

Core Values	Sub-Values				
Safety	Responsibility	Prudence	Professionalism	Adulthood	
Justice	Compassion	Reliability	Conscience	Honesty	Integrity
Resilience	Perseverance	Courage	Discipline	Initiative	Resilience against moral erosion
Loyalty	Faith	Dedication	Obedience		
Recognition	Sharing experiences	Brotherly love	Affection		

In the same period from the database of the Behavioral Sciences department of Defence a sample drawn from reported high and low perceived impact of the mission and a sample based on the distance by filtering postcodes, with respect to the trial site. Looked at five questions in the follow-up questionnaire, such as threatening situation during the deployment, deployment as a gripping experience with regard to the high and low perceived impact of the mission and felt powerless during deployment. The military could evaluate them on a 5-point Likert scale. The scores of the five questions were summed to give a breakdown of experienced events and the impact of those events in a range of 5 – 25. The respondents were then divided into three groups of equal size as much as possible:

- Experienced low impact (0 – 9 score), 34.2% of the total number of respondents;
- Medium perceived impact (9 – 13 score), 32.0% of respondents; and
- Highly experienced impact (score 13 – 25), 33.8% of respondents.

A total of 400 soldiers had been deployed in the period from 2009 to 2011 as part of International Security Assistance Force (ISAF) in Afghanistan. In connection with the privacy bore the Behavioral Sciences department responsible for the sending of an invitation and a consent statement after which they could report themselves to the researcher at. The investigation was in accordance with ethical regulations, it was based on a self-selection of healthy participants and there was no intervention at stake.

Also, 16 soldiers have been invited who had participated in an earlier stage of a pilot study of the Dutch Defence Academy and the Military Mental Health Research. Two of those soldiers have returned the questionnaires by mail.

The five core values that were agreed upon by the experts are used in an interview with the respondents. All participants were invited to take part in a semi-structured interview (see Table 7-2). They were asked how far they have come into conflict with these values in their mission to Afghanistan as part of ISAF. A dilemma was found where it appeared that came from the experience of the respondents, one or more of the five values at stake. Thus, the participants were divided into two groups:

- Soldiers who were exposed to a moral dilemma during their deployment; and
- Soldiers who did not experience a moral dilemma during their deployment.

After the interview, participants were asked to fill out some questionnaires. Both the interview and the completion of the questionnaires took place at the Military Mental Health, Centre South region in 's-Hertogenbosch. The duration of the study amounted to 2 hours.

Table 7-2: Questions Raised by the Military in the Semi-Structured Interview.

Interview Questions

Part I

What are you working on defence?

In what capacity?

How long have you been working in this position?

In what grade?

How old are you?

Man Woman?

You have been aird in the period 2009-2011 to Afghanistan?

What title?

In what grade?

For how long have you been sent?

How did you experience the deployment?

Are you still on deployment afterwards?

If so, where, when and for how long?

Part II

Have you yourself ever been a moral or tragic dilemma during the deployment?

If so, can you describe what, where, how and when?

Among the alternatives you could choose?

How did you feel?

What you chose to do?

How did others?

Did you have something already there before?

Do you think there are to return?

Do you think now differently?

Should you decide otherwise?

Has this event affected the rest of your life?

What value; safety, justice, resilience, loyalty and recognition are with you in the proceedings?

If not,

(Safety) Have you felt unsafe during the deployment? Did you taking the idea that you felt less responsible? Has affected your adulthood? You could not act professionally? Or did you feel less wise?

(Justice) Do you experience the feeling of injustice during the deployment? It felt like your confidence was affected? Did your sense of fairness come together in the proceedings? Did you feel less compassion? Did you feel less conscientious? Or do you no longer be able to act with integrity had the idea?

(Resilience) Do you feel that you were less resilient during the deployment? Have there been times when you felt less brave? You could continue lower? Less existence of discipline? Less initiative could be shown? Or less space turned out to be for values because the pressure when life was very high?

(Loyalty) Have you felt less loyal? Do you have the idea to feel less loyalty? Was there less devotion and obedience?

(Recognition) Have you felt that you felt less / little recognition? Could you share the experience? Did you feel brotherly love? Was there any affection at times just more than other times or less?

7.2.2 Participants

Of the 416 invited Dutch soldiers, a total of 62 military personnel (14.9%) participated in the study. They all have been sent to 2011 to Afghanistan in the period of 2009. Of these, 32 soldiers reported that they have been to a moral dilemma and 30 soldiers had not been the exposed to a moral dilemma during the deployment. The data shown in Table 7-3 correspond to the distribution of gender, armed forces, education level and grade as known in Defence. Within the two groups studied (dilemma yes/no), there is enough variety of demographic data (see Table 7-3).

Table 7-3: Demographic Variables and Characteristics of the Study Group (N = 62).

<i>Demographic Variables</i>	<i>Total Group</i>	<i>Group Dilemma J</i>	<i>Group Dilemma N</i>
Gender (%)			
Male	93.5	90.3	96.7
Female	6.5	9.7	3.3
Age (years) (m (sd))			
	42.15 (12.6)		
Armed Forces (%)			
Royal Army	64.5	64.5	60.0
Royal Netherlands Air Force	25.8	25.8	26.6
Royal Marine	6.5	6.5	6.7
Royal Special Police Force	19.8	3.2	6.7
Rank (%)			
Officer	42.3	61.2	23.4
NCO	47.8	35.6	60.0
Men	9.9	3.2	16.6
Level (%)			
Mavo, LTS, VMBO	22.6	22.6	20.0
MBO, MEAO, MTS	16.1	16.1	50.0
Havo, Atheneum	12.9	12.9	16.7
HBO, HEAO, HTS	25.8	25.8	10.0
University	16.1	16.1	3.3
Otherwise	6.5	6.5	-

7.2.3 Measurement Instruments

- Moral Dilemma* – To establish a moral dilemma, a semi-structured interview based on the five core values of a soldier has been used. The actual determination of the presence of a moral dilemma was done by two people declined the interview. At the end of the interview, uncertainty remained over whether or not there is a moral dilemma, a third reviewer was asked to give the final verdict. The interview took an average of 45 – 60 minutes to complete. The conversations were recorded on a tape recorder.
- Moral Judgment* – The Morele Oordeel Test (MOT) is a translation [7] of the Moral Judgment Test (MJT) [19]. This test consists of two moral dilemmas in which respondents on a 7-point Likert scale to indicate the extent to which they may or may not approve or disapprove of the behavior described. Six reasons are offered for every dilemma that accept the option and six who disapprove. On a 9-point Likert scale is one respondent indicated to what extent the argument is whether or not acceptable. The task of the respondent to assess to what extent the grounds given are acceptable. After the respondent's preference is indicated for a particular argument, these are scored and summed inside the six stages of moral judgment. The stage at which one gets the highest score can be seen as their preferred stage. This stage (from 1 to 6) correlates with

the generally C-index which points to consistency. The reliability of the Moral Judgment Test is very good .90 [17].

- *Personality* – The Dutch NEO-PI-R, where NEO stands for the first three of the five dimensions (neuroticism, extraversion, openness, agreeableness and conscientiousness) personality questionnaire is an authorized translation [9] in 1992 released revision of the NEO Personality Inventory of Costa and McCrae [5]. The NEO-PI-R measures the five key areas of personality in adults and thirty underlying facets:

- Neuroticism: anxiety, annoyance, depression, shame, impulsivity and vulnerability.
- Extraversion: warmth, sociability, domination, energy, adventurism and mirth.
- Agreeableness: fantasy, aesthetics, feelings, change, ideas and values.
- Altruism: trust, sincerity, care, manageability, modesty and compassion.
- Conscientiousness: efficiency, orderliness, reliability, ambition, self-discipline and thoughtfulness.

The questionnaire consists of 240 statements by the respondent is asked to indicate to what extent the decision to him/her is applicable in five response options (“totally agree” to “strongly disagree”). The internal consistency (alpha Cronbach’s) of the Dutch version of the NEO-PI-R is good. For the domain scales run, the values of .86 to .92. For facet scales are many values around .80 and a number varies around .70 [8].

- *Temperament* – The Temperament and Character Inventory (TCI) is based on Cloninger’s psychobiological theory of personality [4]. There is a Dutch translation of the TCI Temperament and Character Questionnaire, developed by Duijsens and Spinhoven [6]. The temperament scales measuring aspects of personality that are likely to be affected hereditary, automatically, unconsciously influence the learning processes and can already be observed in early childhood. The three character scales refer to dimensions that achieve their full potential in adulthood, influencing personal and social effectiveness and acquire a conscious self-concept. The TCI has to answer 240 items, with “right” or “wrong”, and consists of 7 major scales and 24 sub-scales. The main dishes are divided into four temperament and three character scales. The temperament scales are:

- Arouse seeking;
- Avoiding suffering;
- Social focus; and
- Persistence.

The character scales are:

- Self-directed;
- Cooperativeness; and
- Self-transcendence.

The reliability of the TCI main dishes (sampled normals) is sufficient for good and runs from .64 to .86 for the scale Perseverance of the scale Self-transcendence [6].

- *Quality of Life* – Quality of life is measured by means of the WHOQOL – Bref, Dutch version [42]. The WHOQOL stands for World Health Organization Quality of Life. The WHOQOL-Bref is the shortened version of the WHOQOL-100 Quality of life research tool, a comprehensive multi-dimensional measure of the subjective assessment of quality of life [41]. The WHOQOL-Bref consists of 26 items and is scored on a five-point scale. They shall also be divided into four domains:

- Physical health;

- Psychological health;
- Social relationships; and
- Environment and in the overall quality of life.

The higher the score for each domain, the better the quality of life with respect to that specific area. The reference period is two weeks prior to the study [38]. In previous studies [21], [33], high internal consistency and good test-retest reliability was found.

In addition, in this study used the SCL-90. This is a self-rating scale that assesses the recently experienced problems both physically and mentally. The SCL-90 has eight scales:

- Agoraphobia;
- Anxiety;
- Depression;
- Somatic complaints;
- Impairment of thinking and acting;
- Distrust and interpersonal sensitivity;
- Hostility; and
- Difficulty sleeping.

The questionnaire consists of 90 items that an option is a five-point scale. Both the reliability, validity and test/retest reliability of the SCL-90 are rated as good [2].

7.3 RESULTS

The total group of respondents (n = 62) scored an average low-normal on the SCL-90 scale, M = 109.5, SD = 26.1 (range 90 – 450). Thus the scale showed skewed in this group. For static analysis, the SCL-90 scale then transformed to a normal distribution scale. No extreme values were observed (> 3x limit of box plot). The total group of respondents (n = 61) scored an average M = 106.8, SD = 12.5 on the WHOQOL-Bref scale and is normally distributed (range 26 – 130). No extreme values were observed.

The first hypothesis, the degree of quality of life among military personnel exposed to Afghanistan during their mission to a moral dilemma as less well-perceived than soldiers who have not been exposed during their deployment to Afghanistan to a moral dilemma, was tested by an unpaired (independent) t test between moral dilemma and quality of life (SCL-90). There appeared to be no significant difference in scores for soldiers who had experienced a dilemma (n = 31) (M = .62, SD = .41), and soldiers who had experienced no dilemma (n = 30) (M = .60, SD = .38, t (58) = .55, p = .46). The strength of the difference in the mean scores (MD = .018; 95% CI: -0.18 to 0.22) was very small (E2 = .004). Also an unpaired (independent) t-test was performed between moral dilemma and quality of life (WHOQOL). Again, there appeared to be no significant difference in scores for soldiers who had experienced a dilemma (M = 108.16, SD = 11.9), and soldiers who had experienced no dilemma (M = 105.35, SD = 13.1); t (59) = .88, p = .38. Given the scores of the first hypothesis was rejected.

The hypothesis that the level of quality of life by military personnel during their mission to Afghanistan are exposed to a moral dilemma as less well-experienced when moral reasoning is less developed and less affected

by the military in whom the level of moral reasoning high is, was carried out by means of an ANOVA to compare the effect of capacity for moral judgment on the variable quality of life of the two groups (dilemma yes/no).

The results from the scale moral judgment (MO) were divided into three scores:

- 33% lowest scores (MO layer);
- 33% mean scores (MO agent); and
- 33% highest scores (MO high).

The ANOVA for this hypothesis is performed as follows:

- Group dilemma yes; between MO (Low, Medium, High) and Quality of Life (SCL-90);
- Group no dilemma; between MO (Low, Medium, High) and Quality of Life (SCL-90);
- Group dilemma yes; between MO (Low, Medium, High) and Quality of Life (WHOQOL); and
- Group no dilemma; between MO (Low, Medium, High) and Quality of Life (WHOQOL).

There was no significant effect of moral judgment on the quality of life (SCL-90) of the two groups:

- (Yes dilemma) $F(2,28) = .57, p = .573$, and
- (No dilemma) $F(2,26) = .34, p = .717$.

The strength of the difference in average scores was calculated with Partial Eta Squared:

- (Dilemma yes) .04; and
- (Dilemma no) .03.

This effect was small in both cases. The results were confirmed with a re-Tukey test:

- (Dilemma yes) layer MO ($M = .71, SD = .34$), MO means ($M = .61, SD = .45$), high MO ($M = .52, SD = .41$); and
- (No dilemma) MO layer ($M = .64, SD = .32$), MO media ($M = .52, SD = .29$), high MO ($M = .65, SD = .49$).

The analysis showed no significant difference of the effect of moral judgment on the quality of life (WHOQOL) of the two groups:

- (Dilemma yes), $F(2,28) = .32, p = .729$; and
- (Dilemma no) $F(2,27) = 1.74, p = .194$.

The strength of the difference in average scores was calculated with Partial Eta Squared:

- (Dilemma yes) .002; and
- (Dilemma no) .11.

This effect was, in the case of dilemma yes, small. Dilemma this was no effect on average. The results were confirmed with a Tukey re-test:

- (Dilemma yes) MO layer (M = 106.3, SD = 12.6), MO means (M = 108.6, SD = 10.9), MO high (M = 110.6, SD = 13.0); and
- (No dilemma) MO layer (M = 107.0, SD = 11.4), MO media (M = 110.2, SD = 13.9), MO high (M = 100.2, SD = 12.6).

The inspection of the mean scores showed that the moral judgment of the soldiers who had experienced a dilemma, was lower (M = 11:01, SD = 1.45) than soldiers who had experienced no dilemma (M = 14:32 SD = 1.50).

The third hypothesis, that the level of quality of life among soldiers who have been exposed during their mission to Afghanistan with a moral dilemma when less was well-perceived by highly neurotic soldiers, and was less affected by military personnel who score low on neuroticism was tested with an ANOVA to examine the effect of neuroticism on the variable quality of life (SCL-90) of two groups (dilemma yes/no). The results from the scale neuroticism were divided into three scores:

- 33% lowest scores (NEU low);
- 33% mean scores (NEU agent); and
- 33% highest scores (NEU high).

There appeared to be a significant difference ($p < .05$) of neuroticism on quality of life (SCL-90) within the group dilemma yes:

- (Dilemma yes) $F(2,28) = 3.3, p = .05$; and
- (No dilemma) $F(2,26) = .39, p = .68$.

The difference in the average score was high in the group of dilemma yes ($E2 = .19$). The results were analyzed with a re-Tukey test. The average scores within the group dilemma yes, NEU high, differed significantly with the group dilemma yes, NEU low. Within the group no dilemma there was no significant difference in the effects of neuroticism and quality of life.

From the analysis in which the SCL-90 was replaced by the WHOQOL revealed a significant difference ($p < .05$) from the effect of neuroticism on quality of life (WHOQOL) to the group dilemma yes:

- (Dilemma yes) $F(2,28) = 3.5, p = .04$; and
- (No dilemma) $F(2,27) = 1.2, p = .31$.

The strength of the difference in mean scores was high in the group dilemma yes ($E2 = .20$). The results were analyzed re-test with a Tukey and this revealed that the average score in the group dilemma yes, NEU high, differed significantly from group dilemma yes, NEU low. Within the group no dilemma no significant difference was found.

The hypothesis that the degree of quality of life by Dutch soldiers who had been exposed during their mission to Afghanistan with a moral dilemma as less well-experienced mainly by lower incentive-seeking soldiers, and less affected by military personnel who score high on this trait was assessed using an ANOVA to compare the effect of Sensation Seeking (SS) on the variable quality of life between the two groups (dilemma yes/no). The results from the scale stimulus searching were divided into three scores:

- 33% lowest scores (SS layer);

- 33% mean scores (SS agent); and
- 33% highest scores (SS high).

The analysis showed no significant difference of the effect of sensation seeking on the quality of life (SCL-90) of the two groups:

- (Dilemma yes), $F(2,28) = .89, p = .42$; and
- (Dilemma no), $F(2,26) = 1.1, p = .36$.

The strength of the difference of the average scores was calculated with Partial Eta Squared:

- (Dilemma yes) .06; and
- (Dilemma no) .08.

This effect was in both cases average. The results were confirmed with a re-Tukey test:

- (Dilemma yes) SS layer ($M = .66, SD = .41$), SS means ($M = .44, SD = .24$), SS high ($M = .69, SD = .49$); and
- (No dilemma) SS layer ($M = .56, SD = .29$), SS agent ($M = .51, SD = .45$), SS high ($M = .76, SD = .44$).

From the analysis in which the SCL-90 was replaced by the WHOQOL, there appeared to be no significant difference in the effect of the stimulus of searching on the quality of life (WHOQOL) of the two groups:

- (Dilemma yes), $F(2,28) = .69, p = .51$; and
- (Dilemma no), $F(2,27) = .64, p = .54$.

The strength of the difference in average scores was calculated with Partial Eta Squared:

- (Dilemma yes) .05; and
- (Dilemma no) .05.

This effect was in both cases average. The results were confirmed with a Tukey re-test:

- (Dilemma yes) SS layer ($M = 106.1, SD = 13.1$), SS means ($M = 112.7, SD = 7.1$), SS high ($M = 107.6, SD = 13.0$); and
- (No dilemma) SS layer ($M = 105.4, SD = 9.8$), SS agent ($M = 109.4, SD = 14.4$), SS high ($M = 101.6, SD = 17.6$).

Also, the variables are moral judgment, neuroticism and sensation seeking jointly investigated by both the variable quality of life SCL-90 and the variable quality of life WHOQOL in order to investigate a possible interaction effect between the variables. For this analysis, an ANOVA was performed. The analysis, where the dependent variable quality of life (SCL-90) was used, showed a significant effect between neuroticism and quality of life within the group dilemma yes, $F(2,11) = 4.4, p = .04$, partial Eta squared = .44. In addition, it revealed a significant interaction effect between moral judgment and neuroticism, within the group dilemma yes, $F(3,11) = 4.2, p = .03$, partial Eta squared = .53. From the analysis in which as a dependent variable quality of life (WHOQOL) was used, no significant effect was found between the quality of life (WHOQOL), and the variables. There was also no interaction effect between the variables moral judgement, neuroticism and sensation seeking found.

Within the demographics of the possible relationships between quality of life were moral dilemma, moral judgment, neuroticism and taken sensation seeking. There, three turned out to be significant correlations. Between quality of life and grade ($r = -.295$, $n = 60$, $p < .005$); the higher the rank, the lower the quality of life has been reported. Between moral dilemma and grade ($r = -.253$, $n = 61$, $p < .005$); the higher the rank, the less frequently experienced was a moral dilemma. And between moral dilemma and training ($r = -.319$, $n = 61$, $p < .001$); the higher the education, the less frequently a moral dilemma was experienced.

7.4 DISCUSSION

This study shows that neuroticism strong influence on the perceived quality of life of those soldiers who were exposed to a moral dilemma during deployment. It also shows that both the reasoning of moral development stage and level of training were not strong determining factors in how such difficult decisions or processed.

7.4.1 Dilemma and Quality of Life

The hypothesis that the quality of life in the exposed group as well was less experienced than soldiers who were not exposed was not confirmed. Both groups reported an equal quality of life. One possible explanation for the result may be that shown by previous research that occurred in all war and violence victims emotional numbing [18]. In other words, when people are repeatedly faced with traumatic events or violence during a certain period, their capacity decreases to experience intense emotions.

“The Afghans were less and less fascinating me. Sometimes I was just firing, who was behind that wall, I did not care” (Interview in 2012, Sergeant).

An alternative explanation relates to the manner in which the event is considered. When such an event not as a crisis or traumatic event is experienced, can no assumptions are violated and it is likely that complaints regarding the lack of experience [16]. Soldiers will report therefore no complaints in this situation because they are not perceived as such. Or it may be that the assumptions are violated or not but that these violations have resulted in complaints.

“I look back with pride on my deployment, although I have been unable to work for two years” (Interview in 2012, Corporal).

Both explanations are close to each other, or the military becomes dulled, or the military defines the circumstance so that it is especially is not a crisis. However, it is not inconceivable that other explanations may be valid. For example it is possible that one such flexible or powerful (“resilient” or “hardy”), and thus the soldier be able to maintain good way to cope with the experiences. Various studies show that features such as assessment, coping mechanisms, perseverance, determination, confidence, openness and optimism positive impact on how something is perceived [25], [23]. In other words, the more one possesses these characteristics, the more resilient and the better able to reduce stress and psychological problems [28].

Another approach would perhaps assume a more sociological-psychological perspective, which aired soldier, seized by the binding of his group and overall ambience of the military operation, gets enough legitimacy and social support, so he is not any moral dilemmas have to bother. Research Paton [24] shows that emotional support, positive reframing and expression are important predictors of resilience. These approaches are not considered further in this study.

“I felt a strong loyalty to the Afghans, but also to my superiors” (Interview in 2012, Captain).

7.4.2 Moral Reasoning and Quality of Life

The hypothesis that the quality of life is perceived as less good if moral reasoning is less developed and less affected is military in whom the level of moral reasoning is high, has not been confirmed. However, it was found that the moral judgment was on average higher in soldiers who had experienced no dilemma. The assumption that the higher a person has developed reasoning in terms of morale, he or she would be sensitive or vulnerable in a significantly lesser degree of moral dilemmas, does not apply to this population.

The Ministry of Defence pays great attention to military ethics. This focus is important because the use of force rarely uncontroversial and because a democratic society requires its armed forces that they mistreated morally responsible way with the monopoly on which the armed forces of its society. Defence sees moral competence as an essential core value of the military profession, which should make it an intrinsic part of the personality structure of the military [12]. For this reason, the military is trained to act morally, which constantly takes into account the consequences of his actions for himself and others in his immediate vicinity. Characteristic elements in this program are thoughtfulness, care and especially self-reflectivity. Soldiers appear to be generally morally relevant professionals [30]. The above provides a possible explanation for the fact that it is clear from the results that the development stage of moral reasoning no strong determining factor in the way are difficult decisions or processed.

“And yet, he had done nothing wrong in my opinion, I intervened” (Interview in 2012, Sergeant).

7.4.3 Neuroticism and Quality of Life

The hypothesis that the level of quality of life in the exposed group and was less well-perceived by highly neurotic soldiers, and was less affected by military personnel who score low on neuroticism, however, could not be confirmed unequivocally by the fact that the two questionnaires used to led several conclusions. The results on the SCL-90 and the NEO-PI-R showed that neuroticism plays a strong role in the quality of life if there is a moral dilemma experienced during deployment. However, this did not correspond with the expectation that was assumed in the first instance.

In the use of the WHOQOL otherwise attacked the results from. The soldier in the group who had experienced a dilemma and that scores high on neuroticism average scored an average low quality of life. This is well in-line with the original expectations which were raised prior to the study and is consistent with the suspicion that Rademaker *et al.* [29] mentioned in his research. In this study, it was considered likely that personality traits, which assume a certain degree of vulnerability, could help to actually develop symptoms or existing symptoms could let rise.

“I have sat through the deployment and have become stronger in my opinions” (Interview in 2012, Sergeant Major).

One explanation may be the different outcomes of the instruments used the SCL-90 an instrument is focused on complaints and WHOQOL an overall multi-dimensional measure for the subjective assessment of quality of life. Another possible explanation is that the SCL-90 gives a distorted picture because of the transformation, as is known to transform to skewed results [36]. As stated, both questionnaires lead to different conclusions. Both conclusions, even if they were proved on the basis of the questionnaire, however, are susceptible to comments. So is the determination of the SCL-90 to note that because of the special nature of the military profession, military personnel just enjoy strong support from their group or unit (*esprit de corps*) and therefore, despite their relatively high neuroticism yet durably high score on quality of life. Earlier research showed that when there is attention and understanding of moral issues and the responsibility to carry these notions on to

soldiers they do not likely develop distressing symptoms [30]. On the other hand, it may just lead the military culture to a certain dullness, as was demonstrated earlier. The critical comments on the results of the WHOQOL focuses on the wonder that despite all the efforts of defence (wide selection, intensive preparation and professional care) nevertheless score a percentage of troops deployed low on quality of life. It is noteworthy that none of the military in spite of the results from the WHOQOL during the interviews indicated that the quality of life had been reduced. In all cases they indicated they became older, more mature or had become experienced.

7.4.4 Sensation Seeking and Quality of Life

The hypothesis that the level of quality of life by Dutch soldiers during their mission to Afghanistan are exposed to a moral dilemma is perceived as less especially when the temperament scale “sensation seeking” is less present, was not confirmed.

“My were personal values and belief in a just world while leading” (Interview in 2012, Captain).

A possible explanation may be that Solomon and Mikulincer [35] in their research firm stated that soldiers few complaints reported within the first three years after their deployment. An actual increase was only there after more than 20 years after the deployment. Especially in middle age repressed memories came back up. In general terms, this can probably be confirmed when one takes into account the position of the older veteran. Also with this hypothesis fits a critical comment. From the nature of the military profession and the extensive selection that takes place before anyone can enter the service, it is likely that many soldiers already not low score based on their traits to “stimulus-seeking”. This could be a subject for further research.

“I’m infantryman, that’s my job. So I want to do when I’m on deployment.” (Interview in 2012, Sergeant).

7.4.5 Education and Dilemmas

Finally, it appears that there is a link between education and dilemmas. As the deployed soldier was higher educated, we found that they reported less or not at all to moral dilemmas. One explanation could lie in the fact that the actual operational units mostly consist of less educated staff. Higher educated officers often occupy staff positions and therefore are less common “outside the gates”. Another explanation could be that higher education could allow them to provide a better/more informed analysis of the circumstances and thereby not labelling the situation as a moral dilemma.

7.4.6 Limitations and Recommendations for Further Research

This research has led to new insights. One of the most common and quite prominent views is the belief that in many cases a deployment may contribute, or actually lead to a loss of quality of life. By framing questions from a moral perspective new insight emerge.

The above does not mean that there may be a critical look at the design of this study. Perhaps a greater operational background from peacekeeping or war experience of the investigator could lead to more in depth interviews and hence the theme of the moral dilemma can better express. This could be achieved by the examiner to require a large operational experience, or else to bring together a broad-based team where different skills and backgrounds are brought together in a balanced form of diversity. Another point relates to the audience. This research has focused on soldiers who participated in a recent deployment. As previously established by Solomon and Mikulincer [35], it would be advisable to hold such an investigation at a later stage, so that those soldiers could be interviewed on multiple occasions. Another option is to hold an inquiry in which military personnel are involved who have participated in other missions in earlier stages of their lives.

The deployments to Lebanon at the end of the seventies and early eighties, or the deployment of Dutch soldiers during the conflict in the former Yugoslavia, the mid-nineties, are particularly suitable for testing the findings of this study.

It may be noted that the results of this study are based on voluntary participation of a selection of military personnel. It is not clear or has worked closed military culture obstructing the registration of voluntary candidates. Interesting is also the question of what happened to those ex-servicemen who have moved on with their lives out of the scope of the military culture. Whether they have experienced that the quality of life is enriched after a deployment did not come forward in this investigation.

Based on this research it can be argued that it is essential to offer preventive care at an early stage or otherwise provide help to soldiers who are faced with a moral dilemma. More specifically, this could mean that not only military ethics are discussed in class and the lessons stress and trauma on the case of moral dilemmas, but also explicit attention to the potential psychological impact on the military itself. The relationship between both subjects, the military is forced more insistently about this topic thinking and he or she may be more aware of how he or she is at an early stage or how a colleague can recognize psychological complaints. This same way of realization can therefore also lead to situation that pre-morbid vulnerabilities come to light early and warrant medical treatment or even a reconsideration of future deployment.

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Appendix 7A1: CORRELATIONS

**Table 7A1-1: Results Highly Significant Correlations in Quality of Life (Sub-Scales),
Moral Dilemma, Moral Judgement, Neuroticism and Sensation Seeking.**

Correlation Sub-Scales	Spearman's rho	Significance
Neuroticism and agoraphobia	.290*	0.025
Mistrust and interpersonal sensitivity with neuroticism	.364**	0.004
Hostility and sensation seeking	.289*	0.025
Sleep problems and sensation seeking	.293*	0.023
Other and neuroticism	.305*	0.018

Opm: n = 60, *p < 0.05, **p < 0.01

**Table 7A1-2: Results Highly Significant Correlations Within Demographic Groups in
Quality of Life (Sub-Scale), Moral Judgement, Neuroticism and Sensation Seeking.**

Correlation	Pearson Correlation	Significance
Quality of life and rank	-.295*	0.0
Dilemma and rank	-.253*	0.0
Dilemma and level of education	-.319*	0.0
Rank and level of education	.596**	0.0
Rank and age	.405**	0.0

Opm: n = 60, * p < 0.05, ** p < 0.01

Appendix 7A2: MORAL DILEMMAS (AND THE ASSOCIATED VALUES)

The summary below gives an (incomplete) view of the reported dilemmas mentioned in the interviews (2012):

- Standing up for his men to the port were sent out with too few personnel and equipment (safety and loyalty).
- Give the food and drink of Afghan children (loyalty and justice).
- Afghan vendors who came to the camp. They were put in a cage, where they were treated badly by foreign troops. That fact made (justice).
- Commander which was enclosed with his staff. Decided certain direction without entering into discussions with several (security).
- Whether or not to bomb civilian targets with potential enemies in the area (security).
- Labour dispute involving entering into confrontation creates disturbed atmosphere (justice).
- Commander presses cigarette out on the body of one of his men (justice).
- When searching a Quala found an explosive. Turns out the site of an old man. Doubt whether the man who has placed himself or not. / Does not bring to the camp (justice and security).
- Afghans fuel vehicles with the wrong fuel sent back through Afghanistan with all its consequences (justice).
- Whether or not to intervene in a conflict between an Afghan soldier and a local citizen (safety).
- Two bags of money were found when searching a Quala. It was said that was the smallest pocket for the livelihood of the residents. The task was to take all the money in the Quala (loyalty).
- Heavy wounded man who had tried to dismantle a bomb, and thereby lost his legs had to be examined for explosives. Since there are no more hidden explosives seated, this declined (justice).
- In search of Quala were found explosives. Occupant appeared fled. Quala was blown up and the woman who was still present, bag got money. Several had disagreed (justice and security).
- Meeting with home not to go outside the gate. But deployment actually wanting to go outside the gate (loyalty).
- Medical help of a Taliban fighter (justice and loyalty).
- Junior functioned sufficiently. Let or not to stay in transmission area (justice, security and loyalty).
- Little professionalism in the workplace. Decided to go own way (safety).
- Whether or not medical help for injuries that are at the gate (security and justice).
- Convoy send off? (safety).
- Support multiple who had to negotiate with local authority. This appeared to have pedophilic tendencies (loyalty and justice).

- When passing villages, seeing malnourished babies. It cannot help (security).
- Military Helicopter send without arms or protection vest (security).
- In local hospital was requested to take seriously injured child. Bring meant possible of abduction and safety in question. Not meant to bring death of child (security).
- Patrol running in very unsafe area. Patrol insufficiently equipped to provide security. Choosing another route (safety).
- In conversation with local Afghan leaders. Get message was reached within the troops. Possibly put in motion by the leaders. Whether or not to finish the call (loyalty and security).
- Whether or not want to be transmitted. At that time, poor ongoing relationship (recognition).
- Why not shoot someone who is digging hole. Possibly someone who is innocent or someone who has a bomb is buried (safety).
- Whether or not to fly on helicopter in an unsafe area (security).
- Whether or not shoot at civilian sheep. Possibly he cares Taliban for cover. If this is not so and the sheep will be shot dead, he loses his income (security and justice).
- Interpreters work for us, but get very little money compared to us. They put the lives of themselves and their families at risk. Which of the interpreters I send them out of the gate (security).
- At the sight of a sniper, giving a warning shot or directly target (security).



Chapter 8 – BATTLEFIELD ETHICS TRAINING: INTEGRATING ETHICAL SCENARIOS IN HIGH- INTENSITY MILITARY FIELD EXERCISES

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ABSTRACT

There is growing evidence that modern missions have added stresses and ethical complexities not seen in previous military operations and that there are links between battlefield stressors and ethical lapses. Military ethicists have concluded that the ethical challenges of modern missions are not well-addressed by current military ethics educational programs. Integrating the extant research in the area, we propose that scenario-based operational ethics training in high-intensity military field training settings may be an important adjunct to traditional military ethics education and training. We make the case as to why this approach will enhance ethical operational preparation for soldiers, supporting their psychological well-being as well as mission effectiveness.

8.1 INTRODUCTION

The profession of arms is fundamentally moral in nature as it implicates foundational values and principles that have significant impact on the well-being of others [21], [38], [43], [82]. Perhaps more than any other profession, the moral decisions and behaviors made in a military context can have profound effects on the military decision-maker, their subordinates and peers, their adversaries, and civilians caught in a conflict [63], [71], as well as on mission effectiveness and support for the military [75], [83]. Indeed, the state-granted powers of ultimate destruction mean that “*the military has a unique obligation to be constrained by moral integrity and competence*” (Ref. [20], p. 3).

8.2 THE CONTEMPORARY MILITARY SPACE

Although military operations have always involved moral dimensions, recent missions have additional complexities in this regard. Current and anticipated future missions have been characterized as “*not really ‘war’ at all: but rather as unconventional, asymmetric conflicts with shadowy, elusive and ill-defined enemies and morally ambiguous objectives that are more akin to ongoing attempts to combat organized crime, or stop gang warfare, or identify and arrest drug dealers and human traffickers than they are to armies defending their nations against enemy states in conventional war*” (Ref. [55], p. xv; see also Ref. [71]). Insurgents rarely wear uniforms, retreat into the safety of local populations, and often adhere to a set of moral values that are not only inconsistent with, but in fact “*... often [deliberately] play against the ethical standards that western societies hold dear*” (Ref. [15], p. 29) in order to provoke disproportionate retaliation from Western forces. There are also cultural differences with the wider local population, creating additional cultural stress [4] for military members who have increasing contact with local populations [69], [83]. Ethnic cleansing and atrocities among warring factions have become commonplace [11], and restrictive rules of engagement have meant that intervening militaries can do little more than bear witness to the carnage around them [18], [26], [53], [78], [85]. Finally, militaries are often called upon to assume combat, humanitarian, and stabilization roles all in the same mission.

These shifting mission mandates increase role ambiguity [1], and ethical challenges [71]. Such added complexity and ambiguity mean that military personnel are called upon to make moral decisions under some of the most challenging of conditions:

- 1) When the right thing to do is not immediately clear;
- 2) When two or more important principles or values support different actions; and
- 3) When some harm will result, regardless of the actions taken [23].

Of course, these new operational realities occur within the context of traditional military stressors. These include:

- Time pressure;
- Incomplete or ambiguous information;
- Sleep deprivation; and
- Primitive living conditions. [66], [79], [83]

Similarly, fear [39] and the “*recognition of one’s own destructive capacity and concern about failing one’s comrades*” [66], [6] are never far from mind. Together, these factors create “*the threatening psychological ambiance of combat*” (Ref. [65], p. 381).

8.3 THE EFFECTS OF STRESS ON DECISION-MAKING

The effects of physical and mental stress on decision-making are wide-ranging [37], including a reduced ability to engage in effortful thinking, a greater influence of emotions, and greater automatic information processing [25],[44]. Other deficits include an increase in attentional lapses and magical thinking (where beliefs conflict with the laws of nature), the narrowing of perceptual focus, short-term memory impairment, and a greater use of bias and heuristics in decision-making [2], [14], [45], [46], [48], [52], [58], [61], [64], [66], [86], [87]. Each of these has the potential to lead to significant errors in judgment and performance. Although the effect of stressors on moral decision-making is less understood, recent research shows that stressors commonplace in military operations may well affect moral decision-making. For instance, sleep deprivation has been associated with decreased ability to recognize a moral issue [7], [51] and longer decision latency although it did not affect moral decision quality at least in one study [50]. Higher cognitive load [34] and reduced self-control [29] have also been shown to interfere with certain types of moral judgments and the recognition of moral issues, respectively. Remarkably, even feelings of cleanliness (through the act of washing one’s hands or exposure to words associated with cleanliness) have been shown to have an impact on at least certain moral judgments [74].

Together, this evidence underscores the importance of exploring the role of stress on military moral decision processes. It also lends credence to the calls of researchers who question an exclusive reliance on traditional models of moral decision-making that are based exclusively on rational, effortful cognition [72]. Indeed, most recent conceptual advances in the area are explicitly dual process models that integrate the cognitive and emotional aspects of moral decision-making and acknowledge that ethical decision-making may be driven by emotion and automatic decision-making processes, at least some of the time [17], [32], [33], [36]. The dual processing approach certainly seems more relevant, as is at least sometimes the case that military moral dilemmas need to be resolved rapidly in emerging environments of threat where immediate affective appraisal is likely to dominate rational ethical thinking.

A focus on military ethics seems especially warranted given the media and government reports of the recent (although still relatively rare) incidents of unethical behavior in the militaries of many countries, including Australia, Canada, Great Britain, the Netherlands and the United States, to mention just a few [6], [22], [30], [68], [71], [73]. Concerns in the wake of events such as Abu Ghraib led the U.S. military to commission groundbreaking research of the Mental Health Advisory Team (MHAT)-IV [13], [57] that was the first to systematically investigate the battlefield ethical attitudes and behaviors of U.S. soldiers and marines deployed in Iraq and Afghanistan. The unsettling results of that study, though well-known, bear repeating:

Less than half of soldiers and marines believed that non-combatants should be treated with dignity and respect, and well over a third believed that torture should be allowed to save the life of a fellow team member. About 10% of soldiers and marines reported mistreating an Iraqi non-combatant when it wasn't necessary, either by destroying their private property or by hitting or kicking them. Less than half of soldiers or marines would report a team member for unethical behavior, instead preferring to handle it themselves at the team level (Ref. [13], pp. 29-30).

Although disturbing, these findings were equally revealing in terms of beginning to illuminate a link between unethical attitudes, behaviors, and stress. Specifically, those soldiers who were more likely to have reported unethical attitudes or behaviors were also twice as likely to screen positive for a mental health problem, such as depression, anxiety, or acute stress, or to report higher levels of anger. Level of combat exposure was also associated with unethical attitudes and behaviors. Specifically, soldiers and marines whose units had suffered casualties, or who had handled dead bodies or human remains, were more likely to report that they had verbally abused non-combatants, destroyed civilian property unnecessarily, and in the case of the marine sample, to have reported physically abusing a non-combatant than soldiers and marines whose units did not suffer a casualty or handle human remains [13], [84].

One explanation of these findings is that higher levels of stress associated with deployment events led to ethical violations an explanation consistent with the emerging laboratory studies of the effects of stressors on moral decision-making cited above. Others, however, have suggested that such psychological conflict and suffering is the result of an individual perpetrating, witnessing, or failing to prevent actions that contravene his or her fundamental moral beliefs [15], [54], and/or societal norms for military personnel [35], [62]. A precondition for such moral injuries [54] is the recognition of the event as a severe violation of deeply held values that will lead to conflict and stress. However, it is the attribution made concerning the underlying causes of the event that will be necessary for moral injury to ensue. Specifically, if a soldier believes that the causes of the behavior are deemed to be global (as opposed to context specific), internal (i.e., related to a flaw in their character), and stable (i.e., enduring), moral injury, described as alternating between intrusive thoughts and emotions such as guilt or shame and increasingly frantic efforts to avoid same, will ensue. This pattern will play out repeatedly and be associated with long-term conflict and distress. *"The more time passes, the more service members will be convinced and confident that not only their actions, but they are unforgiveable ... [and] will fail to see a path toward renewal and reconciliation; they will fail to forgive themselves and experience self-condemnation"* (Ref. [54], p. 698). This evocative description is entirely consistent with the wider literature documenting the importance of the quality of post-trauma narrative on a person's self-evaluation, and the importance of building a constructive and coherent meaning regarding the event in order to process it in a constructive manner [41], [67], [76], [81].

Debates concerning cause and effect relationships notwithstanding and indeed both explanations are likely to be true at times results such as these make clear that militaries must remain vigilant about operational ethics. This vigilance is certainly fundamental to militaries' duty of care to ensure the psychological well-being of individual military members sent into harm's way. However, as noted earlier, such vigilance is also important

because the unethical actions of even a few military personnel reduce level of host and home country public support for the mission, undermining operational legitimacy and effectiveness [75]. Finally, given the complexity and myriad stressors inherent in modern operations, there is a strong case to be made that even greater skill in moral judgment, decision-making, and action is required to maintain operational effectiveness and soldier well-being in future missions.

8.4 CURRENT MILITARY ETHICS EDUCATION AND CONTEMPORARY MILITARY OPERATIONS

Speaking on this issue, a recent volume by leading international military ethicists questioned whether existing military ethics education and training have kept pace of these new ethical complexities [12]. Indeed, in the view of these experts, the vast majority of military ethical education has remained rooted in the traditions and value systems of conventional war-fighting, rather than updating curriculums to incorporate these emerging ethical issues. Moreover, despite growing evidence that demonstrates a bidirectional link between stress and ethical behaviors, it continues to be the case that mental health training (stress and coping or resilience) and ethics training are developed and delivered completely, independent of each other. However, it may well be that the mental health training becomes particularly relevant as one confronts ethical decisions and likewise the impact of ethical dilemmas on well-being should be underscored during ethics training.

Such concerns are supported by other empirical findings in Castro and McGurk's research. Although approximately 80% of the soldiers and marines reported receiving ethics training concerning the proper treatment of non-combatants, about 25% of them also reported that they faced ethical situations in Iraq in which they were not sure how to respond. Moreover, Warner *et al.* [84] reported that most soldiers were unsatisfied by traditional PowerPoint presentation approaches to operational ethics preparation. Certainly, it seems patently unfair to expect military personnel to respond ethically if they are not provided the most relevant and effective preparation for current missions [71].

8.5 ETHICS PREPARATION FOR CONTEMPORARY MILITARY MISSIONS

8.5.1 Foundational Principles

The question then becomes what should ethics preparation for contemporary military missions look like, and what foundational principles should guide its development? Certainly, it would need to develop and exercise the ability to recognize a moral issue (i.e., moral awareness), and moral decision-making skills. Given the reality of military operations, it must avoid an overreliance on exclusively cognitive-based models; it must address the role of stress and situational factors on moral decision-making and behaviors, and provide practice in order to mitigate these effects. Indeed, opportunities to practice undertaking moral behaviors, perhaps especially in situations that mirror operational stressors, and also situations that might be constructed to involve some operational challenges is likely critical. Importantly, it would need to accomplish these objectives in ways that will be meaningful and immediately relevant to a majority of military personnel who undertake the training.

Several recent sources reinforce these principles and provide additional insights on how to achieve these objectives. For instance, Johnson [42] outlined several relevant training objectives for contemporary missions:

- **Increased Moral Awareness:** Service members will be able to recognize the moral aspects of an operational setting; service members will be able to understand the relevant moral dimensions in an operational setting; service members will be able to see the moral implications of the decision.

- **Exercise Moral Judgment:** Service members will be able to identify appropriate levels of moral responsibility in situations of moral ambiguity or complexity; service members will be able to recognize culturally different moral systems with different areas of responsibility; service members will be able to identify an appropriate understanding of their role in this confrontation and the range of potential responses.
- **Increased Confidence and Mastery:** Service members will develop their confidence in confronting morally complex situations.

8.5.2 Education

Johnson further proposed “moral resiliency training”, a highly interactive, carefully constructed and guided approach consisting of decision-making games, hot washes, historical and personal case studies to take place within resident officer Professional Military Education (PME). Importantly, Johnson [42] advocated that scenarios should be morally ambiguous or complex so that service members are able “*to confront the absence of ‘right’ answers, ... [and understand that] they may not [always] be able to resolve the dilemma, solve the problem, or ‘do the right thing’*” (p. 279), as there are times when this may be the case in operations [77]. Personnel must have the opportunity to acknowledge that this may be the case and to work out a range of possible responses to such circumstances [70]. Moreover, given the diverse cultures increasingly encountered in contemporary missions, “*training must cultivate mechanisms within service members to live in environments with different, even competing moral systems ... [including] specific strategies for managing the moral disconnect that members are likely to face during their deployments*” (Ref. [42], p. 277). She also argued that PME provides the time for critical thinking skills to analyze moral challenges, using three key psychological processes: situational reconstruction, in which individuals revisit the experience in order to gain perspective; focusing, in which individuals explore their physical reactions to the event; and compensatory self-improvement, in which individuals envision what actions they can now take to develop confidence in their ability to take future action. Also, the peer insights and support, mentor supervision, and access to mental health professionals within resident PME, would allow officers to “*create an environment in which officers can process past morally traumatic events, prepare themselves for the morally traumatic situations they may experience during future deployments, and learn how to prepare their subordinates to do the same*” (p. 278).

Note that Johnson’s suggestion that PME provides the opportunity to process past traumatic events also implies the importance of mental health in this area. Indeed, the issue of the impact of prior traumatic exposures bears some special attention. For instance, it suggests that the “psychic noise” of unprocessed trauma/or symptoms may well have an impact on ethical decisions.

8.5.3 Deployment Ethics Training

Despite Johnson’s optimistic assessment of the value of revisiting events in PME, it is also the case that if prior events remain psychically scarring that processing of past traumatic events may be more difficult. This can be further complicated by a coping strategy of cognitive avoidance in order to suppress the earlier memory. There is no doubt that these will have a significant effect on a person’s moral decision-making ability. Such a pattern could highlight particular at-risk individuals or groups who may be more vulnerable in this regard. In particular, it may suggest the necessity for engaged leadership [83] who are attuned to the attitudes and behaviors of their soldiers after traumatic events such as the loss of a comrade. Second, in light of the serious issues illuminated by the MHAT-IV and MHAT-V studies, the U.S. military developed battlefield ethics training to be administered during a deployment [84]. The training, occurring 7 – 8 months into the year-long deployment, involved viewing selected movie clips that depicted military moral dilemmas involving violations similar to those highlighted by the MHAT findings (e.g., treatment of non-combatants, and reporting of ethical failures). This was followed by

semi-standardized (i.e., key discussion points and critical questions were provided) leader-guided small group discussions of the ethical issues raised and the ways in which these issues might be addressed. A large-scale program evaluation spoke to the program's apparent success. Results showed statistically significant decreases in reports of unethical attitudes and behaviors related to the treatment of non-combatants and civilian property, significant decreases in the reports of witnessing unethical behaviors by other soldiers, and significant increases in soldiers' willingness to report the ethical violations of peers, as compared to these same soldiers' pre-training MHAT responses. Finally, analyses revealed the major predictor of the majority of unethical attitudes and behaviors to be amount of combat exposure rather than mental distress per se, although PTSD and time outside the wire continued to be somewhat related to cursing and yelling at non-combatants, even after the effects of combat exposure were accounted for.

8.6 INCREASING PSYCHOLOGICAL RESILIENCY AND MORAL DECISION-MAKING EFFICACY: PRE-DEPLOYMENT OPERATIONAL ETHICS TRAINING EMBEDDED IN HIGH-INTENSITY MILITARY TRAINING

These above approaches are approaches undoubtedly useful in addressing two points in the continuum of moral preparation for military operations – PME and during a deployment. However, several noted military ethicists also make a compelling argument for the importance of an operational ethics training component as part of soldiers' high-intensity preparation for operations: “[E]thics education should not be seen as something for the classroom only” (Ref. [71], p. 9). Lucas went even further, noting that “*ungrounded and untested raw intuitions can differ substantially, and provide little in the way of guidance to individuals facing stark choices in the heat of conflict*” (Ref. [55], p. xii). Similar thinking also led McMaster [56] to conclude that effective ethical preparation must include “*tough, realistic training appropriate for the environment that soldiers will face*” (p. 15), a concern particularly relevant given the myriad stressors, ambiguity, and intensity of complex modern military operations. When considering the issue of integrating moral decision-making training into high-intensity training environments, several lessons from Thompson and McCreary's [79] mental readiness training are also relevant. Their approach was developed specifically in response to some of the limitations of traditional military stress management training, including the reliance on lecture formats and PowerPoint briefings delivered in settings distinct from operational training, and presented by mental health professionals with little operational experience. The result of this traditional stress management approach was that important information was often seen as minimally relevant to the ongoing experience of deployed forces, presented in a format that was not engaging, and presented by instructors who lacked operational credibility; all of which ultimately hampered the effectiveness of these programs [80]. In contrast, the mental readiness approach is based on a more seamless integration of skills application into selected, high intensity, military training environments. The idea was to embed lessons and training points in operationally relevant contexts so that skill acquisition and rehearsal are more intrinsically applicable and salient to soldiers, the skills more contiguously practiced, and the results more immediately experienced. Based in the cognitive behavioral tradition, the training approach seeks to emphasize the interconnection between cognitive, physiological, and emotional systems; acknowledging that arousal in one system can lead to increased arousal in the remaining systems through a series of feedback loops [60]. his principle clearly echoes the military findings best illustrated by the MHAT data that indicate a link between stress and decision-making, and incorporating the potential for bidirectional effects (high stress leading to moral decision-making errors, i.e., Castro and McGurk [13], and/or moral decision-making errors leading to higher and longer-term stress outcomes, i.e., Litz *et al.* [54]. And indeed most recently, concerted efforts by Canadian Forces' mental health professionals have transformed traditional mental health training into Resilience Training, using the “Big 4” from sports psychology [84] – goal setting, mental rehearsal/visualization/self-talk, and arousal reduction/tactical breathing. [16]

Just as these skills quiet the noise of stress when an athlete faces challenges, it is designed in part, to assist soldiers when facing the enemy [24]. We also believe that such skills may also play a role in quieting the surrounding psychic noise in order to make an ethical decision, although this is a hypothesis that needs to be confirmed with empirical research.

Integrating these various sources then, such scenario-based moral decision-making training would involve carefully constructed scenarios designed to exercise specific moral decision-making challenges that would occur in selected high-intensity training environments. Finally, pre-deployment training is an ideal place to integrate compelling moral decision-making challenges, wherever possible garnered from the operational experience of veterans of relevant recent missions, into the overall training objectives of such confirmation exercises. This would allow for moral decision-making processes to be used under close to real-life stress conditions, and also provide *in-situ* experience in considering moral implications and options, and balancing these in the context of multiple, potentially competing, operational objectives. Integration of moral decision-making feedback within after-action reviews, feedback from exercise mentors, and discussions among unit members all would be critical to deepening an understanding of moral decision-making during the intensity of operations in general; demonstrating how stressors may affect that decision-making, and considering the issues and responses relevant to the specific moral scenarios selected for inclusion in training. The careful selection of moral challenges, either drawn directly from or tied to recent operational experiences, is common to both to principles underlying the approaches used by Johnson [42] and by Warner *et al.* [84].

Although beyond the scope of this chapter to discuss in detail, clearly the influences of peers and leaders are critical to the success of this approach. Seminal social psychological theory and research has made clear how (often-related) phenomenon such as obedience and the role of authority [59], [9], peer pressure [3], groupthink [40], social comparison [27], social learning [5], social influence [49], and diffusion of responsibility and bystander effects [19] can profoundly affect a variety of attitudes and behavior, findings echoed by military ethicist Cossar [15]. *“Even though the individual soldier may believe in ethical treatment of others, it is easy to get pulled into the killing. Fear, authority, dehumanization, and indoctrination are just some of the factors that may lead people to react against their will”* (p. 31). In addition, interactions with peers typically involve a large emotional component which, magnified by the heat of battle, further triggers automatic processing. For various reasons then, important others may often outweigh the influence of moral principles in such situations [8] and affect evaluations of the unethical behavior of significant others [28] especially in cases where the resultant harm is not clear, immediate, and direct; and when there has been a slow erosion of a culture of ethics within a group; all heuristic biases that could be further heightened under stressful conditions. A related but crucial issue in this regard is the dilemma for the individual who raises a moral or ethical criticism of his or her colleagues in a combat environment. Given that these may lead to legal investigations, it is important that such scenarios are equally addressed. The potential alienation and bullying of individuals who raise complex moral issues in the combat environment need to be an integrated part of any effective program.

Although pre-deployment training is obviously too late for a first introduction to these issues, the scenario-based training experience of integrating at least some of these social influences at play in terms of operational ethics may be one way to further mitigate their potential negative impacts while fostering their positive effects. Consistent with the empirical findings of Warner and colleagues, those principles that cannot be directly integrated into the moral scenario must be dealt with explicitly in post-scenario unit discussions, led by unit leaders and/or trainers with the requisite operational experience.

In the final analyses, the current approach is predicated on the actual rehearsal of important moral decision processes, in contexts as close as possible to operational environments, with all of their attendant stresses in accordance with Robinson [71], Lucas [55], and McMaster [56]. As with any skill, rehearsal is fundamental to

building a better understanding of relevant issues and responses for the best course of action. This further builds a sense of certainty, control, and confidence [15], [42], while reducing interference from competing responses [25], which may be particularly important in complex tasks [47] such as those inherent in recent missions. This enables valuable learning in realistic environments, but also allows for the possibility of learning in the absence of true harm to self, others, or the mission. For all of these reasons then we believe that integrating moral situations within high-intensity military training settings should contribute to the development of the “*mental and emotional conditioning needed to respond [appropriately to moral issues] in combat*” (Ref. [42], p. 279).

8.7 CONCLUDING THOUGHTS

We have presented evidence from a variety of sources to make the case that the integration of ethical scenarios within high-intensity field training will benefit soldier psychological well-being and operational effectiveness. However, we are quick to point out that this approach should not be treated as a panacea. Indeed, one explicit objective of the approach that is outlined here (and of all moral education and training) is increased moral awareness. Ignorance can be bliss: thus a potential risk of this, and indeed all engaging moral training and education, is the real possibility that some soldiers may be more vulnerable as a result of this training, at least initially. It bears repeating therefore, that engaged leaders and peers are invaluable to keeping watch for signs of confusion or distress in peers, similar to that undertaken with respect to many technical military skills. In the end, we believe that the benefits accrued by the careful development of moral decision-making skills in response to relevant operational scenarios, practiced with the leaders and peers with whom one will deploy, in realistic, but nonetheless safe conditions (where “do overs” are possible), is anticipated to mitigate many of these risks, while better addressing the significant and long-term liabilities that remain if such approaches are not adopted.

We are not advocating that conventional moral education be abandoned. On the contrary, PME lays an important, thoughtful grounding in the values and factors that must be taken into consideration in military ethics [10], and may be particularly important in settings where rational and deliberative decision-making processes are possible. What we are suggesting here is that these educationally-based approaches alone are not enough. Similarly, military ethicists continue to have a crucial place in education and as part of the operational ethics training team. However, within high-intensity scenario-based training, we believe that the important issues associated with operational ethics may resonate more if delivered by military personnel with acknowledged operational experience and credibility. Given the importance of moral behaviors to soldier well-being and mission effectiveness, the ideal approach would involve a deliberate, integrated program of moral preparation for operations including PME activities discussed by Johnson [42], focused high-intensity pre-deployment training outlined here, and in-theater training as developed by Warner *et al.* [84].

We recognize that some trainers and unit leaders will have addressed the issue of operational ethics wherever they can; for instance, encouraging trainees to think about the moral aspects of particular situations. What we propose here is an expansion of often ad hoc opportunities to a more systematic and seamless integration of moral decision-making training within relevant high-intensity military pre-deployment training scenarios. In this way, operational ethics training objectives more explicit and demonstrate organizational commitment to this objective – indeed training of this nature will most certainly fail if training staff, peers, and particularly unit leaders and the organization does not seem to endorse it.

There is also no doubt that what we are outlining here adds burdens to military training systems and schedules that are already overstretched in providing currently mandated training. The approach requires that course designers and instructors pay increasing attention to effectively incorporating moral decision-making into selected training, in addition to the wide range of other objectives they are already expected to cover.

Furthermore, as the most powerful training would take place with scenarios taken, or combining elements from theater after-action reports, it will also require that lessons learned collection must be expanded to include gathering of relevant moral and ethical decision-making challenges in operations, and greater communication between lessons learned and training design personnel. Finally, we acknowledge that we are suggesting these additions against the current backdrop of sizable cuts to defence budgets, with their increased pressure on military organizations to reduce training time and costs. The hope is that the focus on the integration of this approach into selected ongoing training activities will reduce at least some of the associated time and financial costs in the long run.

In fact, some militaries have recently integrated moral decision-making challenges into selected high-intensity training in a manner consistent with what we have outlined here. For instance, the Canadian Forces adopted such an approach in the wake of the difficult ethical challenges arising within the international mission in Afghanistan. The Canadian Manoeuvre Training Centre (CMTC) injected a series of ethical scenarios into Exercise Maple Guardian, a 3-week, complex, large-scale, fully immersive, live-action field training event that was designed to replicate the conditions as much as possible and was the culminating collective training event for the Canadian Battle Group prior to deployment to Afghanistan.

The ethical injects took place while troops were immersed in this high-intensity training environment, patrolling, assisting with reconstruction, and/or mentoring members of the Afghan National Police or Army. Members at any level could encounter a woman being beaten, or hear of sexual abuse, hazing, and/or theft by some of the Afghani security forces. Exercise controllers determine how effectively the inject was handled by all members of the Primary Training Audience (PTA): Does the incident get reported or responded to properly at every level? If there are shortfalls in the reaction, the exercise controllers can either repeat the event, insert another ethical inject, or stop the action to talk to the leadership concerning the training objective and appropriate reactions. This is then explained to the soldiers directly involved in the event and is part of the more formal debriefing of the PTA. Colonel Bernd Horn, then Chief of Staff of the Land Force Doctrine and Training System, summed up the intent of this training:

This ensures that we put a practical test to all the theory education and training. We ensure that they understand the meaning of the words and that they have an obligation to do something. It also provides a vehicle whereby we can reinforce the proper behavior and we can also correct behavior that we think might not be as efficient or effective as we would have liked. (Testimony at the Proceedings of the Canadian Standing Senate Committee on Human Rights, October 19, 2009 [31]).

In conclusion, although intense, realistic training is a part of every military culture, what appears to be lacking, and what we are advocating here, is the careful construction and effective integration of, and practice in, key aspects of moral decision-making within these high-intensity operational training settings. This will ensure that lessons and training points, skill acquisition, and rehearsal are more intrinsically applicable and salient to soldiers, the skills more contiguously practiced, and the results more immediately experienced in operationally relevant contexts. It is also intended to better ensure that moral dimensions will be activated and considered, and that moral behaviors will be well-rehearsed by the time soldiers are confronted with the myriad intense stressors and ethical challenges that are part of modern, high intensity, complex missions.

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Chapter 9 – RESOLVING DIFFICULT MORAL DECISIONS IN MILITARY MEDICINE: A LEADER’S GUIDE IN THE DEPLOYMENT CYCLE

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9.1 INTRODUCTION

Many occupational trades (e.g., Military Police, fighter pilots, infantrymen) have to resolve difficult moral dilemmas. We have chosen to focus on medical professionals because many of their moral dilemmas involve life and death decisions for the patients involved. Additionally medical professionals can experience unique medical moral dilemmas in which they have to balance two professions (arms and medical profession). Therefore we chose to focus on moral dilemmas of medical personnel.

Education and training in medical ethics are currently an indispensable part of medical education. Every physician learns how to cope with difficult decisions in their clinical work. They learn how to analyse the clinical context of a patient, how to balance the benefits and drawbacks and how to make thorough, often far-reaching decisions [1]. In ethics training, doctors also learn how emotion-based, overly empathic or even impulsive clinical decisions are counterproductive [9].

Military medical practice during deployment can however provide unfamiliar difficult decisions to physicians, nurses, emergency medical technicians and medical planners. The difficult decisions can be arduous, especially when they concern moral dilemmas. In these cases, medical personnel are confronted with decisions concerning fundamental personal values which also affect the well-being of others. They may have to deal with mixed loyalties (“dual agency”) as they have obligations to the patient (e.g., soldiers of own troops, soldiers of coalition troops, wounded enemy combatants or local civilians) on the one hand, and loyalty to their own unit and the overall mission on the other hand (see Vignette 1 below). The resolution of difficult decisions – especially moral dilemmas – can sometimes avoid undue harm to the organization, individuals involved and bystanders. Additionally, the consequences of these decisions can have an impact on the entire mission. For example, the image of medical personnel allowing young children to die due to them following their medical ROEs can fuel terrorists’ anger toward NATO forces and erode support for NATO operations.

Vignette 1

Dan is a Military Physician during a Military Operation in Africa. His task is to provide medical care for his own troops in case of an emergency. A local victim of ‘organ harvesting’ is dumped at the gate of their compound. One of her kidneys has been illegally removed. Urgent medical care for the local population however isn’t included in Dan’s mission statement. Resupply of medical material by air is very difficult in this remote and isolated African region. Dan faces the pressure of members of the detachment to help the victim.

Dan faces a difficult decision: on the one hand he wants to help this victim which entails however using his necessary medical supplies. But on the other hand he has to preserve the medical supplies for his own troops in case of a medical emergency.

This chapter is intended for the leaders of military medical personnel. It offers an overview of ethical behavior actions during the deployment cycle (before, during and after the mission) which can enhance the necessary competencies and resilience to achieve an adequate resolution of difficult medical decisions. The actions can also help the leaders to foster a supporting ethical climate for their medical professionals.

9.2 ACTIONS IN THE DEPLOYMENT CYCLE

9.2.1 Pre-Deployment Actions

9.2.1.1 Integration of Medical Personnel in Operational Units

Deployed medical personnel work in a complex – hierarchically often ‘closed’ – working environment. On the one hand, they have to obey and inform the commanding officer of the unit they have been assigned to. But on the other hand, they also have responsibilities in their own medical hierarchy and towards the patients. This can sometimes lead to difficult situations, for example when the military physician has to balance the need for confidentiality of the patient on the one hand and the demands for medical information on the fitness for duty of a certain soldier by the hierarchy on the other hand.

Transparency, integrity and mutual trust are imperative in this complex working environment [1]. Physicians, nurses, emergency medical technicians and medical planners should not be perceived as outsiders by the members of the unit. The medical personnel should become assimilated in the homogenous entirety of the deploying unit. A necessary requirement in this case, is the medical personnel’s timely notice of deployment which enables participation in pre-deployment cohesion training. Both the medical personnel and the unit’s command should have good understanding of the reciprocal expectations and constraints.

A direct, proactive approach by the medical officer to explain the basic ethical standards of the medical care for patients can embolden mutual trust and prevent misunderstandings, frustration or conflicts.

9.2.1.2 Information and Additional Training

Difficult moral decisions in medical practice during deployment often arise under time – pressured, emergency or unclear circumstances. The necessary condition of consulting with colleagues to resolve a difficult situation is often not possible. This is consistent with what was discussed in Chapter 10 on Ethical Attitudes. In these situations, service members often have to rely on moral intuitions. Additionally, good preparation before deployment can enhance the ability to resolve confusing medical moral situations.

Vignette 2

Ann is a military nurse taking part in a military convoy in Afghanistan as a member of the medical support team. The convoy passes a crossroads where a traffic accident between Afghan civilian vehicles just took place. One Afghan national is unconscious, bleeding profusely. Anne judges that the situation of this victim is life-threatening. He needs the bleeding stopped, probably also cardio-pulmonary resuscitation.

The Rules Of Engagement (ROE) however do not permit a military convoy to stop because of the risk for ambushes or suicide attacks. Ann is torn between her personal, subjective wish to give possibly life-saving first aid to this victim or obeying the ROE directive to prevent suicide attacks by insurgents which can entail multiple victims in the convoy.

The preparation entails different aspects:

- 1) The medical personnel should receive clear and concrete information on the mission's general and purely medical objectives. What is expected of the medical personnel should be explained as much as possible, in a clear-cut, unequivocal way. The information on the medical objectives of the mission should also be regularly updated during the deployment.
- 2) At the same time, the key leaders should have at least a superficial understanding of medical responsibilities and legal or ethical constraints. This will help establish mutual understanding and trust. Applied information in this domain by the physician for the members of the chain of command can help to avoid misconceptions or unrealistic expectations. For example, the key leaders can be informed about the essential duty of confidentiality of medical personnel for medical information of own unit's troops or prisoners. Confidentiality is a necessary condition to enable the trust of the patient in the doctor and the medical treatment.

Although medical personnel already have ethical awareness in previous medical training, medical practice during military deployment often brings different moral challenges. Specific training can provide an additional gain [9]. The most effective pedagogic approach is training combining a didactic approach with small group discussions based on case – study analysis [10]. These case studies should be realistic and focused on medical scenarios. For instance, in a study with non-medical personnel, research by Warner *et al.* has shown that leader-led active discussions on day-to-day topics of difficult moral decisions during deployment positively influence the moral attitude and behaviour of military personnel towards non-combatants [13].

The relevant insights of this study are that leader-directed discussions, using a script and incorporating media clips in the discussion can be effective in training and these concepts can be integrated into medical moral decision-making training.

- 3) The medical personnel should also receive updated information on the legal precepts which provide the framework for medical practice during deployment. This concerns rules, regulations and laws such as International Humanitarian Law, Geneva Conventions, human rights laws, domestic medical laws, rules of engagement, medical guidelines and protocols of coalition partners, Hippocratic Oath, etc. They guide the decision process of medical personnel in complicated situations of armed conflict.

9.2.1.3 Selection/Assignment of Personnel

When possible, junior physicians, nurses, emergency medical technicians and medical planners should deploy in combination with more experienced colleagues. The experienced colleague can provide support and guidance in ambiguous medical situations. When, for example, a military doctor or military nurse with insufficient operational experience can experience doubt concerning the right decision in the triage or treatment of own soldiers or coalition soldiers versus treatment of enemy combatant or local civilians. Collaboration with more experienced colleagues can broaden the range of choices.

9.2.2 Actions During Deployment

9.2.2.1 Guidebook

A practical guidebook of applied medical ethics can provide tangible examples of possible ethical conflicts and their resolution. This guidebook can remind the medical personnel of the core principles and their concrete practical application. In this way, the handbook can help to diminish the stress of uncertainty in difficult

circumstances. An example of such a guidebook is the ‘tool kit’ provided by the British Medical Association [4]. This handy brochure gives practical, recognizable examples of difficult ethical decisions in current military operations. It provides clear guidance on the application of the basic ethical principles which guide the doctors in fulfilling their ethical obligations in the often difficult circumstances during military deployment.

9.2.2.2 Providing Interactive Supervision, Coaching and Support Regarding Ethical Behavior and Monitoring Ethical Culture

Training before the mission cannot cover every possible difficult medical moral decision during deployment. The question is how the adequate resolution of an ambivalent medical decision can be reinforced during deployment? Bell *et al.* [2] suggests that interactive supervision (interdisciplinary clinical group discussions), coaching and support can help medical personnel to maintain high standards of ethical attitudes and ethical behaviour. Bell *et al.* [2] Sessums points to the important tool of re-education and reflection during deployment [11].

The medical staff's ability to communicate with a leader who had ethics training, also provides significant support Bell *et al.* [2], [5]. The medical leadership can moreover reward and encourage a good ethical climate which reinforces the shared perception of norms and values. This moral awareness keeps the medical personnel alert to sometimes subtle morally ambiguous clinical situations which leave little time to reflect [11]. There is also evidence that actively involving the medical personnel in the establishment of ethics protocols or guidelines may diminish ambiguity and reduces ethical conflict [2].

For example, when medical resources aren't restricted, the medical triage principle is the clinical need of the patient, be it a coalition soldier, an enemy combatant or a local civilian [11], [7]. Interdisciplinary supervision, coaching or re-education can prevent an unethical triage attitude which could lead to treating own troops ahead of enemy combatants or civilians in more urgent need of medical treatment.

Leadership's monitoring the medical personnel's ethical attitudes by observing subordinates' behaviour and proactively talking with them about ethical issues is therefore important. It can indicate a slacking ethical culture in the medical team which can signal the need for intervention by the medical leadership to improve the ethical work environment [12].

9.2.2.3 Support on Legal and Ethical Issues

When confronted with difficult medical decisions with uncertain legal implications (see Vignette 3), medical personnel should be able to call upon legal guidance. If discussions with colleagues or superiors in the detachment cannot provide the necessary legal information, an external source of information should be accessible. The medical personnel should be able to attain advice from their own medical hierarchy or from their military judiciary services. Appropriate ethical consultation should be available during deployment [11].

Vignette 3

Peter is a young navy doctor on board a frigate which is part of a multi-national task force patrolling ship lanes in the Indian Ocean, off the Horn of Africa. He hasn't got much operational experience. This is only his second mission.

The frigate's boarding team intercepted a skiff, a small pirate's boat and apprehended a band of 5 suspected Somali pirates who planned a high-seas attack on a container ship. They were unarmed, had thrown their weapons overboard just before being captured.

Vignette 3 (cont'd)

After their apprehension, the pirates are brought on board the frigate and confined to a small provisional cell. The sanitary conditions in the detention facilities are poor. The detainees are also frightened by the intimidating use of weapons by the members of the boarding team to show power.

Peter assesses the physical condition of the prisoners. He fears the physical and mental health of the detainees might be at risk. But he feels caught between the hammer and the anvil. He wants to be loyal to the ship's crew but at the same time he wants to respect conscientiously the medical profession's ethical standards towards the detainees.

When Peter consults the Commanding Officer of the ship however, he feels brushed aside. Peter is in doubt and feels he needs advice by an appropriate legal advisor from his own medical hierarchy. He needs to get in touch by satellite communications to be sure how to fulfil his ethical obligations.

9.2.2.4 Document Your Experiences in a Logbook

A chronological account can provide transparency when the medical personnel are subsequently questioned on the accountability for medical decisions taken in case of uncertainty or urgency. A logbook can also be helpful to draw lessons and provide information to develop case studies for future case – study-based training [11].

9.2.3 Post-Deployment Actions

During deployment, situational or institutional constraints may entail shortages of material resources or personnel. When this is the case, a health care worker can perceive the quality of patient care to suffer. He/she can feel that the treatment doesn't correspond to his/her personal moral standards. This moral discord may lead to negative emotions such as powerlessness, regret, anguish, guilt, irritation, frustration or even anger [6], [8]. Although only limited empirical data is available, we can assume that the difficulty to process emotional distress can – in some cases – lead to mental health consequences and difficulty to re-adjust after deployment [3].

When the mental health sequelae persist after returning home, specialist help should be made available for the individual caregiver. Bell points out that this help should also be made available for groups (Post-Mission Review or 'Ethics Debriefings') [2].

9.3 CONCLUSIONS

In their regular clinical environment, medical professionals often cope with difficult decisions which influence the physical, psychological and social well-being of a patient. During military operations abroad however, difficult decisions and even moral dilemmas occur in a particular context. This chapter guides the medical leadership on useful measures which support their medical personnel in taking difficult clinical decisions during the deployment.

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Chapter 10 – COMBAT EXPOSURE AND ATTITUDES TOWARD ETHICAL CONDUCT: IMPLICATIONS FOR LEADERS

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10.1 INTRODUCTION

Deployed soldiers, sailors and airmen may be confronted with ethical dilemmas or with morally ambiguous situations calling for decisions that can have life or death implications and, in some cases, even influence the success of an entire operation.¹ Indeed, studies conducted in Iraq and Afghanistan among members of the U.S. military have shown that nearly half of surveyed personnel had been in threatening situations where they had to choose between obeying orders (i.e., following the rules of engagement) and protecting their own lives [24], [25]. They also show that nearly one-third of survey respondents had faced ethical situations during deployment in which they did not know how to respond. Though ethical lapses in battlefield conduct are seemingly rare, their sporadic occurrence tends to garner a lot of media attention causing government officials (and lay observers) to attribute responsibility to one of two parties: some blame the perpetrators (using the ‘few bad apples spoiling the barrel’ analogy) while others blame the climate in the organization (and its leaders) for setting the conditions for the ethical violations (using the ‘rotten barrel spoiling the apples’ analogy).

This chapter discusses two Canadian military studies which, together, present a third and arguably new perspective on the factors that may lead military personnel to engage in unethical battlefield conduct [5]. Study 1 extended previous U.S. military research on battlefield ethics [24], [25], [38] by assessing whether combat exposure and attitudes toward ethical conduct are related and by testing whether this relationship is mediated by symptoms of psychological distress. Study 2, then, sought to determine whether a unit climate characterized by high morale, good leadership, strong cohesion, and a shared ethos can attenuate the possible effect of combat exposure on attitudes toward ethical conduct and well-being. Here, the terms ‘attitudes towards ethical conduct’ and ‘ethical attitudes’ are used interchangeably to refer to one’s agreement (or disagreement) with behavioural expectations articulated in the Canadian Armed Forces (CAF) Code of Conduct (e.g., *All detainees should be treated with dignity and respect*). As explained in more detail later, the importance of attitudes stems from their ability to predict behaviours, specifically under conditions of high correspondence between at least the target and action elements of the attitudinal predictor and behavioural criterion [3].

Before discussing the two studies that are the main focus of this chapter, it is helpful to first consider the broad theoretical framework underlying them, hence the initial attention given to the ethical decision-making processes that may be activated when deployed personnel are confronted with ethical situations. The mechanism through which a person’s attitudes towards ethical conduct can conceivably influence these processes is discussed next, followed by a brief review of scholarly writings on attitude formation and of U.S. military studies on the association between combat exposure, mental health problems, and battlefield misconduct. In closing, practical recommendations for military leaders are offered.

¹ The terms ‘moral’ and ‘ethical’ are used interchangeably throughout this chapter.

10.2 ETHICAL DECISION-MAKING IN OPERATIONS

Most ethical decision-making models are derived from, or based on, the theoretical models elaborated by James Rest [31] and Thomas Jones [22]. These scholars have pioneered what has come to be termed the ‘rationalist’ approach to ethical decision-making [34], which assumes that ethical conduct is the outcome of deliberate and extensive reasoning triggered by issues that are perceived as having ethical implications (Figure 10-1). According to them, once an ethical issue has been detected, the next step in the process is to form an ethical judgement, which involves weighing one’s behavioural options against some criterion (or abstract moral principles) and selecting the best possible course of action given the circumstances. Rationalist models posit that, once a morally acceptable course of action has been identified, one must form an ethical intent to act on that judgement, which is functionally equivalent to the concept of behavioural intent in Ajzen’s [2] theory of planned behaviour – an observation I will return to later in this chapter. Finally, the last step in the process is thought to be the enactment of the behaviour.

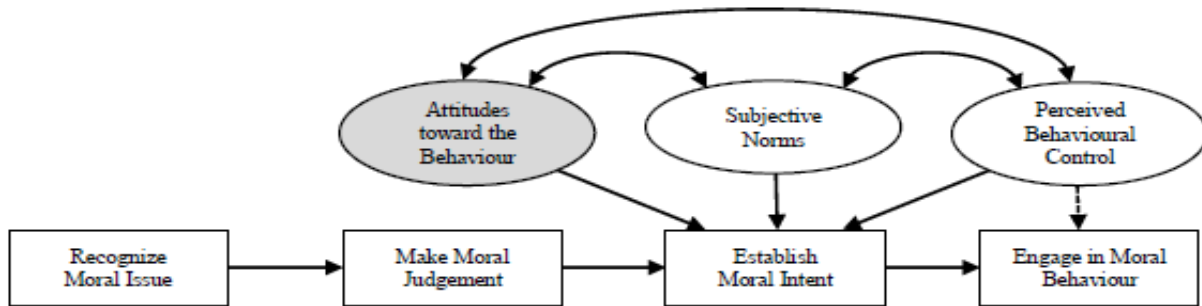


Figure 10-1: Integrated Model of Ethical Decision-Making where Ajzen’s Theory of Planned Behaviour is Juxtaposed with Core Elements of Rationalist Frameworks of Ethical Decision-Making.

Notwithstanding the popularity of rationalist models, which stems, in part, from the lack of alternatives at the time they were developed, some scholars are now starting to question their validity and to suggest that the process leading to ethical behaviours might actually be more often reflexive (or intuitive) than deliberate. For instance, Reynolds [32] proposed a neurocognitive model of ethical decision-making (see Figure 10-2), whereby each step in the framework is tied to either one of two ‘systems’ comprising different parts of the brain working together. The X-system (or reflexive pattern matching system) is held to be involved in the instinctive processing of situations (termed ‘electrochemical stimuli’ in the original article) that are recognized as having ethical implications by virtue of corresponding to a previously formed ethical prototype. Here, the term prototype refers to multi-faceted knowledge structures (or mental representations) “*holding descriptive, evaluative, and prescriptive information in one configuration of neural networks*” (p. 739). When a given situation is recognized as having ethical implications, but fails to match an existing prototype for which a pre-programmed solution is stored in memory (e.g., because of training and/or experience), the decision-making process is then handed to consciousness where the C-system (a higher-order conscious reasoning system) takes over, using active judgement to determine a morally acceptable course of action.

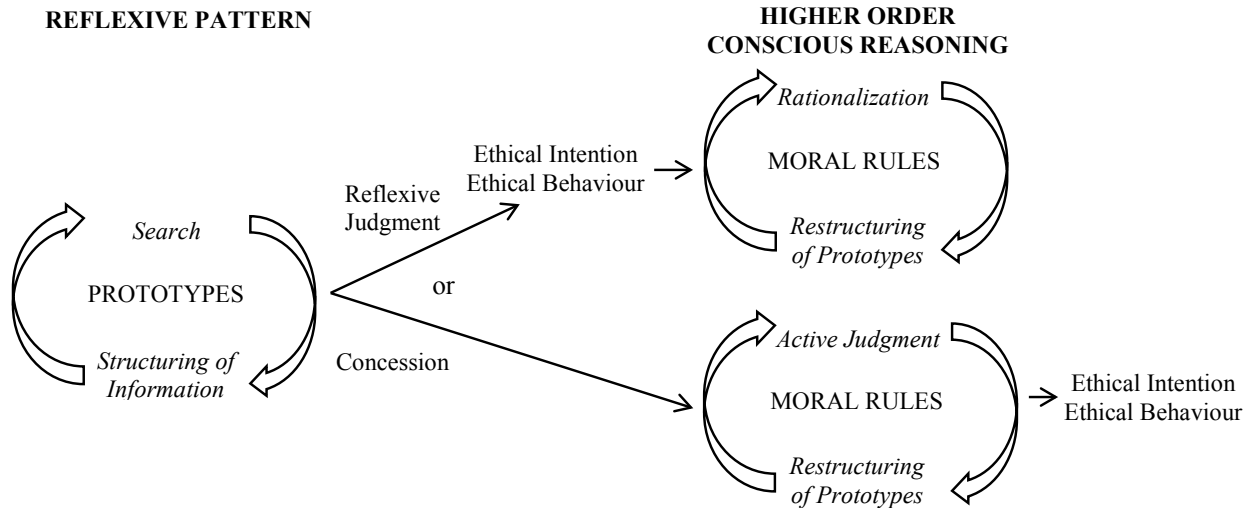


Figure 10-2: Reynolds' Neurocognitive Model of the Ethical Decision-Making Process. Terms in italic represent mental processes; Terms in capital letters represent mental structures.

Building on the work of others, including that of Scott J. Reynolds, Scott Sonenshein [34] has elaborated a Sensemaking-Intuition Model (SIM), which like Reynolds' model challenges the widely accepted view that "satisfactory response to ethical issues cannot emerge from anything other than deliberate and extensive reasoning" (p. 1025). The first component of his model (see Figure 10-3), termed issue construction, is reminiscent of the structuring of information process in Reynolds' model, and involves the elaboration of a narrative to give meaning to a set of unfolding events or situation. This step is held to be influenced by four factors, namely one's expectations (people see what they expect to see), one's subconscious motivational drives (people see what they want to see), social anchors (the advice people get before making a decision), and one's representation of the meaning that others might be attributing to a given situation. Once individuals have made sense of the social stimuli they are facing, and have construed a situation as having ethical implications, they have an automatic (or intuitive) reaction that serves as a moral judgement, and which reflects 'how they feel' about the alternative behavioural options that are spontaneously evoked by a given situation. Because these subconscious 'gut' reactions occur rapidly, the last phase of the SIM, labelled explanation and justification, proposes that moral reasoning is generally used post hoc as a mean for individuals to explain (or justify) their behaviour².

² The revised ethical decision-making model used by the Canadian Defence Ethics Programme integrates aspects of Reynolds' and Sonenshein's respective ethical decision models [26].

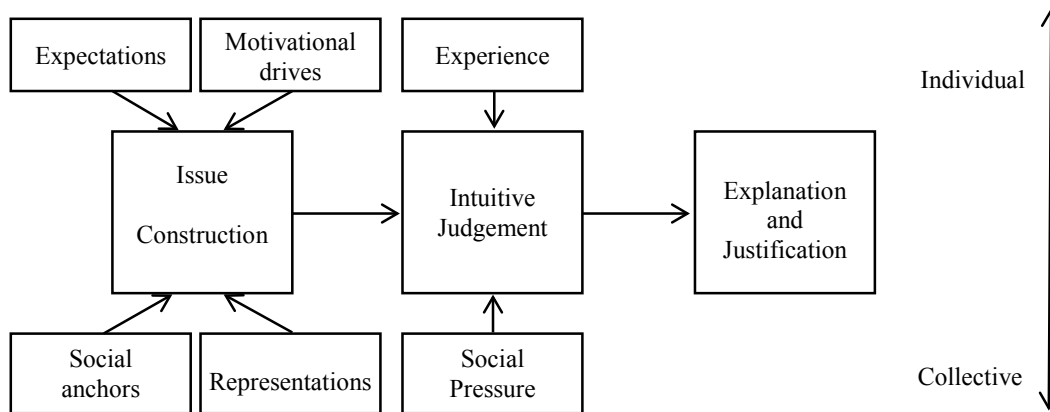


Figure 10-3: Sonenshein's Sensemaking-Intuition Model (SIM) of the Ethical Decision-Making Process.

Here, the term ‘generally’ is important as it infers that deliberate moral reasoning may still occasionally precede (or drive) ethical behaviours, but only in circumstances where the moral implications of a given situation and the future effects of one’s actions are clear enough to make actual reasoning possible, or when individuals are novice and have poorly formed intuitions. Otherwise, the subjective meaning that individuals attach to events (based on their own and others’ biases) triggers intuitive judgements through which their attitudes are expressed.

10.3 ETHICAL DECISION-MAKING AND ATTITUDES

No matter what ethical decision-making framework one ascribes to, each allows for the possibility that one’s attitudes towards ethical conduct could disrupt or even derail the decision-making process. This stands to reason as most decisions, including routine administrative decisions (e.g., decisions relating to disciplinary actions), reflect our values and beliefs or, put more simply, our likes and dislikes. To better visualize the role that attitudes can play in the prediction of ethical (or unethical) behaviours, it is useful to consider Ajzen’s theory of planned behaviour [2] where the central component – intention – is functionally equivalent to the ‘Establish Moral Intent’ component of rationalist frameworks (see Figure 10-1) and to the ‘Ethical Intention’ component of Reynolds’ model (see Figure 10-2). One key assertion of this theory is that the best predictors of what a person will do in a choice situation, such as an ethical dilemma, is provided by a measure of the individual’s intention to act (or not to act). In other words, the stronger one’s intent to engage in behaviours of any kind, the more likely one will engage in those behaviours. The intention to act, in turn, is held to be determined by three interrelated factors. The first is one’s *attitudes toward the behaviour*, which refers to summary evaluations of the behaviour along a continuum ranging from positive to negative [30] or, in the context of ethical behaviour, along a continuum ranging from unethical to ethical. Note: this definition of attitudes is reminiscent of the subconscious process through which Sonenshein argues that intuitive judgements are made (p. 1031):

“Individuals routinely develop intuitions [an automatic reaction indicating whether something feels right or wrong, [p. 1032] about social stimuli, and while moral reasoning might be used to override an individual’s intuitions, such reasoning is rarely used to question one’s own attitudes or beliefs”.

The second determinant of behavioural intentions is a social influence factor termed *subjective norms*, which refers to “*the perceived social pressure to perform or not to perform the behavior*” (p. 188). The third is *perceived behavioral control* and refers to “*the perceived ease or difficulty of performing the behaviour and it is assumed to reflect past experience as well as anticipated impediments and obstacles*” (p. 188).

The theory of planned behavior has received considerable attention in the social psychological literature, and a meta-analysis over 185 independent studies has shown that its components account for 27% and 39% of the variance in behaviour and intention respectively [4]. Additionally, studies that were not included in this meta-analysis support the validity of the theory for predicting moral/ethical intentions regarding academic dishonesty [20] and digital piracy [40]. In most studies included in Armitage and Conner's meta-analysis [4], the single best predictor of behavioural intentions is one's attitude towards the behaviour. According to Fishbein and Ajzen's expectancy-value model of attitudes [15], behavioural attitudes are formed by linking each behaviour to its anticipated consequences. Since the consequences that come to be associated with the behaviour are already appraised favourably or unfavourably, we automatically acquire an attitude toward the behaviour.

It also appears that another source of attitudinal influence is our direct and indirect experience with the target of the behaviour [14]. These experiences shape our liking (or disliking) of those behavioural targets, which can, in turn, influence our behaviours towards them. It is well-established, for instance, that mere repeated exposure to a range of attitude objects is sufficient to increase our liking [9], which in the case of intergroup contact, can reduce biases and discrimination [29]. However, it has also been demonstrated that this mere exposure effect may be reversed in contexts of intergroup threat [12]. In these circumstances, repeated exposure leads to less liking, which can, in turn, result in inter-group conflict and aggression [16]. A recent study conducted among Dutch soldiers provides a concrete example of this phenomenon. In the weeks preceding their deployment on a high-risk mission in southern Afghanistan, participants were asked to indicate their endorsement with five statements concerning the local population in their designated area of deployment (e.g., *I think that the local population is generally peaceful*). These same five statements were presented again during deployment along with a series of questions relative to realistic threat perceptions (e.g., *During this mission I have been exposed to truly life-threatening situations*). Results showed significant differences between deployment conditions in evaluation of the local population (i.e., participants reported more negative evaluations of the local population during the mission relative to before their deployment), and greater threat perceptions during the mission were found to be associated with stronger declines in soldiers' attitudes towards local Afghans [36].

A third source of influence on a person's attitude towards behaviour is his or her mood state when evaluating the behaviour (or its target). Affect infusion into judgments is a well-documented phenomenon [17] defined as "*the process whereby affectively loaded information exert an influence on and becomes incorporated into the judgmental process, entering the judge's deliberations and eventually coloring the judgmental outcome*" (p. 39). However, the magnitude of affect infusion into judgments varies across situations, and theories such as the *affect infusion model* have been elaborated to delineate the conditions that intensify or attenuate the effect of moods on cognitions [18]. One central tenet of this theory is that the magnitude of mood effects on judgments is exacerbated in situations that call for either substantive or reflexive reasoning³ [17]. As discussed previously, these are the kinds of reasoning strategies that can be activated when a person is confronted with a moral issue, and since combat operations present many ethical challenges, they are potentially fertile grounds for mood effects on ethical attitudes and judgment.

10.4 THE EFFECT OF COMBAT EXPOSURE ON ETHICAL ATTITUDES

It is well-established that combat exposure can lead to a range of problems from temporary adjustment difficulties to long-lasting mental health problems such as Post-Traumatic Stress Disorder (PTSD) [1]. Clinicians and researchers are also starting to realize that certain combat experiences (perhaps even combat exposure in general)

³ Here the term *reflexive reasoning* refers to the heuristic processing strategy incorporated into Forgas' multi-process affect infusion model [17].

can be morally injurious. For instance, two recent MHAT reports involving U.S. soldiers demonstrate that certain combat experiences (i.e., having a member of one's own unit become a casualty and handling human remains) are related to self-reporting of unethical combat behaviours including insulting or cursing non-combatants in their presence, damaging private property when it was not necessary, and physically hitting or kicking a non-combatant when it was not necessary [11], [25]. In addition, the reports show relationships between mental health (positive screening for PTSD or depression) and self-reporting of unethical combat behaviours [24], [25]. However, as discussed earlier in this report (see Chapter 4), it is not yet clear whether these mental health problems always precede faulty ethical reasoning and behaviour, or if the feelings of anxiety, resentment, or apprehension people experience when they perceive that another group is in a position to inflict harm on them are sufficient to weaken the cognitive and affective barriers that prevent military personnel from engaging in unethical/unlawful combat behaviours. Indeed, one could use the affect infusion model discussed earlier to argue each point of view.

That said, the idea that combat exposure could *directly* increase the likelihood of battlefield misconduct is also consistent with theory and research in the area of inter-group conflict, notably with *intergroup threat theory* [35]. According to this theory, humans are fundamentally "tribal" in nature, and because of the personal needs that membership in "tribal" social groups fulfil, they are predisposed to react with hostility when their social group is perceived as being threatened.⁴ The theory further states that strong in-group identification, which is commonly the case among members of organized armed groups, and a lack of personal experience with the out-group can increase the salience of threats, which can in turn lead to cognitive biases and negative feelings (e.g., frustration, anger, hostility) that make violence against the out-group more likely and easier to condone.

As for the other option, the one where the link between combat exposure and unethical reasoning is postulated to be *indirect*, secondary to the effect of mental health problems, some support exists in past reports of an association between combat-related PTSD and interpersonal violence among war veterans (see Chapter 4 for a review) and in the nascent literature on the concept of *moral injury*. For the group of mental health specialists who made this expression popular [23], the term moral injury refers to a state of grave suffering characterized by PTSD-like symptoms and haunting feelings of inner conflict (e.g., feelings of shame, guilt, or anxiety relative to the consequences of one's own behavioural choices) arising from perpetrating, failing to prevent, witnessing, or learning about acts that are at odds with one's deeply held beliefs about right human conduct and expectations about how people should be treated. Collateral manifestations of moral injury may include an array of dysfunctional behaviours, but these behaviours, and the maladaptive moral cognitions that may accompany them (e.g., those denoting a disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave in a just and ethical manner), are thought to arise from a failure to deal with the primary feelings and symptoms of distress [13].

10.5 CANADIAN STUDIES ON BATTLEFIELD ETHICS

Thus, in order to disentangle the links between combat exposure and attitudes toward (un)ethical battlefield conduct, two complementary studies were conducted [5]. The two studies were based on survey data collected by the CAF to monitor factors that can adversely affect (or improve) individual and organizational performance on deployment. Surveys were administered to two large groups of CAF personnel (i.e., members of Task Force

⁴ Two types of threats are considered: symbolic threats and realistic threats. Realistic threats—which are arguably the most apparent sources of threat in the context of combat operations – refer to the perception that members of another social-group threaten the well-being of one's own group. In contrast to realistic threats, symbolic threats refer to perceptions that the outgroup challenge the in-group's values and beliefs relative to politics, morality, and religion.

3-09 and 1-10; Operation Athena Phase II⁵) about halfway through their six to seven month deployment in Kandahar Province, Afghanistan.

The aim of Study 1 was to build and test a structural equation model integrating different perspectives on the process through which combat exposure could theoretically affect the ethical attitudes of deployed personnel. Thus, three competing models were statistically evaluated (Figure 10-4):

- a) A *direct effect model* consistent with the gist of the intergroup threat theory discussed earlier and the hypothesis that the mere repeated exposure to hostile acts of violence can influence the way soldiers think about their ethical obligations, especially when upholding these obligations involves greater risk to minimize harm to people they do not know (e.g., local civilians), or to protect those who were responsible for these acts (e.g., wounded insurgents, detainees).
- b) An *indirect effect model* consistent with the affect infusion model discussed earlier and the notion that a decline in ethical dispositions might be one of many possible complications arising from symptoms of psychological distress.
- c) An *integrated model* incorporating both points of view.

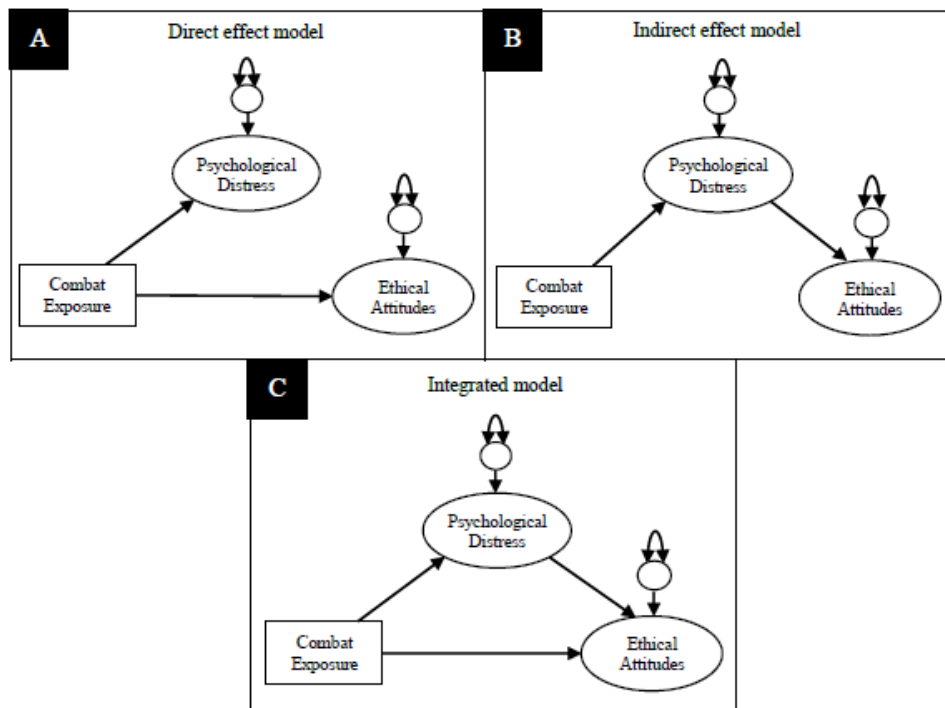


Figure 10-4: Competing Structural Models (Without Control Variables) for Study 1. Here, the paths leading to psychological distress and to ethical attitudes represent the possible effect that combat exposure might have on these variables. The path from psychological distress to ethical attitudes represents the possible effect that the former variable might have on the main outcome variable, namely ethical attitudes.

⁵ Operation Athena Phase II was a counterinsurgency operation focused on Kandahar Province in southern Afghanistan. The operation started in August 2005 and ended in July 2011. The role of Canadian troops was to fight the Taliban insurgency, to support the development and growth of Afghanistan's governmental institutions (especially its national security forces), and to assist with the repair of damaged infrastructure.

Because there was some theoretical and clinical support for both representations, no prediction was made as to which of them, if any, would best fit the data.

Analyses of survey data revealed that, on average:

- a) Survey respondents had been exposed to at least one kind of combat stressor since their arrival in theatre.
- b) That they had experienced minor symptoms of distress (including nervousness, agitation, fatigue, and negative affects) in the four weeks preceding survey administration.
- c) Had reported holding either neutral or slightly positive attitudes towards the ethics-related statements that were presented to them in the survey.

As for the link between variables, the first study found that the *indirect effect model* provided a significantly better fit to the data than any of the alternative models. In other words, this study provided some preliminary indications that combat experiences are relevant for predicting unethical battlefield behaviours only insofar as they generate some psychological distress among soldiers.

The purpose of Study 2 was to replicate the results of Study 1 in a completely different sample and to provide insight into what military leaders can do to enhance the moral resilience of their troops. To that end, the full model (i.e., the *integrated model*) evaluated earlier was extended to assess whether a social climate characterized by good leadership, high morale, strong cohesion, and a shared ethos could attenuate the effect of combat exposure on the same two outcome variables, namely psychological distress and ethical attitudes. The idea that a general social climate factor could influence the well-being of individual soldiers but also their ethical attitudes, stemmed from studies relative to work climate. In these studies [27], the term climate refers to “*summary perceptions or summated meaning that people attach to particular features of the work setting*” (p. 575). From a theoretical perspective, these summary perceptions of the workgroup were postulated to provide a psychological context in which operational stressors are experienced, and it is this context that was expected to have potential to attenuate the impact of operational stress by shaping how individuals interpret and react to events. A possible mechanism for this shielding effect is that social climate perceptions, by influencing affective commitment [10], might create an environment or a situation in which deployed personnel are more (or less) inclined to seek and accept social support – a documented determinant of psychological adjustment – and to adhere to organizational values despite the potentially adverse influence of morally questionable experiences.

Here, the choice of climate variables, specifically leadership, cohesion, and morale was influenced by the emphasis that social and military psychologists have historically placed on these dimensions [7], [19] as well as by their documented influence on well-being and work attitudes [8], [21]. As for the inclusion of shared ethos – herein defined as individual perceptions that unit values are consistent with those of the larger organization – among the group of climate variables, this decision was based on the idea that a social climate is only positive – in the sense of providing a context for the strengthening of ethical attitudes and the attainment of organizationally sanctioned goals – when the values embraced by the referent work unit are perceived to be congruent with those of the larger organization. This way of thinking about social climate is reminiscent of, and consistent with, Jonathan Shay’s writings on cohesion [33], which he described as “*a phenomenon of nature that is neither intrinsically good nor bad. It’s like electricity – if it bakes your bread, it’s great; if it electrocutes your daughter, it’s terrible*” (p. 289). This point of view is further supported by a social-anthropological study demonstrating that the breakdown in discipline that culminated in the killing of a Somali teenager by members of the late Canadian Airborne Regiment was partly caused by the erosion of traditional military values in a unit where strong interpersonal ties were coupled with a misplaced loyalty [39].

Overall, analyses revealed that Study 2 participants had many points in common with those of Study 1:

- a) They ran into a similar number of combat stressors.
- b) Experienced similar symptoms of distress in the four weeks preceding survey administration.
- c) Displayed the same pattern of responding to the ethics-related statements that were presented to them in the survey.

As for the links between variables, Study 2 results paint a slightly different picture than those of Study 1. Recall that the main finding of Study 1 was that combat exposure and ethical attitudes were related, but that this relationship was fully mediated by psychological distress. In Study 2, it was found that combat exposure may also have a direct effect on ethical attitudes, though this effect is seemingly small, signalling that much of the variation in ethical attitudes may still be attributed to anxiety and depressive symptoms. As far as social climate perceptions are concerned, the results lend further support to the already sizeable research literature suggesting that positive work group factors (social climate) lead to, or are associated with, psychological adjustment [28]. However, in the sample as a whole, there were no indications that positive social climate perceptions could attenuate the relationships between combat exposure and the two outcome variables, namely psychological distress and ethical attitudes. Therefore, all that may be cautiously concluded at this point is that a positive appraisal of social factors at work can possibly mitigate the indirect effect of combat exposure on ethical attitudes by reducing psychological distress not matter how frequently a soldier has been exposed to battlefield stressors.

10.6 IMPLICATIONS FOR LEADERS

The two studies reported herein have important implications for military leadership. For instance, given the link between psychological distress and ethical attitudes, it seems critical that soldiers be given sufficient access to mental health resources during deployment and that unit leadership be held accountable to create the best possible conditions for individual adjustment by fostering a positive social climate (good leadership, high morale, strong cohesion, and a shared ethos) within units and removing or attenuating all environmental and psychological stressors that are within organizational control [36]. Countering the popular belief that combat-related stressors are the only source of operational stress for soldiers, studies based on survey data from Canadian personnel involved in peacekeeping or stability operations have repeatedly demonstrated that career issues (e.g., conditions of service such as pay and allowances, the quality of personal clothing and equipment, and administrative support) are among the main sources of concerns for soldiers. Issues related to the work environment (e.g., double standards in the applications of rules and the attribution of privileges, supervisors overreacting to situations), living conditions, and separation from family may also affect personnel, but to a lesser extent [6].

In any case, initiatives aimed at attenuating symptoms of psychological distress such as anxiety and depressive feelings (e.g., by reducing work-related stressors or improving unit climate) may be expected to alleviate, but not eliminate the risk of battlefield misconduct because the link between combat exposure and ethical attitudes is only partially mediated by psychological distress. Leaders can have a more direct influence on the ethical attitudes of soldiers by finding ways to mitigate the effects of combat exposure to ensure that they do not have the same people exposed to live fire over and over again for extended periods of time (enhancing the problem). Leaders in many nations have implemented ways to do this including longer dwell time, shorter deployments, less time outside the wire, and troop rotation to safer areas. Additionally, given the negative relationship between combat exposure and ethical attitudes, it seems important that ethics training be delivered not only before, but also during deployment because the ethical attitudes of soldiers are likely to decline over time due to

repeated exposure to hostilities. Readers are referred to Warner *et al.* [38] for a practical example of an evidence-based training package designed to be delivered by unit leaders to their personnel in-theatre.

Lastly, the aforementioned recommendations, specifically those related to ethics training, should be incorporated into policy documents or, at the very least, in command directives such that in-theatre units may be compelled to conduct battlefield ethics training during deployments. Though pre-deployment training provides service members with opportunities to further develop and solidify their ethical decision-making prototypes, operational experiences that are at odds with the values and beliefs underlying these previously formed prototypes can create dissonance (or mental discomfort) that some soldiers may seek to reduce by recalibrating their beliefs away from accepted moral codes. It is a leadership responsibility to prevent this recalibration from taking place and providing continuation training is one way to meet this obligation. That said, ethics training is neither a panacea nor a substitute for engaged (ethical) leadership. As Warner and Appenzeller aptly phrased it [37]:

“If a leader communicates the desired values in his vision, spoken words, and unspoken communication but then violates those same values through his own behaviours or conduct, he creates a hypocritical ethical climate that will quickly erode morale and unit mission effectiveness. By modeling expected behaviours, the appropriate standards will trickle down through the ranks of subordinate leaders who will likewise mimic or emulate the leader’s actions” (p. 67).

10.7 CONCLUSION

The topic of battlefield ethics is both an important and difficult subject to study. One has to find research participants who have enough trust in the organization (and the research team) to openly speak about potentially sensitive and highly controversial topics such as torture and treatment of non-combatants. Notwithstanding these difficulties, it is imperative that we continue research in this field because few human dimensions of operations are as closely linked to mission success as the ethical attitudes and behaviours of deployed soldiers.

The two studies presented herein provide a first look at the process through which combat exposure can conceivably affect the ethical attitudes of deployed soldiers – possible determinant of battlefield conduct. The finding that this relationship may be partially mediated by symptoms of psychological distress helps to reconcile different points of views about this process, thereby opening up new avenues for research and interventions. As far as the influence of social climate perceptions is concerned, the findings reported herein provide some preliminary evidence that military leaders – who are the artisans of the social climate within their group – have some control over how their soldiers feel about their ethical obligations.

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Chapter 11 – SUMMARY AND FUTURE DIRECTIONS

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We are at a point in history where many volumes have been written non-military ethics from the philosophical arguments of just war to class room and field level training for individual soldiers. Likewise thanks to an incredible explosion of mental health research we have probably the best understanding of the impact of military operations on service personnel or soldiers. This level ranges from massive population studies down to individual treatment approaches to illnesses.

The interaction between ethics and mental health in comparison presents an opportunity for considerable further research. While we have significant literature on ‘moral injuries’ the difficulties may have years down the road in integrating past transgressions real or perceived there is an opportunity to provide soldiers and leaders alike to the tools to intervene shortly after the transgression and perhaps obviate years of suffering self-doubt, etc. Even less literature and thought seems to have been given to the risk of ethical lapses and the erosion on moral fortitude in those that are impacted by the stressors of combat and military operations. Opportunities exist to develop training programs for soldiers and leaders that will help them to recognize and manage stress-related symptomatology and behavior in theater as well as having an understanding that such stressful times require even stronger leadership intervention to ensure ethical behavior are followed.

In **Chapter 1** moral decisions and their relevance for mental health practice is presented. After clear definitions it reviews the dimensional problem of moral injury. It is known that types of guilt and shame concerning combat experiences exist. Emerging themes in this are:

- Betrayal;
- Disproportionate violence;
- Incidents involving civilians; and
- Within-rank violence.

Guilt and shame may drive symptoms of PTSD and depression and may involve moral transgressions like:

- Dishonesty;
- Harm to another;
- Injustice;
- Violation of trust;
- Failure to care; and
- Lack of self-control.

It calls for specific training for mental health service personnel who will be dealing with specific populations. Also this is another example of how we can't just translate civilian treatment to a military population. The scientific discourse about moral injury is nascent and provides an excellent springboard for future investigations and longitudinal studies. Outcomes may create a new narrative. There is a moral obligation to be

there for these people. At same time there is a risk of difficulties years later that change the perspective, and this calls for moral justification. Much on the relationship between mental health outcomes we do not know, and we are aware that any decision may have moral valence, and any decision may erode over time.

Helpful elements already exist throughout our NATO forces and with minimal refinement could serve as useful tools to minimize combat stress. Some examples include Warners in Chapter 2 and 5. In **Chapter 2** an overview was given of several of the unique challenges that our leaders face when assessing, planning, and directing NATO operations. They include the complexity of the operational environment, the principle of unified action, and the difficulties of leading a multi-national force. These challenges are an important aspect to the discussion of moral dilemmas, ethical battlefield conduct, and mental health problems. Not all missions (as well as their ethical decisions and mental health outcomes) are the same. We need to be looking forward to be ready for future operations. The point was made that effective leader attributes can enhance the ability of military members of NATO Nations to avoid committing unethical battlefield behaviors and mitigate the potential effects on the mental health and ultimately the mission.

Mental health training such as Canada's Road to Mental Readiness and Comprehensive Solders fitness already includes specific training approaches to be undertaken immediately after a potentially traumatizing event. Adding specific tips during these after action reviews that specifically address the risk of ethical lapses and in a positive way reminder our soldiers of their moral responsibilities. Recommend is integrated ethics training as part of military and medical education, prior to operations, and during operations to include training for leaders.

Chapter 3 describes the kind of moral dilemmas that can be associated with military orders. It stated that issuing and receiving orders is not simple. Subordinates have some control in their responses to orders and some may elect to disobey them completely or partially. Orders will not always give soldiers the guidance they need, so they need to learn when it is proper to obey and when it is not. There is an inherent moral dilemma within the soldier's mandate to achieve mission success while also ensuring troop security and non-combatant safety. The tensions between competing values and demands of the mission have increased in recent years. This added complexity alone can result in a higher probability of moral dilemmas in the future. As it was, the soldier's fundamental dilemma must be managed by all military personnel, but especially leaders at every level of the chain of command. Orders and regulations will help them assign priorities and solve dilemmas most of the time, but not always. This is an area in which training needs to be applied.

For clinicians just like the leaders seeing soldiers shortly after a difficult or stressful time an opportunity presents that would allow a clinician to question the soldier not only about the traditional symptoms that were trained to do, but also one could question about acts of an omission or commission, guilt, etc. Also something that is likely overlooked even in frontline military mental health practice seeing someone clinically in the aftermath of stressful or traumatic events provides an opportunity for the clinician to specifically ask about attitudes towards the enemy, non-combatants, the mission which may provide insight into an individual's erosion or weakening of mortal fortitude.

The fourth Chapter described the relationship between unethical battlefield conduct and mental health. After description of unethical battlefield conduct statistics regarding the prevalence of behaviors falling within this category were presented. Several studies supporting the view that battlefield misconduct is associated with mental health problems. Also studies supporting the view that mental health problems can increase the risks of unethical conduct. A triad of risk for unethical behavior is described as a framework for assessing ethical risks in operations. As discussed in the chapter, unconventional confrontations (e.g., guerrilla warfare, counter-insurgency operations) create pressures that make unethical battlefield behaviors more likely and easier to condone.

Chapter 5 called for leadership demonstrating competence, candor, and commitment to the unit, and maintaining the laws of war. It asked to make this top priority throughout the deployment cycle. A commander cannot tolerate violations. Inappropriate soldier actions should be frequently discussed throughout units. It should become a habitual part of the unit's routine, incorporated throughout all actions of the unit and in all discussions in which leaders must directly participate. They must signal the priority of the issue and modeling the expected behavior.

Chapter 6 explores the association between different types of morally challenging interactions during military deployment and response strategies (e.g., moral justification), as well as the mediating role of moral emotions. The study was performed in Dutch servicemen who participated in military operations. A relationship was found between local-cultural and team-related interactions and moral justification; these effects were mediated by other condemning emotions. Similarly, other condemning emotions mediated the relationship between local-cultural interactions and relativism. This study points at the importance of other condemning emotions in shaping military reactions to frequently occurring morally challenging interactions.

Extant research in the area of military ethics is provided in **Chapter 8** to support proposal that scenario-based operational ethics training in high-intensity military field training settings may be an important adjunct to traditional military ethics education and training. A case is made as to why this approach will enhance ethical operational preparation for soldiers, supporting their psychological well-being as well as mission effectiveness. Not just for keeping service members from getting mental health problems, training can help service members behave more ethically.

During military operations abroad however, difficult decisions and even moral dilemmas occur in a particular context. Illustrated with clinical vignettes **Chapter 9** guides the medical leadership on useful measures which support their medical personnel in taking difficult clinical decisions during the deployment. In their regular clinical environment, medical professionals often cope with difficult decisions which influence the physical, psychological and social well-being of a patient. Key personnel in the unit need to look out for those who may be dealing with ethical dilemmas, and refer them to professional help if needed. This may be similar to what some Nations do with peer support programs (TRiM peers, Master Resilience Trainers) in which the peers are trained to look out for mental health issues.

Finally in **Chapter 10** two studies are presented providing a look at the process through which combat exposure can conceivably affect the ethical attitudes of deployed soldiers – a possible determinant of battlefield conduct. As far as the influence of social climate perceptions is concerned, the findings reported herein provide preliminary evidence that military leaders – who are the artisans of the social climate within their group – have some control over how their soldiers feel about their ethical obligations.

While the majority of principles in moral dilemmas and mental health apply to the majority of service members on a mission there are unique sub-groups that may require specialized training and intervention. In the **annexes** we present case vignettes of clinical case studies as well as scenarios in which these present themselves. Clearly this field needs to be specifically addressing military sub-group leaders, pilots, snipers, special operation forces addressing cases of confidentiality, boundaries while deployed, fitness for deployment (see Annex D). Exemplary scenarios are described in Annex C where a list of 18 scenarios around competing obligations dilemma, harm dilemma, as well as uncertainty dilemma are presented. Our Task Group had experiences working with such groups as pilots, snipers, special operation forces, medical personnel. Such groups also have unique stressors and ethical decisions. As such the medical professionals likely warrant a somewhat more tailored approach.

SUMMARY AND FUTURE DIRECTIONS

There are recommendations in terms of ethics training, as well as treatment:

- 1) Recommend to move away from the relationship of ethical violations and PTSD to sub-clinical MH problems, COSR, anger/aggression and specific combat experiences. Include leader training and clinician training incorporating findings of relationship between COSR and ethical violations. Freedom rest concept.
- 2) The Group recommends integrated ethics training as part of military and medical education, prior to operations, and during operations to include training for leaders. Leaderships training is recognized as an important aspect, since leaders are in fact ultimately responsible for the psychological well-being of their soldiers. For that reason Subject-Matter Experts SMEs (legal, ethicists) and operational leaders are needed to jointly develop training content while the training is delivered by leaders, not others (not chaplains, legal, or medical personnel). This model is already being used by some NATO Nations for their mental health/resilience training.
- 3) The Group recognizes that on the relationship with mental health outcomes there is much is that we do not know. Recommend providers are made aware of the relationship between ethical decisions (unethical behaviors) and mental health problems. Guilt and shame may be drivers for a range of mental health problems that need to be recognized. Also, treating PTSD with accompanying guilt and grief may be more complicated and require exploration and more time than current “standard” PTSD evidence-based treatment regiments. Development of intervention studies that branch out from the traditional fear-based models of war-zone exposure and focus on guilt- or shame-based injuries that directly target moral injury need recognition. New therapies need to focus beyond PTSD symptoms, depression symptoms, and negative post-traumatic appraisals, and contribute to increased post-traumatic growth.
- 4) Longitudinal research is needed to validate findings of the relationship between unethical behavior and mental health as well as the relationship between ethical dilemmas and mental health problems. Ultimately it would be ideal to demonstrate the effectiveness of operational ethics training.

Annex A – DEFINE MORAL DECISIONS

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A.1 PURPOSE

To define military moral decisions.

A.2 THE CHALLENGE

Military operations often involve difficult decisions that affect the well-being of the decision-makers, their subordinates and peers, their adversaries and civilians impacted by the conflict. These decisions exist throughout the full-spectrum of military operations (e.g., peacekeeping, peacemaking, humanitarian, and combat) and are often the most difficult that soldiers will face. Such decisions often require the service member to choose between mission success, civilian safety and force protection. Currently there are no NATO-wide, standardized education or training packages to help make these decisions or deal with the potential impact of the decisions on service member mental health and well-being.

A.3 DEFINITION

Moral decisions involve underlying personal or societal values of what is considered right and wrong or good and bad. They typically involve issues that are related to the interest or well-being of others. These decisions may be clear, such as not killing non-combatants, but others may be more difficult as they are ambiguous. For example, deciding to return fire from a 10-year old insurgent. In the military, there are rules of warfare and rules of engagement that are designed to help guide these moral decisions. However, these rules are overarching in nature and therefore may not provide a clear direction for what to do in all situations. In addition, these rules may be in conflict with the actual situation on the ground, with an individual's personal or with other professional values and may result in personal conflict and mental health problems.

Moral dilemmas are a special class of moral decisions, in which:

- 1) There is a *conflict* between at least two core values/obligations (loyalty, obedience, respect for life);
- 2) Acting in a way that is consistent with one underlying value means *failing* to fulfill the other(s);

ANNEX A – DEFINE MORAL DECISIONS

- 3) *Harm* will occur regardless of the option chosen; and
- 4) Decision is *inescapable and inevitable*; some action must be taken.

The following quote captures the unique nature of moral decisions and the psychological conflict that may accompany them:

“... The problem we confronted in a lot of the operations that we did was [that it was] a lose-lose situation, a wrong-wrong. It’s where no matter what you decide to do someone is going to die. And you’re basically confronted with choosing the lesser of two evils. And that puts you into an enormous ethical dilemma and enormous stress...” ~ Senior Canadian Forces Commander

This quote also indicates this commander’s personal theory of the linkages between encountering these situations while deployed and the potential for long-term psychological challenges, sometimes lingering for years after such an event.

Annex B – MORAL DECISIONS AND MENTAL HEALTH OUTCOMES

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B.1 PURPOSE

To define moral decisions in military operations and establish their relationship to mental health outcomes.

B.2 THE CHALLENGE

Military ethics deals with the proper application of military power. Military service members have a responsibility to behave in accordance with laws, values and ethics. The complex operational environment demands rapid decisions that impact the mission, protection of the force and civilian safety. This may introduce moral dilemmas and the consequent psychological stress:

“... the result ... [would be] that within 24 hours, 36 hours, a family died of cholera because I took them to a place that was a hell hole – but I had no other place to take them. So do I leave them where militia can chop them apart...which way is better to die?” ~ quote from Senior Canadian Forces Commander

Moral dilemmas require the reconciliation of conflicting values and obligations. These decisions may create psychological distress associated with what are called moral injuries [1] such as grief, shame, guilt. In some cases, moral dilemmas contribute to mental health problems such as PTSD, depression and anxiety. Additionally, the underlying presence of psychological distress may negatively influence soldiers’ attitudes towards following the laws of armed conflict and rules of engagement. This can lead to decision-making resulting in misconduct and other unethical behaviors.

B.3 RELEVANCE FOR NATO

Military operations involve moral decision-making at every level (strategic through tactical) and these decisions have important implications.

First, the consequences of a single bad decision can erode local, national, international and Host Nation support thereby derailing the strategic mission and putting troops at risk.

Second, attention to the interplay between moral decision-making and mental health is a crucial component of leaders' responsibility for their soldiers. This demands leadership initiatives (e.g., education and ethics training, after action reviews, counseling, re-integration programs) that mitigate the threat to the mission and soldier well-being.

B.4 REFERENCE

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ANNEX C – SCENARIOS

C.1 SCENARIO 1 – POLITICAL DEBATES AND ROES (COMPETING OBLIGATIONS DILEMMA)

As a UN Force Commander, I was a UN agent working for the UN in New York. In other words, I was not under the [MY OWN COUNTRY'S] chain of command. So my responsibility was to lead the military campaign, which I did, and at one point, HQ ... had difficulty with some of my ROE and my concept of operations.

I had requested from New York five specific ROE. One of them was the authority to use lethal force to protect any human being, because, as it turned out, this was a society where they would gather around a woman who has committed adultery, and they would start throwing rocks and kill her. That's the type of country it is. But I felt, as a human being and as a member of a country which has subscribed to the declaration of the Human Rights of the UN, you cannot allow a soldier [FROM MY COUNTRY] to stand by if an innocent civilian gets killed by a mob – you cannot allow this to happen...in your mind, as a senior commander, you must be able to relate everything you do with the values for which this country stands for ... So I had requested authorization to use lethal force to protect any human being and New York [THE UN] had agreed with it. However, [MY OWN COUNTRY] refused to subscribe to that.

The decision [FROM MY COUNTRY] came from a legalistic point of view. It was just a few years after the Somalia crisis, so we had a HQ that was very gun shy, very nervous. The lawyers were almost in command of the [MILITARY], and they would look at every word in the mandate and, if it was not legal, you could not do that and so on. [THEIR] reading of the Security Council Mandate, they didn't see any wording that could justify that ROE. But there is what is legal and what is moral, and I knew that we could be on the high moral plane without being illegal. So then I debated with [MY COUNTRY'S HQ] on the principles and the values, the morality of it. That is, how can we as a society accept that a third party gets killed by a mob while we were there with our weapons and able to react and intervene and protect that person? But, from a legalistic point of view, you don't give us the right to do so. I cannot live with that. Morally, I cannot live with that as a senior commander. So, I was not ready to compromise that at all – none whatsoever. Legal or illegal in that circumstance, the right to use lethal force to protect any human being, I know that no one will ever tell you it is illegal to do so. Because what you are doing is defending principles and values to which [MY COUNTRY] has abided by, by being a member nation of the UN, which has endorsed the Human Rights Charter from the sixties. That's what we are as a country – we are a part of that.

In any case, the opposition became very intense and generated friction that spanned a few weeks. I was dealing with [THE DEPUTY HEAD OF OUR MILITARY]. Basically, I felt that I was pressured by [MY COUNTRY] to change my professional analysis. I felt also that resisting that pressure, there could be consequences for my future, my career. At the end of the day, however, I chose to remain pure with my professional analysis.

Consequently, it became a nasty confrontation in which [MY COUNTRY] pressured the UN to make me change my plan and my ROE. Because I refused, UN New York was forced to “sanifact”¹ my mission in theatre, i.e., sit with me and review the situation. This moved it to the Under Secretary General for peacekeeping level. The end result was that UN New York was very supportive, very pleased with my ROE, with my concept of operation, and they simply said, “We're sorry, but we side with the Force Commander”. It got very tense and from my discussion with [MY OWN COUNTRY'S HQ], I ended up in a deadlock because no longer could we have an

¹ To sanitize the facts.

agreement at the staff ... So I got a phone call one day saying that the [CHIEF OF THE MILITARY] was going to get involved and he would make a special trip for the purpose of sitting with me. So, you can feel the pressure that I had on my shoulders.

I had a week of warning time before [HIS] came to visit. During that week, I reflected and came to the conclusion that I would prefer to be relieved of my command rather than to deviate from my professional analysis. I phoned to my wife several times and I said, “This is the choice I have”, and we both agreed. So that’s the decision I made. When the [THE CHIEF] appeared, we went through some intense discussions initially, he was angry. Amazingly, he sided with me and overruled his own staff.

But that episode had lasted a few weeks, which made me question myself all of the time. The difficulty of such a situation is you constantly ask yourself, “Am I right or am I a stubborn guy defending a point of view which is at odds with the logic?” So what I had done during those several weeks of friction I had benchmarked my military concept of operations with the diplomatic community. You have to do it with as many people as possible because the danger once again is that you are out of step. For unknown reasons to yourself, your judgement may not be the right one in those circumstances. So you need to know that. You need to establish that assurance that your judgement is the right one in those circumstances.

I met with the ambassadors of the friends of the country where I was serving to expose them to my concept of operation and to give them an opportunity to challenge it. Every time I benchmarked with all of the diplomats in theatre, they supported my concept of operation. In other words, they believed that the military response was closely synchronized with the geo-political environment we had there. They believed it was the right response. Once I had done that, it became an ethical issue for me.

I was seconded ... to the UN. So I did owe all my full competence to the UN. I could not provide to the UN a watered down option. I owed to my UN employer my best professional judgement. I was not allowed to “crook” my best professional judgement for pressure that may or may not impact on my future career back [HOME]. I had done all that benchmarking, so from an ethical point of view I had gained confidence that I was right. I knew I was right and I wasn’t ready to compromise it. I felt that in my own country, when I would come back, I would have made enemies and you know, human beings what they are, I might suffer consequences. So it was an ethical issue. The choice I made was to remain ethical with my employer, the UN Security Council.

I prefer to be able to look at myself in the mirror while I serve and after my military career, then have had at some point to “crook” my judgement and not have given the best of my military potential when it was required. So forever in my life, I would be able to look back and tell myself I did the right thing, and I have no regret whatsoever with that. This is more important for me than the fact I may have made enemies in the process. So at the end of the day, I was right to remain ethical there because the alternative was to be a nice guy with the people I would continue to serve with ..., but comprise on the fundamental principle on which I was not ready to comprise.

C.2 SCENARIO 2 – EXPLOITATION OF INNOCENT PEOPLE (COMPETING OBLIGATIONS DILEMMA)

I’ll talk about the start of the second tour. One of my patrols was responsible for the handover of a (INSTITUTION), which housed women and men. They ranged from alcoholics to fully mentally debilitated people that needed constant care. We weren’t responsible for finding them, it was a previous battle group that had discovered that they had been abandoned by the staff and they were just sort of left to their own, and they were being abused. ... So, [MY COUNTRY] got itself involved, so that a degree of protection would be provided.

So, we were there to provide protection for other aid agencies so that they could do their work and so that could get in safely and get out safely and do their job of getting caught up in the war and the problems that go with it.

When the (SUB-UNIT) that was responsible for the hospital went in, walked around, it was a sergeant who had actually made first contact with another sergeant from the unit that was coming out, he was appraised of how to take advantage of the situation in terms of selling alcohol, use of the (WORKERS), abuse of the (WORKERS), ... just taking advantage of the situation. It was apparent there was a breakdown of discipline in that ... little particular area that was in there. He found a great degree of revulsion of what he had seen and reported back through, one of my soldiers now, reported back through my chain of command as to what had happened. Again, it was one of those clear cut things that it was wrong, and it was what was going on was wrong.

What I had wondered about it when I heard about it is, why hadn't this been stopped? Why didn't somebody else say, you know control this thing? The reasons came out in later [INQUIRIES]. It was, it was, it was disgusting. I found it almost unfathomable that [SOME MEMBERS OF MY OWN MILITARY] were doing what people, the unprofessional soldiers, were doing over there to people. It was just totally, repulsively wrong and just struck that cord with me instantly. And any other decent human being it would have as well. There was a complete breakdown in discipline, something happened. We didn't know. I mean, I just didn't expect it. I didn't have those standards for performance or discipline for soldiers wherever they were. So, it had to be dealt with. You can't ... it would have been a crime to have let it go.

The dilemma was this: I was fresh into the area, I had a brand new battle group taking over, we were all keen to do our operations, and the last thing I wanted was to start my first day dealing with a disciplinary problem with a (INSTITUTION) that would cause significant embarrassment to [MY MILITARY]. But, that's the way my day started. I had gone to the commander, the (RANK) who commanded the battle group who was there. He was aware of the problem, and he was aware of the report. Either I take over and start fresh, and we just let it go and I will work it out. I was dealing with a unit I had served in previously. It was another regiment I had served in. I knew the CO extremely well. We were then and still are close personal friends. But the question was do we let it go and fix the problem, or do we follow this thing up and find out what happened, so it doesn't happen again?

What I was told was that I was there to do the handover. A very simple thing – signing the ceremony, flag goes up and your regiment is in, congratulations. But I wouldn't do the handover until the CO had initiated an investigation. And I was going to make, I had made the decision that I would make issue of it. This had to be done.

So, the military police sent out a sergeant who did an initial look around, quick report saying: "Yeah something wrong here, big". And the investigation was started. I said I wouldn't do the handover until this thing was initiated by this outgoing CO because it was the outgoing CO's problem to deal with. And the problem to then go with him back ... [HOME] and let them sort it out back [THERE] so it wasn't something I had to deal with myself other than making sure it doesn't happen again. I didn't know how wide spread the problem was. So literally, I did an ultimatum, the investigation was initiated by a commanding officer, when the investigation was signed, about ten minutes later we did the change of command ceremony.

Participant was asked: Did that decision happen that day, like the same day when you realized the problem?

No, the first report had come in as I was arriving on the ground. The resolution of how this was going to be handled started about two days before, two days before the handover. The two commanding officers, myself and the other commanding officer had the discussion as to what I thought had to be done and to what his [the outgoing CO's] responsibilities were to which he agreed, because he was unaware of this as well. Following this, the military police did their initial investigation, said "yes" this confirms a problem here. Then

he signed, there was a significant incident report and a few other things he had to sign off on, and then we went from there.

The difficulty were the implications, the long term implications, for both my good friend, who's a fellow (RANK) and the regiment that I had served with, because they had got dragged into this. I worried only about a whole bunch of soldiers in that regiment that knew me as a young Lieutenant and a Captain that had caused this thing to happen. And I had always hoped they weren't taking it as a ... you know ... kind of inter-regimental rivalry or something saying that we uncovered something nasty from your tour. There were lots, lots of things going wrong. It was just one of many things that indicated a breakdown of command. Unfortunate as it was, it was the type of mission that it was. You just can't send soldiers into that environment and just leave them there and forget about them. They just go native. It happened.

C.3 SCENARIO 3 – COURT-MARTIAL OF A FRIEND AND SUBORDINATE (COMPETING OBLIGATIONS DILEMMA)

On the sense of right and wrong, I had a very well trained and disciplined unit. You know, people had been in jail and the odd stuff, but I think we had a total of 21 charges that I dealt with for alcohol. And I dealt with alcohol personally because of the level of fines that came in and with accidental discharges of weapons being a CO. I was competent and everybody knew exactly what they had to do to keep themselves out of trouble. But when they strayed, I had to come down very hard and did. And it was all part of what everybody knew what I was doing, which was trying to get people back alive, with no unnecessary death or injury. So, I stuck to my values as to my sense of right and wrong, and the high levels of discipline I expected from soldiers.

I ran into a moral dilemma, but it's only easy because I stayed consistent. One of my (SUBORDINATES) though, had made a decision which was contrary to direction I provided him, written direction, and he was developing pro (COMBATANT GROUP A) biases. And I had already counseled him and tried to bring him in on line with this and, without advising me, he had deployed a bunch of soldiers into an area to do a protection task for a totally non-operational reason, and needlessly put soldiers' lives at risk, and put them in an immediate zone of danger, and which was well known to the other army forces at that time. So what was going on? Kind of thinking that I probably wouldn't find out about it, and he would do this and he was doing somebody a favour. Then alcohol got involved as well.

How was I was going to deal with it? First, it was the (SUBORDINATE), a leader and what had happened was well known in the battle group. Based on how I had been dealing with things sort of consistently in the level of discipline, it was going to require something harsh if it was in fact true. So, I had him investigated. I found somebody to do an impartial investigation because I was dealing with somebody I was very close with and had been a good friend with for many, many years and had to deal with it. Anyhow, I had him court-martialed and lost him, took him out of theatre and sent him back [HOME]. The court-martial happened when he got back [HOME]. I think it was probably the event and the consequences that really stopped me from being able to come home for a long, long time.

The decision was easy, this had to be done. I didn't sleep well for a couple of nights for deciding how I was going to deal with him because of all the ramifications. It was the end of his career, but it was, involved a whole lot of things. Probably to this day, I wished ... I looked back and say I know that was right and every soldier knew it was the right thing, and I knew that if I had said, "Come over here, this is the third time I'm telling you this is wrong." It had gone too far. And if I had let it go, I would have lost credibility with everybody in my battle group. It was so obvious that it was wrong. So, his leadership was in question, and I had to relieve him of command.

I lived with that decision for a long time because it was a long, and difficult, painful court-martial. (IDENTIFYING INFORMATION RE: SUBORDINATES FAMILY). He's got influence, and I provided him every opportunity he needed (6 more months to prepare his case). They brought a (PERSON OF DIFFERENT NATIONALITY AND RANK) over from (COUNTRY) ... and let him testify. The approach of the defence was to question my consistency of leadership. And that seemed to become a long and difficult trial. So, every day they were looking for things and we had to keep providing evidence and this and that. And I think I found it personally hard because it was outsiders questioning what you did and why you did it.

I couldn't let the mission go. I couldn't come home because there is a trial coming up, then there is a delay, and then there is a trial coming up and then you go through the trial. I remember talking to my wife, saying, I was still commanding the regiment and things were going on, I just wanted to get on with my life and I couldn't understand why this guy didn't want to get on with his life that he was going through such an extent to try and say that it was "no fault on me". It made it hard. What I found was I had to learn (and I never didn't learn it well) not to take things personally, and it was hard to divorce myself from it. But I had tremendous pride in what everybody had done, and had terrible resentment against people questioning it, especially when they didn't take the time to come over and see what we were doing to start with – terrible resentment.

Anyways, he was found guilty, and there was no problem and there was nothing that ever came out that I had ever felt bad about. If anything, it just made it all that much worse for that guy's life after and nothing was accomplished by it. But it caused a lot of personal stress. I remember ... saying to the ... commander, "I'm finding this difficult. Is this really worth it?" If he'd just gone with what I had given him the initial court-martial, he would have gone in and it would have been finished and he probably still would have been serving. Anyhow, it became higher and higher profile. It was in the media all the time, and it just turned into a second world war. It turned in to be confrontational almost.

I ruined his military career. I didn't ruin it, he ruined it. I just had to prove that what he did was wrong and when you're doing it in a legal context of what is right and what is wrong, the definition was important. My operational concept that I wrote before we went on training was used by the prosecution. They used it and said it was totally against how I operated and so commander's intent was well known.

I lost a friendship out of it. He was probably the best friend I had over there and still remains a good friend with my (CF PERSON AND IDENTIFYING RANK). So he has a good feel for what the soldiers are saying, and they stood behind me and I was okay. But it's one of those things you wish didn't happen, but if you let it go it could only get worse.

C.4 SCENARIO 4 – PROTECTING A COMMANDER'S SUPPORTS (COMPETING OBLIGATIONS DILEMMA)

The CO had a no drinking policy. No alcohol will be consumed on the mission because you never knew when you were going to get called and when someone was going to get hit or wounded or whatever and you just couldn't afford to be drunk – very simple.

One night he was absent from headquarters for the night at a meeting and staying over. Two of his senior officers consumed large quantities of alcohol. The operations officer, who was a (NATIONALITY) and didn't drink, you know, came to me just as a lowly staff officer and said "these guys are really drunk and they are saying some dangerous things" like 'let's go out and shoot these guys up'. The type of drunk talk that comes out after a bottle of scotch. I headed off the situation by saying "do not obey any orders that they issue tonight".

ANNEX C – SCENARIOS

I had got one guy's aide to go in and grab their radio, and I said "these two guys are out of bounds tonight, let them burn steam".

The next day, the question became Do I turn them in? Do I tell the general? Everybody knew they had broken the CO's rule, that they had drank, that they had over-consumed, that they were drunk the night before, that they were in a leadership position. I made the decision not to because these two individuals were his closest confidants, close to his rank level. They were his peers. They were the guys he bounced his ideas off, who gave him moral support. He gave them moral support. And he leaned on them like a president would lean on the vice-president. It was a very close relationship. If I damaged that in any way, he had no replacements for those people. If I reported them, I would have put the CO in a position where he would have had to fire them. He would have had to act. He would have had to fire them, and he would have lost his two greatest advisors and his two greatest ... support ... real close support you get from peers. You can get it from subordinates all the time, you can even get it from a superior, but it is the peer support ... So I made the decision not to tell him.

C.5 SCENARIO 5 – DISOBEDIENCE TO ORDERS (COMPETING OBLIGATIONS DILEMMA)

I worked for a (SENIOR OFFICER, DIFFERENT NATIONALITY), and the (NATIONALITY) operated a little differently than we did in things. Their approach is different. I worked for him, and it was a very good relationship and a very positive relationship. He spent quite a bit of time with us – saw how we were doing, liked (OUR UNIT); saw the changes that came about for our area and how we were working. But, I got an order once to deploy. The (NATIONALITY) forces tended to throw their weight around a little bit more. They had (TYPE) armoured fighting vehicles. They had state of the art equipment. They were protected from what we were doing. We were running around in these flimsy [VEHICLES] and second rate equipment that wasn't intended to be used over there. So I was a little cautious about where we were going to make a show of force, for example, for the sake of showing force. Because everybody knew that we couldn't throw much weight around. We could protect ourselves. But we weren't going to scare anybody, especially not some of the people over there.

Anyhow, I received an order to install a blockade on a safe humanitarian route, which we had worked so hard to establish. Life and limbs were lost over these routes over the years that started when I was with the (IDENTIFYING INFORMATION). The purpose of the blockade was to make a point to the (COUNTRY, THEATRE OF OPERATIONS) government at that time, about some things that they were doing wrong. So the (NATIONALITY) were doing it in one sector, blocking routes to make a point, and I was told to block our routes. I said, "No" and told them why. First, it was contrary to what we were supposed to be doing, and it didn't do anything to reduce hostilities in the area. If anything, it increased it. And it put [US] in unnecessary risk because an easy way to get through is just charge it or fight it or whatever they want to do to and go through. It was pointless. It would prove absolutely nothing. So, I refused his order, and he insisted. And I went up ... [MY NATIONAL] chain and said "this is contrary to what we are intended to do here", and so I stood my ground. He didn't like that very much ... didn't like that very much at all, and our relationship changed somewhat. We kept working together on things, but the fact that I wouldn't follow through on his order did not sit well with him. So, when I left, it was kind of a curt goodbye, even though I had worked for him for six months. I never got a letter from him or he never put a little assessment into [MY COUNTRY], he just let it go. I knew the reason and I accepted it.

But it was just one of those ones where I stood my ground. It didn't cost me anything. It didn't hurt my career or anything. I brought soldiers home, but I just kind of had to stay, I stood my ground, and I had to stay with it.

C.6 SCENARIO 6 – HIGH RISK ASSIGNMENTS (COMPETING OBLIGATIONS DILEMMA)

When I was first with the (IDENTIFYING INFORMATION), and I was working as the operations officer, I worked for a diplomat, so he didn't have a military mindset or what had to be done. He was good at negotiating what had to be negotiated and doing all the follow up and stuff that were in there; so we would work as a team. But as the operations officer, I was a monitor initially, then I had responsibility to send people out to do all this stuff. Okay, so where do we need to send these teams, these people?

I had difficulty putting teams in certain places knowing the degree of risk that they were going into. Initially, I couldn't quite let it go. ... You know they were teams from different countries, different nations that were going through. But I had personal responsibility for them. And I thought of them the same way as I would think of a ... patrol out of my regiment, and them going off somewhere. I'll give you an example.

The first one I ran into was a deployment into (REGION) ... at the time, (REGION) was very much a centre of ethnic cleansing and a difficult, dangerous place to get into for teams. The (NATIONALITY OF COMBATANTS) didn't want anybody going in there. The area was closed off. I was asked to try and organize and negotiate to get a team in there. So we worked on that for a few weeks, and got an agreement with some limitations to get into sort of the area. So I put together a team and knew the risk was extreme. We didn't know the context of what was going on there at the time until later on. But we knew that there were problems because you heard information or got information. There was a good chance we would lose the team. The (NATIONALITY) had lost a lot of its monitors. If they say the wrong thing or something had happened or just the risk of going into the area. I didn't feel I could just let them go without ... I couldn't just give them the order to go, although that was my job.

So I planned the mission with myself included as a team member that was in there. I was a senior monitor at that time. I had more experience than the people that were going in, so it made sense to me. I could only do that so many times. There's another mission, and there's another mission, and another mission, and I had to reach the point where you just have to take faith in the type of missions you gave those people that they were enough to build their confidence up and then eventually they can go off and do it. These are old leadership principles, but it was hard. I found it hard to let people go and take a particular extreme risk without being involved in it myself. You know so they knew I was with them in all this. It got me into some difficult situations for a while, but again, I just chalked it up to I learned a lot out of it for later on.

C.7 SCENARIO 7 – NATIONAL ROEs VS. OTHERS (COMPETING OBLIGATIONS DILEMMA)

When I was stationed (CITY) and commanded a battalion, and we deployed to (COUNTRY) initially, (DATE) just after the start of the bombing campaign on very short notice. This would have been in (YEAR). And very, very short notice and literally in 5 days we were out of (CITY) ... NATO headquarters, which was NATO's rapidly deployable force ... one of the things that I didn't have were our ROE ... None ... because you don't normally get issued ROE until you deploy to an operational area.

So I went through the national military rep ... to get all our ROE ... And I was perfectly content under the situation. I was perfectly content with those ROE, which were essentially self-defence only. We were going into a fairly benign environment, so we didn't need great robust ROE.

Well, my commander happened to be a (NATIONALITY, RANK), and he was quite adamant that NATO equipment and personnel were to be protected, which the [OUR] ROE did not allow because it is self-protection, self-protection only, and only for other [MEMBERS OF OUR CONTINGENT], as well. So I went to see him and explained in clear, precise terms exactly what [WERE OUR] ROE in his theatre of operation ... And they would not be changed because I no intention of going back to HQ to ask for a change, because I didn't think it appropriate. Needless to say, he was not a happy camper and threw his teddy into a corner and quite frankly threatened to relieve me and send me out of AOR ...

... I said, "You're quite welcome to do that ... but the fact of the matter is my government has given me clear guidance on what the ROE for [US] are. I agree with them, fully support them, and have no intention of asking for a change. And you're more than welcome to discuss this with the MNR. And if he decides that he wants to go back to [MY NATIONAL HQ] and discuss it with them, that's his prerogative. But as far as I'm concerned, until I'm told differently ... those are the ROE."

Anyway I stayed, because eventually it turns out that [MINE] wasn't the only country that had ROE that weren't exactly what he expected or wanted.

... It was pretty clear to me that is exactly the way it ought to be. There was no moral or ethical dilemma from my perspective, but obviously I had to be prepared face the consequence ... he just about went through the roof. He went ballistic ... I don't think it ever settled after that. We had, from that time onward, this and some other things that made our relationship rather less than fulsome. Heh, heh, heh. I'm being circumspect here ...

C.8 SCENARIO 8 – “ATTACKING” A SOVEREIGN NATION (COMPETING OBLIGATIONS DILEMMA)

You know the only moral dilemma I've ever faced in the whole of my service that I can recall which was a major moral dilemma, for me myself, was us going to (COUNTRY) ... Fundamentally, if you look back at how events unfolded when the operation began, we had no UN mandate etc. It was fundamentally an illegal war, and I really struggled with that personally, because I was deploying. And actually I've gone back and revisited it many times since then and wondered, in my own mind, whether what I did was the right thing because NATO had done things that fundamentally defied my very understanding of what constituted a legal operation. And I understand there are lots of shades of grey in everything ... What, in essence NATO was doing there was essentially attacking a sovereign nation that had an internal issue, political issue, which up to that point, it had been clear cut from the UN point of view and from every other international law point of view that sovereign nations didn't interfere in other sovereign nations internal affairs by taking military action. There are other UN ways of doing that, so it was an interesting case. But also, I had a battalion of 600 hundred soldiers to command ...

... What could I have done? I could have said, "No I refuse to deploy." I can resign my commission. Did I feel strongly enough about it at the time to resign my commission? No, and probably because we didn't go to (COUNTRY) right away, because we deployed along the fringes and waited to see how events unfolded. But still, even to this day I have reviewed many times the justification that NATO knitted together for the whole operation, and I'm not satisfied. I mean, the winners always get to say, "Well, we were right." And in this case, I suppose, because we won, it was the right thing to do. I don't accept that. I still think that fundamentally what NATO did was illegal.

(Interviewee was asked: Was that a product of the training and experience you have or is that a product of who you are?)

It's both ... but it is mostly the training and experience ... We do a lot through our professional education process. We examine and debate considerably what constitutes lawful action, international action, particularly against the military ... 'cause the military is the option of last resort. And what it means, the politicians have failed and the military have been put into the equation. The intent to re-establish the conditions for a political resolution of the problem, but in essence negotiation and all that other good stuff has failed. So, you need to look quite closely. I mean if you don't do that, then the consequences for you as ... an individual ... not being sure in your own mind that what you're doing is justified is that the consequences of that can be pretty disastrous. And, you know, when you get into dilemmas, sometimes it's a question [of] which is the lesser of two evils ... I clearly had a command that I had to do and initially we weren't going into (PLACE).

... I'm not entirely satisfied in my own mind ... I'll reconcile it through the fact that, in this particular case eventually the UN did retroactively provide a UN Security Council resolution, and because it's a little more personal when you see the results. I mean during the month of April there was hundreds of thousands of refugees coming across the border, and we knew what was going on in (COUNTRY). We knew what the (COMBATANT GROUP A) were doing. We were seeing the results of it, you know. We saw very few men, very few boys. When you see the personal consequences of that, it makes it a little bit easier for you to get off your high moral horse and understand that in this particular case had we not, had NATO not done what it did, then there's a great possibility that many more (COMBATANT GROUP B) would have been ethnically cleansed ...

C.9 SCENARIO 9 – PROTECTING MILITARY PERSONNEL FAMILIES (COMPETING OBLIGATIONS DILEMMA)

I think it's a thing with every officer ... faces in their career ... the whole issue of how far am I prepared to go ... I firmly believe in what I am suggesting ... General XXXX was quite prepared to resign over a particular issue and ... I think we all faced that and I related to XXXX when I was in the (REGION, AOR), I was also a ... Commander, and there was a situation where I was quite prepared to resign and asked to be ... if things were not come out the way it did. This is a particular case where I got fully supported by the individual that needed to support me. It was the intervening levels where I had problems. Did I ever say, "Well listen, if you don't do what I've recommended, then I'm going to resign"? No, I didn't, though was quite prepared to ...

... I was out in the (REGION, AOR) ... the (CAMPAIGN OCCURING IN THE AOR) had been going on ... At that point the Command Task Force ... were allowed to bring their families out. So we had ... [MILITARY] observers ... spread out between (COUNTRIES ADJACENT TO AOR). But we had [THEM], with their families, living in (PRIMARY AOR COUNTRY) proper as well as in (2 ADJACENT COUNTRIES). And things got a lot worse – a lot, a lot, lot worse.

Myself and my colleagues the (SENIOR LEADERS FROM 2 OTHER COUNTRIES) in the theatre, 'cause all our families were there, consulted each other quite frequently ... I was talking with [MY BOSS]. I gave them a heads up. I said, "You know, I will be watching the situation particularly in (COUNTRY) probably quite closely because at a certain point, if I believe that it's dangerous for families to remain there, then I'm going to come back to you and recommend that we evacuate all the families. And he said, "OK."

Now there's consequences to this because if we evacuate our families, remember there are ... embassies in all of those areas too, if we chose to do that and the embassy didn't do it, there would be a message seen in a wider context. So, in the end I still have [to] get up every morning and look at my face in the mirror, not anybody else's ... My break point would be could I live with one of the ... members of a ... family being killed because they were in the wrong place at the wrong time, but they're in (PRIMARY AOR COUNTRY, ADJACENT COUNTRY) ...

ANNEX C – SCENARIOS

... I set up a number of combat indicators of things that I was looking at that would lead me to get back to [MY BOSS] and recommend that, either we continue to let the families stay or get them out of the mission area. And by late March, there had been a rash of series of bombings through (CITY 1) into (CITY 2) and up country in the (CITY3) ... we had families there. I mean, it was to the point nobody in their right mind would get on a ... damn intercity bus. And if you were driving on the road, you wouldn't even drive close to one of them because there were suicide bombings all the time.

I had one of my observers in the Task Force, ... working at the Headquarters in (CITY). Well he didn't go anywhere in (CITY 1) because you didn't know where a bomber might be. So, um, I was in constant contact with the [SENIOR STAFF AT HOME] as the situation unfolded ... finally got to a point where I said, "Look. I am writing a letter ... recommending that the families be evacuated." On top of that, I already told the observer ... in (CITY 1), to get his family out of (CITY 1) ... we had identified safe areas outside of (CITY 1) near (CITY 2). Get your family out of (CITY 1) and get them in there and we'll worry about how this is all going to get paid for later, just get them out of there ...

... I got a phone call [FROM HOME] saying, "Well the [the intelligence folks here] don't believe the situation is as you describe it. And that the consequences of us ordering the families out, evacuating the families will have quite an impact because of course the embassies have no intention of doing it." And I said to the guy, "That's fine. The embassies in our experience, as we all know, tend to wait until it's too late anyway and then call the military and say come and get us out." I said "I'm not prepared to live with [THAT] ..." It's different for the soldiers ... we know that if something happens to us its part of the job. Our families don't deserve that.

... [MY BOSS] got on the phone about a day and a half later, and we talked and we went through all of this same sort of stuff. Hung up the phone and about an hour later [HIS] Staff came back. He had called all of the folks into the room, the minister's advisors and all that sort of stuff, listened to all the arguments, and he said "What does Colonel WWW say?" And my best guess is he said, "He recommends the families be evacuated." And he said, "He's the guy on the ground - get them out of there." And so we evacuated ...

... If it had come back at that point, 'cause after the [CHIEF OF DEFENSE] there's only one other guy that I work for ... Had they said "No" ... my next phone call would have been to the to say, "I'm going to speak to the [HIGHER RANK] And if they had still said "No", then I would have told them, in no uncertain terms, they had to relieve me cause I could not, would not, live with a decision other than to evacuate.

... you can rationalize anything if you want to. Sometimes the only thing you've got is a gut feeling instinct ... it was my gut feel about when at what point ... at what point would the situation be such that it was more dangerous than it was previous ... and there was a higher probability that you know [SOMEONE] might or might not be killed or wounded. I mean you can't ... do a statistical analysis and say there is a point ... a lot of that is just your gut feel from you own experience, your own background, your read of the situation on the ground at the time.

(Interviewee was asked: Did other people help you make that decision or is that solely something you did?)

... The (SENIOR LEADERS FROM 2 OTHER COUNTRIES SERVING IN AOR) and I talked a lot and we would essentially individually come up with our own about combat indicators that were remarkably the same about the issue. And when I made the decision, I called both of them obviously and let them know what I was doing. And the (OTHER COUNTRY SERVING IN AOR), soon after, did the same and the (OTHER COUNTRY SERVING IN AOR) as well.

... There's a financial aspect to that decision because it took over a year and it had never been done before. No ... military families had ever been evacuated from an operational zone. So there was no pro forma of benefits and things. So for instance one of my observers it took him over a year to finally get all the money back, but he had to lay out a pocket and up front you know to all of this. So there's a tremendous consequence financially, and these people weren't unknown to me. I knew them all quite well and I knew they were going to be pissed off ... I was confident that once they examined it, they would understand why ...

... There was one other course of action, which was the families could have spent 24 hours a day in their homes and that was it. They wouldn't have been able to go anywhere, even shop. That's not a viable option ...

... it would clearly impact on the morale of the observers because they were staying ... and saying good bye to their families ... It might affect them temporarily and morale might suffer, but eventually they would've all of agreed ... The UN commander was not happy with that decision because he felt it sent the wrong message in terms for all the other nations in the observer group that still had their families there ... I said, "I understand your concerns, but ... I'm the [ONE] that's got to live with the decision and we're talking about ... other [PEOPLE FROM MY COUNTRY]."

C.10 SCENARIO 10

An OP in the middle of the night gets a visit from screaming civilians: "There's been an ambush! So and so is lying in this area there, bleeding to death! Help us! We've got to go and get him!" And the OP is typically manned by a master corporal, or sergeant, sometimes even private soldiers ... A commander then runs into the issue of immediate risk versus the broader mission. Sometimes I would say, "No. Stay where you are. Wait till the morning."

I based it on an assessment of the risk to our own troops versus what you would achieve ... On one occasion, we had been asked to go recover three bodies. It was night time on the confrontation line, and they were dead anyways. There was no sense in risking some of our troops for somebody that's dead anyways. Another time, it was somebody that had been wounded, who was in a mined area, who was in danger of dying, who was on a confrontation line with active hostilities, it was night time, and it was a wooded area. My first thoughts were that there was tremendous risk to my own troops to go and get him. You might save him but who's to say our troops in the dark in the forest won't be mistaken for one of the belligerents and get shot at and killed. There were also mines in that area. We were not sure exactly where they were. We may or may not have saved him, and based on the people who came to see us and what we they were doing there, there was no doubt he was a belligerent. Our mandate did not involve saving belligerents engaged in fighting in their own war. In the end, the belligerents got him out themselves.

There are other cases where we did go. For instance, for a civilian, I remember once that women and girls were picking berries or something, they were in the forest and a girl stepped on a mine, lost her leg, and all of a sudden hysterical women were crying, "Help! Help!" In those cases our soldiers are very good. They know to do the right thing. They only told me afterward: they went in the mine field and got the girl and gave her first aid and sent her to the hospital. So, you know, we were confronted fairly often with low-level tactical decisions ... involving risk to our troops.

C.11 SCENARIO 11

The thing we wanted to do was called [OPERATION] ... The idea was the UN would have this corridor into (CITY) whereby supplies could go. So our bit was to escort some (OTHER NATIONALITY) engineers who were de-mining ... along confrontation lines.

A section was tasked to protect the engineers. One day, a sniper shot the (OTHER NATIONALITY) engineer in the leg. Everybody took fire positions to try to find the sniper. Rooms, houses, he could have been anywhere ... no one was sure whether it was (COMBATANT GROUP A) or (COMBATANT GROUP B), could have been either because it was on the confrontation line. The wounded engineer was evacuated.

You know what? The next day the mission had to continue. “You gotta keep working at this job buddies.” So how do you deal with that? Do you send the same platoon, the same section? If you don’t, then you need to be clear as to why, so they don’t think it is because you don’t trust them anymore but rather because you are trying to spread the risk across different sections. On the other hand, having been shaken, it’s not a bad idea for their self-confidence to go back and prove they can do this. There is also the leadership factor: “Oh geez, are we really going to go back there again?” was a question that was posed to me. My answer was: “Well, yes, it’s a mission and, by the way I’ll be there too and we’ll be a little more careful this time.”

Obviously you also need to talk to the factions, to tell them “Please don’t shoot at us. Tell your guys.” There are all kinds of higher rank “one way talks” you can set up with both factions to tell them not to do that kind of thing, if you can find a senior commander to talk to. We were pretty well equipped to deal with the lower tactical stuff. We could understand that ... It was kind of intuitive. What seemed to be right, that made sense ... What was harder was trying to reconcile what we were trying to achieve with the risk to the troops ...

C.12 SCENARIO 12 – GREATEST PROBABILITY OF SUCCESS (HARM DILEMMA)

For a short period of time, two weeks I guess, I was in charge of what was called the “Rescue Operations.” I was given a certain amount of assets that varied day-by-day, but you know, 2 APC, 4 military observer teams. That’s your assets, go out and pick up these people and bring them to safe havens. Okay, good. There were always more demands than there were assets to do it, so you had to pick and choose which one you were going to do.

So, you got a location, let’s say a family is at risk in a relatively safe area, but you’re guaranteed getting them. You are guaranteed getting out there and getting them to safety. Or there is another family in an extremely dangerous area. Do you go out to try and get them, possibly get turned back, can’t get through to them, expose them or whatever, and get caught in a fire fight situation? So, do you take, how do you say it, the quick win or do you take the hard challenge? I hated that work ... I absolutely hated that work. Because you would go to do the hard one and you would go through this frustrating thing of being road blocked and road blocked and road blocked and finally turned back. You got back only the next day to go out and do the easy one and find out the family had been killed. So maybe, if you had gone and got them, they would be alive instead of the other. Or the opposite was true also. You know maybe you went out to get the easy one, go there, find out that they were dead, but found out the road up to the hard one that day was open.

So, you know, you’re caught in these situations where you’ve got to make decisions that have consequences, again you can’t second guess, you’ve got to make your decision. To me ... the guideline that I used was which

had the greatest chance of success? Even if it was the easy one, I said which one has the greatest chance of success, of actually picking up human beings and getting them to a safe place. If it's the easy one, fine we take the easy one. If it's the road open, we take the road open. The harder ones didn't get done. Now those people were technically at higher risk. Maybe if we have done them we would have saved more lives or whatever else, but again you're into that second guessing thing. So, I would rather go with the guaranteed win than the possible win. It came down to saving lives. Where can I save lives? And how do I save the most lives I can possibly save today?

I was the only [NATIONALITY] on the ground. (COUNTRY ADJACENT TO AOR) would call me consistently from the embassy, saying "there's ... family at this location, a ... priest at this location ... nuns at this location ... aid workers at this location – go get them". It was almost issued to me as an order, I didn't take it as such, but I would take a special interest in getting people from my own country. Now, was that right? You know, was I, you know most likely, yeah it is true. Most likely while I was doing that I was ignoring Chinese, or Tanzanians, or somebody else, but you know, yeah I would suggest most likely the examples are of my own nationality, we got a lot of [THEM]. There was supposed to be sixty in the country. There was a hundred and fifty, and we were still counting There were more ... crawling out of the wood work – long distance runners training at high altitudes, nuns, priests, aids workers, kids back packing ...] journalists that pop out of nowhere. And you're going "who the freak are you and what are you doing here?" You know ... yeah. I know that other guys, other NATO, (NATIONALITY) obviously knew where [THEIR CITIZENS WERE] and that type of thing. And it's not like, I can't remember consciously deciding between do I pick up this family [FROM MY OWN COUNTRY] or this (2 OTHER NATIONALITIES) family. I can't remember physically doing it. But I do know when I got the thing on [CITIZENS OF MY COUNTRY], I made a special point of getting to them.

Participant was asked: What role intuition plays in all of these things?

Most likely a lot because most of the time it's reflex. And I think that's the way it's got to be, and I think that's the way you've got to push ethics and values. You've got to push them to the extent that it's instinctive. Because when the bullets are flying, you don't have the time to sit down and say "ok, I am now caught in an ethical dilemma. What do I do? What are my options?" There is no time. Sometimes you are making, literally in three seconds, you have to make a decision life or death. And what it should be is instinctive. You do this because it's the right thing to do in accordance with your values. I really believe that's the ideal of where you want people to get to. That they are not sitting there "well, you know whatever I should do right now ..."

C.13 SCENARIO 13

I'll always remember trying to come to grips with what my mission was. I had formal orders for my company to implement the cease fire accord, which dealt with (CITY) ... But there was no cease fire ... And then one day I remember obtaining a copy of Security Council Resolution XXX ... the (DATE AND YEAR) It's the one that appears to give [THE UN FORCE] the authority and mandate to protect the enclave ... My question was, to what extent do we stop an incursion into the enclave?

... I phoned my commanding officer who was in (SECONDARY CITY IN AOR), XXXX ... I said, "I just got this thing, and I'm not sure how to interpret it. Are we changing our focus or concept here? Are we going to fight them back if they come or are we just observing?" And his reply was, "You are monitoring the cease fire and acting in self-defence and from that perspective, the tactical level, it doesn't change anything." Alright ...

... the big problem was that it was creating an expectation that [THE UN FORCE] would do certain things without providing it with the means ... The mission was very grey. We thought: it would have been easy for us

not to have been there in the first place. But we were. In hindsight it's also easy to say that we should have pulled out if we did not have the means to fully secure the enclave, but things would have been worse for the refugees there if we hadn't been there. So what we did is we took the mission as far as we could in terms of deterring the (COMBATANT GROUP A) and putting on a façade of strength ... I think that I was part of a situation that I didn't fully understand because it was a strategic issue of placing troops in impossible situations without providing the means to fulfil the expectations of the mandate.

... At one point, when the contingent and battle-group commander decided we had an unsustainable level of troops in (CITY IN AOR) ... I received orders to pull some of them out ... So we did that, we drew down. It meant eliminating a number of observation posts. The danger with that is that as soon as an observation post would go down, it meant the holes in the confrontation line we were supposed to monitor became even bigger. It meant that the (COMBATANT GROUP B) underground forces had to man it at night. It meant more opportunities for the (COMBATANT GROUP A) to infiltrate and kill civilians (forcing reciprocal killing from the other side, of course). So it meant a deterioration of the situation ... There were all kinds of threats. There were all kinds of strategic level directions and negotiations. And I had to negotiate this reduction with the mayor of (PRIMARY CITY IN AOR) ... It becomes an emotional issue. ... I remember telling him one day, and these are words that are going to stay seared in my brain until the day I die, "The UN will never abandon you." And I really believed it ... So that one was a lot closer to me because a) I was dealing with it, talking to people face to face; and b) I knew that the result would be potentially endangering people or worsening the situation.

C.14 SCENARIO 14 – LESSER OF TWO EVILS (HARM DILEMMA)

The problem we confronted in a lot of the operations that we did ... was [that it was] a lose-lose situation, a wrong-wrong. It's where no matter what you decide to do someone is going to die. And you're basically confronted with choosing the lesser of two evils. And that puts you into an enormous ethical dilemma and enormous stress that I think is at the root of much of the psychological problems that a lot of people suffered on operations.

For example, I used to go out in the first days of the war and the genocide and pick-up people who were at risk of being killed, (ETHNIC GROUP A), men, women, and children, and bring them to the (SAFE BUILDING) that was in-behind our headquarters that was guarded by UN troops. So it became a safe haven in (CITY) for people that we could rescue and take to. The problem was no water, no food, and no sanitation, whatever. Everything had been cut-off. We were cut off from the world. So, within in a matter of days, we had cholera, we had dysentery, and all that. If you pick up a family that has a baby, children die first because children dehydrate. Babies, especially, dehydrate faster. If you pick up a family with a baby, do you take them to the (SAFE BUILDING) basically condemning that baby to die or do you hide them outside where they will be at risk of the militia? So, whichever way you choose to decide, there is a potential that someone is going to get killed or someone's going to die. And what that leads you to is second guessing the decisions you made.

I took a family one day to the (SAFE BUILDING) and about thirty-six hours later they were all dead from cholera. If I hadn't taken them to the (SAFE BUILDING) would they have lived? Hidden in a basement of a home in (CITY) with roaming militia running around looking for them – you'll never know. So one of the things that become very important is not to second guess yourself. You studied the situation as rapidly as I can, and sometimes it is as much as a second, but you studied the situation, you're guided by your ... values, you make your decision, your ethical decision, and then you live with and you don't go back and second guess yourself. I think a lot of problems guys have is when they start to go back and second guess, "Well if only I had done this and this would happen". This is not necessarily true. I could have left that family at that home, you know,

and within an hour a militia group could have come in and chopped them up. So, you never know what could have happened. But those are dilemmas you face where regardless of what you do, people are going to die.

I was not under orders to bring that family to the (SAFE BUILDING). I was basically under orders “Do the best you can”. You’re the guy that’s going to be down there on the spot, judging the situation. You’ve got to make the decision whether you can take the risk or not take the risk, and where do you go and where do you take them to. I am respecting the dignity of the people by trying to save their lives I think, I am obviously serving my country before I am serving myself, you know I think I am operating in accordance with the value and I am operating pretty ethically. But the result of the very ethical decision is that within 24 hours, 36 hours a family died of cholera because I took them to a place that was a hell hole – but I had no other place to take them. So do I leave them where militia can chop them apart ... which way is better to die? Being chopped up by a machete or being raped, in the sense of a woman, being raped to death, or taking a risk with cholera. So these are not easy but ... you know ... you choose the lesser of two evils.

C.15 SCENARIO 15 – EVACUATING A BESIEGED CITY (HARM DILEMMA)

The local population was besieged inside (CITY IN AOR). My job was to not only move diplomats around but also other people that didn’t have the opportunity leave. For example, the UNHCR (United Nations High Commission for Refugees) did move refugees out. In fact, they did move more out than in, but they had strict guidelines that had to do with age – it was a lot of the young and a lot of the old. Then you got to that middle part which was intellectuals, musicians, doctors, scientists, religious people or just common Joes of all ethnic origins. That was the key here, if we are going to do this, the UN had to maintain impartiality, and that was my job.

So Mr. X says to me, “Find ways of taking people out. And by the way, around the corner from this office are twenty-three people who think they’re getting out (HOLIDAY DATE).”

This was something I inherited from somebody else that was there. So, here I am, I go into this room, and there’s twenty-five people. They’re all looking at me. They’ve all been promised ... that they’ll leave by (HOLIDAY DATE) ... And I’m looking at them all, and I haven’t a clue who they are. And there’s no information on them. They say who they are, show an ID card or a passport and that’s it. So now I look at this and say “How am I going to do this?” When I arrived there, there was something like, you know, one thousand two hundred rounds of heavy artillery landing in the city all over the place. I did my operations under fire the whole time.

First of all, I’ve got to figure out the system to take these people out. But I realized, uh, some of these people wanted to get out for professional reasons. Others their life was at risk. Others were going out and coming back. And the airport was only open two times a day under agreement. ... If you tried to land or take-off in the other times everybody would shoot at you. Or if you made a special agreement all the fighting factions would have to agree with it. And so, like I said, I had no resources, all these people were there, and I didn’t know who they were. I knew they were promised to go by [MONTH]. Some of them were really desperate. Some had already been to the UN and had been promised by people to take them out and had given all their money. And now they were penniless and still stuck trying to get out.

I realized having them all in the same room was not a good idea because they all had different reasons to go out. Plus, I ... considered everyone one of them a plant from the government to try and find out how the UN system

ANNEX C – SCENARIOS

worked in order to exploit it. Because that was the key here, to take advantage of the situation, exploit it to your benefit and carry on with that. So, I figured a plan to try and figure how things go.

So I immediately told them the first thing was that they were not leaving on the (HOLIDAY DATE) ... But then I said to them the promise I would make was that I would do my best to see if they would be able to leave (CITY) or leave and come back. That was the only promise I made that I would try. I didn't guarantee them anything.

Many of them can't go back because many of them leave everything. They're running. And so, I understood if I am going to do this, I had to have a high success rate or else the person would perish or some would perish, that kind of thing.

So the first thing I did was interview everybody, individually, separately in a room. I found out what type of documents they had. I found out what reasons they had for going. And I made a list and prioritized that list. There were some there that I put at the bottom of the list. The thing is, I had to make a list. I had to decide who goes out first and who doesn't. I had all intentions of taking them all out, so I wasn't too worried about who was going to make it or not. But I had to develop the system. I had to find out if they had the proper passport because they were leaving and going into another country. I had to secure seats on those planes. I had to find transportation and security for them to bring them to the airport. I first had to see if they were deserved.

I told them at the start they should not offer me money, sex, alcohol, or any favours whatsoever because I would not bring them out. My job did not require payment or favours whatsoever. That was my job. If they did that I wouldn't take them out. And after interviewing everybody, which took about four days and I'm talking about over the [HOLIDAY] period now, I decided who I would line up first.

For example, there was a guy there who'd been caught when the war started and couldn't get out. His wife had been evacuated from another part of the (COUNTRY). She was in (EUROPEAN COUNTRY), with two daughters and she was dying of cancer. Therefore, I wanted him to go out to see his wife before she died. He would go ahead of the person, let's say a doctor, who was going out to find about medical procedures and then come back. I didn't know whether they were going to come back or not. So, that's an example – those are easy ones. In fact, he would never have gotten out. Nobody gave a shit about him. He was nobody ...

... I took out ... a doctor. He was a (COMBATANT GROUP A) and he was working in a (PLACE) hospital, and the authorities used to give him the most severely wounded (COMBATANT GROUP B) soldiers. So he had a high death rate on the operating table because these people that arrived to him were in pretty bad shape. And so by the time he came to see me, by the time I saw him on the (DATE), he really feared for his life because he was being accused of murdering the soldiers on the operating table because he was a (NATIONALITY OF COMBATANT GROUP A) and he was killing and stuff like this. He had already spent \$5000 with some toad ... who had promised him to take him out. He had given him \$5000 American. He had no more money, and he had gambled on that and now he was stuck. He feared for his life ...

... I also took out a girl, she had a poodle and she was suffering from post-traumatic, shell shock and stuff. And she wanted the poodle to come with her. And I told her simply the poodle stays ... cause if you want to take your poodle, you're not leaving. It was her crutch for support. And so, I had all kinds of nasty things to do to that poodle to eliminate that barrier to send her out, but she found somebody to take care of it and she went out. She turned out to be [RELATED TO ONE OF] the best (EUROPEAN COUNTRY) national soccer player. She was a (NATIONALITY OF COMBATANT GROUP B) girl. Obviously this was a favour that was being done through the diplomatic channels to make this happen ...

... There was a woman that came to see me and she had spinal meningitis, you know. And she needed help to go to the Western area to be operated on and everything else. She wanted to bring her daughter and she wanted to bring, err ... he was (IDENTIFYING INFORMATION; AGE), the boy. But he was of serving age. And I couldn't, and I told her she should leave with the daughter and leave the boy. And she said, "No, I want to take I want to take my son." And I told her I couldn't take her son because he was of fighting age. That would be desertion for him and that would mean the UN was aiding a deserter and that would put the UN under a bad light. She never left – I think she died there ...

... Why was I moving that person ... it was the need of that individual ... first of all I made sure that I was impartial. I made sure, I kept track of the ethnic backgrounds of these people to make sure that no one would accuse me of moving more than, more than, you know, I was trying to be fair with that stuff ... I made sure that all the fighting factions knew I didn't care who they were. And so, I was able to run that line with no favouritism ...

... Also, it was more than need. You know, the guy whose wife was dying. That was more humanitarian type thing – I thought that way. Plus, there were times I had to move them, like I told you, there were political issues or diplomatic issues that I had no control over anyway ... like the priest, the pope, uh, the arch-bishop

... I couldn't see myself bringing out a person who would die. I would rather bring out a person who would live, so he found that could live so I moved that one. But not the dying one; she was older too. Age not much to do with it ...

... it wasn't emotion. I did, I analyzed, I prioritized, I was without emotion in many cases. In fact, I was a real jerk. I was annoying a lot. I drank heavily. I was very aggressive ... I was running two radio nets twenty-four hours a day because I needed to listen to what the shelling was like ...

... The first person I sent out, she worked for the government, they wouldn't let her go. They really harassed her. And once I found that out, I went to see the government and I told them, "You better let her go cause nobody else is going." If she doesn't go, you guys aren't going, period. So they gave her the proper documents and made sure they'd go ... and that's how I realized, they knew I was doing this, and that's how I always kept the people that I was moving away from all these government thing ... So I was the sole ... there was nobody else to take the blame, nobody else to fall back on. If it worked, it was with me. If it didn't, it was with me ... I had 100% success rate ...

... when something happens, I immediately find out, my feeling of whether it's a good or bad thing picks up right away ... I think it's how I was brought up, compassionate, you know, that kind of thing ... You know, if my initial instinct or initial feeling was there's something funny here ...

... I didn't have time during that period to dwell too much on what I was doing, you know, the rights and wrongs of all this. I was just too busy moving them. I was too busy making sure they would move. I was just working ... I prayed a lot ... I always felt that I was doing the right thing, you know whatever is I was doing was the right thing ... When I came back I spent a lot of time feeling guilty not having done enough ... And in the end, I, took me awhile, took me a few years, I concluded I had done [crying], I had done the best with what I had at the time.

C.16 SCENARIO 16 – CREATING A DEMILITARIZED ZONE (HARM DILEMMA)

One of our mandates was to maintain the enclave was free of weapons. It was supposed to be de-militarized. So that meant every time you saw somebody with a weapon ... the weapon was taken away from him. And we did

that on a number of occasions. Personally, I remember chasing a (COMBATANT GROUP A) platoon into the woods with my (OFFICER) and finally capturing two guys and taking their weapons away. One time we did a cordon and a search on a village. The whole company surrounded the village and we did it in the full view of the (COMBATANT GROUP B) because we wanted to show the (COMBATANT GROUP B) that we were enforcing the terms of the ceasefire accord. We started searching all the houses. Sure enough, we found a few weapons. It was not a surprise: we knew the villagers would man their positions at night ...

I will always remember this mayor, or village leader, who came to me, eyes bloodshot and full of tears, “How will we defend ourselves now that you have taken our weapons away?” ... he knew the (COMBATANT GROUP B) were probing and infiltrating at night ... and he knew we weren’t thick enough on the ground to provide effective protection in defence. How should a commander feel about this sort of dilemma? I rationalized that the only reason ... we are capable of maintaining safety for [THE THOUSANDS OF PEOPLE] in (PLACE) was by guaranteeing that there was some form of demilitarized zone ... I intuitively understood that it was probably for the greater good of all. If the (COMBATANT GROUP B) saw us demilitarizing the area, in accordance with the cease fire accord ... then they might respect their part of the agreement and stay out of the enclave.

... Did I have choices? I suppose I could have said it’s a bad idea ... and knowing my Commanding Officer... I think that if I had had a sound argument, I would have convinced him. But I took the order, and I told myself, that it made sense. That was our mission. That’s what we had to do and the reason we were there was to demilitarize ...” But when you’re actually doing that and come face to face with that kind of situation ... you ask yourself “Am I doing the right thing here?” Then cold reason prevails and the greater good becomes the driving factor.

C.17 SCENARIO 17 – THE RIGHT OF SELF DEFENCE (UNCERTAINTY DILEMMA)

It took a long time to instill in my soldiers, that if somebody threatened them, if they were fired upon, they were to return fire and they were to kill whoever it is that they were firing upon. They weren’t there to ask them to stop or to do anything else. They were to do what they were trained to do. It took a while for them to do that. There was always sort of an impression with them that they weren’t to act aggressively or something like that because as a force we didn’t do that, we acted very passively. But as individuals, in their right to self-defence, they were aggressive.

The first time a soldier had to defend himself, a drunk came up to one of my soldiers, started firing, and the soldier killed him. What I found I had to do was reward him for what he did and let it well known that this guy did the right thing. At the same time though, it had to be done with moderation and had to be a good decision.

For example, in another case, there was a drunk (there were a lot of drunken soldiers there on the weekends) who started firing bullets, but not at the soldier, just kind of around him. It happened all the time. Sometimes they would just fire up in the air and you would just ignore it. But anyhow, this was directly on to the protected observation post that the soldier manned. They happened to pick an infanteer who happened to be a marksman. So what the soldier deliberately did was put a bullet about two inches over his head. He just aimed high, and “pow”. It was a corporal and I was just around the corner when this thing happened, and I walked up and talked to him about what happened. And he said, “Well I guess he was drunk. He really wasn’t trying to kill me. He was just being an idiot.” And he did the right thing. And I rewarded that as well. And made sure people knew what the circumstances were. And we talked about it.

Every time we ran into this stuff we did a quick debrief at our morning sessions, saying “here’s what we learned out of this”. Because, if we killed somebody that was not a clear case of self-defence, for example, somebody’s brother, we would have been paid back. We knew that the risk to us was the brother, the father, or somebody was going to pay us back for it because his son or whoever it was probably didn’t intend to cause us any harm. He was probably just coming back off the line and wanted to release some energy. So, those are split second decisions that people make. That was a very conscientious decision. The corporal wasn’t told what to do, he made his own call. And I found consistency. We had anywhere between 60 to a 120 firing incidents every single day over the tour. We covered that much of an area and it was such an active zone, a battle zone that it just came in all the time. It was just normal. So they got to learn to live with it, but they also got to learn when they were directly threatened. So, it was a very clear line. We never had any cases where I felt somebody was killed needlessly. They were clear cases of self-defence.

We didn’t have to do much to justify it. Commanders had a quick look at it, and say here’s what happened and the decision was right. It was never questioned, because I dealt with all of the belligerent military commanders. When our soldiers took actions against their soldiers, they had no hardship with it. They understood. It was a clear cut thing – the guy was out of line. They weren’t working with professional soldiers all the time. Most of them were civilians that were armed and pumped with a bit of alcohol and sent to the lines.

They were good calls ... there is never a good call, but they were the best call that had to be made. I found I had to weed out any the attitudes that existed for strong levels of aggressiveness, you know, “I got a tattoo. I’m going over there to put another mark on my tattoo.” that sort of thing that was happening. Most of those people you could weed out in training. I felt that the soldiers were compassionate human beings that were in a situation that they were terribly involved in, where they were both scared and had to make decisions, but felt comfortable with what they had to do ... and they would be backed up.



Annex D – VIGNETTES

D.1 VIGNETTE 1 – CASE OF CONFIDENTIALITY

Private J is a soldier currently deployed to a combat theater who is receiving ongoing behavioral health treatment for combat and operational stress who in session reports that she is having an extramarital affair with one of her officers who is in her supervisory chain at the unit headquarters. During one session, Private J reports that she is receiving special treatment and on multiple occasions less qualified soldiers have been sent on dangerous convoy missions by this supervisor in place of her. The psychiatrist, who is also in the unit, is aware that there have been recent mission failures and casualties associated with the poor performance of her section.

D.2 VIGNETTE 2 – CASE OF BOUNDARIES WHILE DEPLOYED

Captain H is the only behavioral health provider working at a level 2 medical station on a small remote outpost in a combat theater. He has worked in the clinic for three months and routinely socializes with the rest of the clinic medical staff including going to the gym and eating meals. One day while in clinic, Lieutenant Colonel X, who is the chief medical officer for the clinic and the behavioral health provider's primary supervisor, asks to speak with the provider. During the discussion, Lieutenant Colonel X states he would like to discuss his depression problems and is requesting a refill of his selective serotonin reuptake inhibitor and sleep medication.

D.3 VIGNETTE 3 – CASE OF DETERMINING FITNESS FOR DEPLOYMENT

Sergeant S is a 27-year old male who has a history of post-traumatic stress disorder which has been well-controlled through a selective serotonin reuptake inhibitor for his anxiety symptoms and the use of low dose sleep medication. He has not required any hospitalization, has no reports of substance abuse, and his job performance as mission analyst in the unit headquarters has been outstanding. The psychiatrist sees this patient at his pre-deployment evaluation. Both the soldier and his unit leader express desire to deploy and during the interview the soldier specifically discusses plans that he and his wife have made for spending the additional money that he will make during deployment. However, the psychiatrist notes that per the Minimum Mental Health Standards for Deployment, this Soldier is unfit.

D.4 VIGNETTE 4 – CASE OF BENEFICENCE

During a peace-keeping mission in Lebanon, the medical aid was provided to the civilian population by military medical personnel. The 'house visits' provided during the first missions -medical consultations in the civilian villages by a military doctor – would eventually be diminished. Medical help would eventually only be provided to civilians in case of medical emergencies. Medication would also no longer be provided by the military pharmacy for free, but had to be bought at a local commercial civilian pharmacy. One of the military physicians felt frustrated. He was convinced that his 'Hippocrates oath' urged him to help civilians not only in case of medical emergencies. His personal values of beneficence, fidelity to the Hippocrates oath and loyalty to his patients were important values on his 'moral compass'. He was frustrated, felt powerless and even guilty. He decided to look for an alternative way of providing medication and continued his 'house visits'. He did not follow his mission requirements nor did he follow the UN rules. He judged that the local medical facilities couldn't provide adequate quality of care for the civilian local population he met during his consultations in the village. His personal and professional values urged him to transgress the rules. However he was reprimanded by his Detachment commander and was forbidden further medical consultations with the local population.

D.5 VIGNETTE 5 – CASE OF BENEFICENCE

R. is an officer in an Engineer Battalion. He is on a four month tour in Bosnia during the Balkan wars in 1996. He is in command of a Company attached to the peace-enforcing force protecting the mainly Muslim population of the Bosnian city of Sarajevo. R. is involved in the negotiations with the Serbian command. The UN Protection Force (UNPROFOR) wanted to obtain the ‘right of passage’ through Serbian roadblocks to deliver humanitarian aid to Muslim enclaves encircled by Serbian troops in Bosnia. The Serbian command stubbornly objected. They demanded the repair of the roads which lead to their artillery positions in the mountains. R. feels torn in two. On the one hand he wants to deliver food and humanitarian aid to the Muslim enclaves in need. But on the other hand he knows the Serbian demand to repair the roads enables the Serbian troops to provide more ammunition with less transportation impairment to their tanks and artillery on the top of the mountains. R. daily witnesses how the artillery and tanks fire at the elderly people, mothers and children of the city of Sarajevo. So he has to decide between the value of helping people to get humanitarian aid (beneficence) on the one hand or the value of preventing people to get wounded or killed (non-maleficence) on the other hand. R. feels enraged and doubtful. After consultation with the UNPROFOR command, He takes the hard decision to provide gravel to repair the roads. This enables the UN troops to obtain the ‘right of passage’ through the Serbian roadblocks.

D.6 VIGNETTE 6 – CASE OF NON-MALEFICENCE

P. is an Officer of the Special Forces Group who was in command of an ambush operation in Somalia. The objective of the ambush was to capture several leading figures of the militia of a local warlord. It was late at night. Every one of the SFG patrol was in place, the ambush could take place any minute. Suddenly one of the observers spotted some women in the vicinity. In the dark of night, these civilians would not see where they could escape the firefight that would take place. He passed this information to P. who now faced a difficult decision. He had two alternatives: on the one hand cancel the ambush to avoid the risk of hurting civilians (non-maleficence) but risk never again to have the opportunity to apprehend these important leaders of the warring militia (loyalty to the mission, fidelity). He was confronted with a dilemma of personal values – P. wanted to be loyal to the execution of their peace enforcement mission but did not want to hurt innocent and ignorant civilians (non-maleficence). P. decided to go ahead with the ambush but ordered a member of the patrol to fire flares during the ambush to provide the civilians with enough sight to run for safety once the ambush started. This proved to be an adequate decision. The militia members were captured and the civilians were able to flee unhurt. No members of P.’s patrol got hurt notwithstanding the compromising of their hidden position by the use of flares.

D.7 VIGNETTE 7 – CASE OF LOYALTY, FIDELITY

K. is an NCO in a combat battalion, patrol commander in the unit on a 6 month tour in Afghanistan. In the past, K. had participated in several humanitarian missions in Africa but this is his first mission in a situation of armed conflict. When they are doing a reconnaissance patrol, K. decides to check the civilians passing through a roadblock to show the presence of the ISAF platoon to the local civilians and to discover possible insurgents carrying concealed weapons or explosives. They spot four people approaching the patrol dressed in Afghan ‘Nikab’ female garments covering the whole body and also the face. One member of the patrol notices that the women seem to wear men’s boots instead of female sandals under the ‘Nikab’ and passes this information to the patrol commander. For a split second, K. is in doubt. His personal values tell him not to put civilians in danger (non-maleficence) when there are no signs of an act of aggression, certainly not when women are involved (masculine value of respect for women, value of respect). But K. also wants to be loyal to the ISAF mission objectives (value of loyalty, fidelity) and protect the members of his patrol (value of loyalty, beneficence). A member of the

patrol who has been in Afghanistan several times sees that his patrol commander hesitate to take appropriate action. He alerts K. that the four in ‘Nikab’ are probably insurgents. After a second of hesitating, K. decides to take immediate action and gives the necessary orders to his patrol. A firefight follows. The four persons in ‘Nikab’ dresses indeed appear to be insurgents. They are killed in the firefight. Two members of K.’s patrol suffer only slight injuries.

D.8 VIGNETTE 8 – CASE OF LOYALTY

During the Balkan wars, E. was a driver in a Logistic platoon in Eastern-Slavonia, providing the transportation of food to areas in need of humanitarian help. His convoy with heavy Volvo trucks was driving through an isolated, deprived area in Croatia during a very cold winter. They stopped near a village to take a break. E. was eating some biscuits from his ration pack and drinking some warm coffee. The convoy was beset by the Croatian children of the village. The children were hungry and badly dressed for this cold weather, some weren’t even wearing shoes. E. felt sorry for these children and wanted to give them all the biscuits and candy of his own rations and those of colleagues. He thought of his own children. E. felt ashamed he was eating full warm meals in the comfortable mess in his compound every day. His own values of beneficence and justice compelled him to give these children some help. The drivers were not permitted however by the Rules of Engagement and the UN rules to give help to only one ethnic group in the conflict zone. The UN had to remain neutral between the Serbian and the Croatian citizens. E. respected the rules (loyalty to the mission) and didn’t hand out the biscuits. When he returned home he felt frustrated and guilty. He felt he had done wrong. He judged he let down children in need. He was continuously nervous and racked his brains. He suffered from significant sleeping difficulties for several months after returning home.

D.9 VIGNETTE 9 – CASE OF NON-MALEFICENCE, FIDELITY

P. is a helicopter pilot of a Search And Rescue (SAR) helicopter on the Belgian coast. The crew is alerted when a container ship is sinking after a collision with another vessel. It’s a large rescue operation in which several international SAR helicopters and rescue ships are involved. Seventeen sailors have taken refuge in the rescue boats; some have fallen in the extremely cold water. P.’s helicopter is able to rescue seven sailors who are in shock and on the edge of collapsing of hypothermia. After bringing the seven to hospital, P. flies back to the accident area and continues looking for several missing sailors during several hours before stopping the search and returning to base to refuel. P. is relieved that the difficult decision to eventually stop searching for the missing sailors is taken after deliberation with his own crew and the different rescue coordination centres who direct the search operation. P. recounts how it is often a dilemma situation when the SAR helicopter stops searching and returns to base when missing persons at sea (non-maleficence to survivors, fidelity to the mission). P. is also relieved that clear standard operation procedures give direction to the air crews when important decisions have to be taken in case in rescue operations. He stresses that it’s important to take a difficult decision after deliberation with others.



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13. Keywords/Descriptors			
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14. Abstract			
<p>Moral decisions involve fundamental personal or societal values of what is considered right and wrong or good and bad and typically involve issues that are related to the interest or well-being of others. Military operations also often involve moral decisions because they too are rooted in fundamental values and affect the well-being and survival of the decision-makers, their subordinates and peers, their adversaries and the civilians impacted by the conflict. For instance, these decisions require the service member to consider, balance and sometimes to choose among mission success, civilian safety and force protection. Some of these decisions will be clear, such as not killing non-combatants, but others may be more difficult as they are ambiguous. As such, moral decisions are among the most difficult that soldiers will face, and they exist throughout the full-spectrum of military operations (e.g., peacekeeping, peacemaking, humanitarian, and combat). Moreover, the consequences of a single bad decision can erode local, national, international and Host Nation support thereby derailing the strategic mission and putting troops at risk. There is also emerging evidence linking moral decisions, attitudes and behaviors to military mental health and well-being means that attention to this issue is a crucial component of leaders' responsibility for their soldiers.</p> <p>Currently there are no NATO-wide, standardized education or training packages to help military personnel make these decisions or deal with the potential impact of the decisions on service member mental health and general psychological well-being. The work of NATO HFM-179 was to review the existing evidence in this area, providing recommendations concerning various initiatives that can address this issue, including education and training, after action reviews, counseling, reintegration programs that seek to mitigate the threat to the mission and soldier well-being.</p>			





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