



The stress of service...

An Exposition of the Links between Resilience, Ethics, and Leadership

by Peter Keane

Introduction

As the Canadian Armed Forces (CAF) move further into the 21st Century, the demands placed upon the soldiers that deploy continue to change. Asymmetrical warfare continues to be the dominant type of conflict to which soldiers are predominantly deployed. In this type of environment, adversaries operate all along the spectrum of conflict. The threats posed therein exist both in the physical and the psychological planes, where victories on the ground are often difficult to translate into strategic gains. CAF doctrine identifies chaos and uncertainty as the enduring characteristics of war; these are hallmarks of the contemporary operating environment. It is within the confines of this paradigm that leaders must come to terms with the effect that war can wreak, not only on the body, but upon the mind as well. Broadly, these can be defined as Operational Stress Injuries (OSIs), and perhaps the best known lie within the subset, Post-Traumatic Stress Disorder (PTSD). Although these areas of study are relatively new, there have been direct links established between resilience

and the ability to overcome the effects of combat. This brief article will argue that the development and promulgation of an ethics regime contributes directly to a soldier's resilience in combat, and it is because of this that existing CAF training in this area needs to be expanded, with a specific focus upon those in leadership positions. It is these positions that carry an inordinate amount of influence when it comes to establishing the tone and behaviour of those under their command. In order to accomplish this task, this article will first define key terms, and then identify the links that have been established between resilience and mental health. Finally, in culmination, I will suggest ways to mitigate the effects of combat, with a specific focus upon the benefits of a robust ethics regime promulgated by leadership within the chain of command.

Discussion

Defining resilience can in and of itself be a difficult task. There are a number of competing definitions that can create confusion when establishing a frame of reference for the problem at hand. Paul Bartone, a psychologist at the National

Defense University in Washington D.C., defines resilience as a quality of personal hardiness, one where those exposed to adversity can overcome it with minimal long-term effects.¹ This definition is expanded upon by senior behavioral scientist Lisa Meredith and her colleagues in a position paper for the RAND Corporation, when they state, “Psychological resilience typically goes beyond individual personality traits. It is a process that involves interaction between an individual, his or her past experiences, and current life context.”² Both of these definitions, when combined together, provide a much more compelling definition with which to work. In addition, resilience is determined by a set of personal attributes, such as hardiness, positive thinking and realism. These attributes, if applied to Meredith’s definition, take significant influence from the surrounding environment. This can be applied in both a *positive* and a *negative* context. For instance, those individuals that are predisposed to a certain level of resilience may find themselves being worn down psychologically if they are not in an environment that is *conducive* to resilience. Furthermore, if resilience is only an internal quality, programs designed to build resilience will be one-dimensional and they will fail to take into account the ongoing role that leaders play in this process. Thus, it is important to view resilience as being tied to external factors.

The goal of military resilience and mental health training is twofold. The first objective is to create soldiers that are mentally fit, and the second objective is to lessen the burden upon health care on a long-term basis.³ Success with respect to the first criterion will lead to success with the second. By inoculating soldiers to the rigours of combat on a psychological level, they will be able to deal with war and its after-effects much more effectively. “A resilience approach is particularly salient for military culture because it may address the ever-present concerns about the stigma of needing help for psychological or behavioral problems.”⁴ This approach is also preventative in nature, and by giving this type of training pre-deployment, it can be used to help prevent the onset of PTSD and other OSIs.

With research showing that resilience is influenced by external factors, a link must also be established between *receiving resilience training* and a *change in the level of resilience* by an individual, if this training is to be beneficial. This was the outcome of a study conducted by defence scientists Kerry Sudom, Jennifer Lee, and Dr. Mark Zamorski of the Canadian Forces Directorate of Mental Health in 2014 for the Department of National Defence, “...evidence that resilience characteristics can change over time would suggest that efforts to enhance it or, conversely, to prevent its decline have some promise.”⁵ The authors go on to say that



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Chief of the Defence Staff, General Jonathan Vance and Brigadier-General Hercule Gosselin, Commander 2nd Canadian Division and Joint Task Force East, confer during Operation *Lentus*, 9 May 2017.

those soldiers that are deployed are more likely to build lasting social bonds that can increase resilience.⁶ Both these links taken together point to the benefits of resilience training that seeks to establish stronger bonds between those within a group. This does not mean that resilience training is a catch-all approach that will stop the onset of PTSD. However, it could decrease the instances of this occurring. This research was also narrow in scope, with a small sample size. From a scholarly perspective, this could limit its application, and it speaks to the need for more research in this area. However, practically speaking, if steps can be taken by the CAF to increase resilience, then other benefits, such as effectiveness during operations, will be reaped and second-order effects, such as a decrease in PTSD, could be captured as well.

Directing resilience training at leadership is an effective way to build forces that are better able to withstand adversity. Bartone states:

“In a small group context, leaders are in a unique position to shape how stressful experiences are understood by members of the group. The leader who, through example and discussion, communicates a positive construction or reconstruction of shared stressful experiences, may exert an influence on the entire group in the direction of his or her interpretation of experience.”⁷

If this is held to be true, the focus of training should be directed to all levels of leadership. The Junior Officers and Senior NCOs are the ones that have the most direct contact with soldiers, and yet, the example must be set all through the chain of command so that leaders at every level treat hardship in much the same way, so that it is framed in a positive manner. By doing so, this type of positive environment will work its way through all rank levels contributing to a resilient and robust fighting force.

The need for leaders to set the example is reflected in the instances of PTSD occurring in those that have recently deployed. Epidemiologist David Boulos and Dr. Mark Zamorski published a wide-ranging paper in the *Canadian Medical Association Journal* that notes, based upon a study of over 30,000 soldiers who deployed to Afghanistan, the instances of PTSD and other deployment-attributable mental health disorders were more predominant in those at the lower rank levels.⁸ This correlates with earlier data that was discussed where the link between *external factors* and *resilience* were demonstrated. If resilience is tied to external factors such as belonging and group cohesion then a possible link could be established between those new members to the group and a lack of preparedness for combat. In effect, there could be a lack of resilience. If this is the case, there is a ‘delta’ that exists between the maximum effectiveness of a fighting force and the level at which it is currently operating. To overcome this gap, training needs to be created so that leaders can understand their roles and responsibilities to bring new soldiers into a team concept. This could be expected to *increase* operability and *decrease* the instances of PTSD experienced post-deployment.

This is where the development of an ethics program is of particular importance. If resilience contributes to a more effective fighting force, then ethics is one of the hallmarks of a resilience promotion program. This is identified by Meredith *et al.* as the creation of a positive command climate. Essentially, the role of the leadership is to set the conditions within which the fighting

force operates. This includes positive role modelling, and building pride and support for the mission.⁹ At its core, this means leaders need to ensure that the right decisions are made for the right reasons. By doing this, soldiers can take pride in their actions and know that they are part of a profession of arms which provides the moral foundation for difficult decisions they will have to make. By taking this approach, ethics permeates through all aspects of military operations. It can assist soldiers with making sense of the chaos of combat, and additionally, it can provide them with standards and norms upon which they can base their behaviour.

This is supported by the work of Bartone, who identified stressors that contribute to a loss of resilience. He identified *ambiguity* with Rules of Engagement (ROE) and standards of conduct as one of the major external stressors that soldiers face. This included feeling powerless to intervene or to provide help in certain situations, and uncertainty about when and how to engage the enemy.¹⁰ These stressors can be directly mitigated by the promulgation of an ethics regime. If leaders are providing firm direction with respect to the standards of conduct that are expected and required, soldiers are less apt to feel unsure of their respective roles. This is also needed when dealing with feelings of powerlessness. As mentioned earlier, when leaders are able to frame adversity in a positive light, then those under their command will be better able to view hardship in a positive light as well.

With this plethora of evidence supporting the benefits of resilience and ethics programs within the military it should be self-evident that these programs need to be disseminated to all ranks. Further, those in leadership roles need to understand the expanded role that they play in contributing to the mental well-being of their soldiers. However, there is evidence to support that certain types of training are more beneficial than others. Meredith *et al.* analyzed over 20 resilience programs within the United States military, and found that the majority were conducted both during and after a deployment.¹¹ This runs counter-intuitive to the data regarding resilience levels. If resilience is something that can be changed, the training should be conducted during pre-deployment training in order for it to be effective. One of the barriers to training that was identified was a lack of buy-in by those in leadership roles. Instead of resilience training, they chose to focus upon other more traditional military skills.¹² As these programs become common, this would be expected to change. There are very real benefits that those at the tactical level command positions should be able to see, specifically, soldiers more confident in their jobs, and better able to deal with whatever type of adversity is at hand.

One of ways of combatting these shortcomings would be to implement ethics and resilience training into more military exercises. If operations are complex and riddled with ambiguity and feelings of powerlessness, the training would be well-served by trying to mimic these same conditions. This would combat many of the issues that were raised by Meredith *et al.* Engaging training would be offered that contributes, not only to resilience, but also to military skill. Further, leadership would also be exercised in these types of training environments. This would create a holistic method of resilience and ethics training that goes beyond simply sitting in a classroom or lecture hall and speaking about ethics devoid of realism. This approach is supported by Allison Howell, who is a professor of Political Science at Rutgers University. She is also a noted security policy analyst. In the US Army, ‘Master Resilience Training’ is given to those who train new recruits. This



Vice-Admiral Ron Lloyd, Commander Royal Canadian Navy, and Boatswain Leading Seaman Cody Randall in discussion aboard HMCS *St John's* at departure from Piraeus, Greece, 17 June 2017, during Operation *Reassurance*.

training is meant to provide NCOs with the tools to get recruits to reframe problems using tools that are meant to promote resilience.¹³ This type of training is meant to permeate all aspects of training, and is not just applicable during a resilience training seminar.

There are limits on the returns provided by these programs. For instance, the recruiting system should play a role in selecting those that are predisposed to hardiness. Although this is difficult to predict, training cannot be expected to overcome underlying issues that were in place before enrollment.¹⁴ Further, there is a lack of scholarly research that has tested the success rates of resilience programs that are in place. Subjectively, it seems to make sense that if resilience is tied to a positive correlation with mental health, a promulgation of resilience training will positively affect the occurrence of PTSD rates. Objectively, there is a lack of data to back up these claims. If ethics and resilience programs are to be expanded, research needs to expand accordingly so that these programs are grounded in data that shows that they are reaching their desired end state.

Conclusions

These shortcomings do not take away from the central tenets of this article, which argue that there is a strong link between resilience training and lower levels of PTSD. Additionally, there is research that identifies linkages between

leadership and resilience. Here, leadership is based upon strong ethical principles that seek to lead by example and remove ambiguity from a complex battlespace. This, in essence, is leading towards the development of a robust ethics program that is known and understood by all rank levels. Once soldiers are able to establish a frame of reference within which they can operate, they should be much more comfortable with their taskings. This is why one of the central arguments put forward in this article is for the expansion of ethics and resilience training, so that it is not provided in a 'stand-alone silo,' but rather, that it permeates all aspects of military training so that it can be adopted as the *de facto* method for addressing the uncertainty of modern combat. If this approach is taken, the expected end result should be a professional fighting force where those in leadership roles are responsible for the development of a resilient, ethical, fighting force.

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Then-Brigadier-General Mike Hood confers with *Hercules* pilot Major Brian Crosier when General Hood was Rim of the Pacific (RIMPAC) Combined Forces Air Component Commander at Joint Base Pearl Harbor-Hickam in Honolulu, Hawaii, 6 July 2012.

NOTES

1. Paul T. Bartone, "Resilience under Military Operational Stress: Can Leaders Influence Hardiness?," in *Military Psychology* 18, (2006), p. 132.
2. Lisa S. Meredith *et al.*, *Promoting Psychological Resilience in the U.S. Military* (Santa Monica, CA: RAND Corporation, 2011), p. 3.
3. Allison Howell, "Resilience, war and austerity: The ethics of military human enhancement and the politics of data," in *Security Dialogue* 46, 1, (2014), p. 7.
4. Meredith *et al.*, *Promoting Psychological Resilience...*, p. 4.
5. Kerry A. Sudom, Jennifer E. C. Lee, and Mark A. Zamorski, "A Longitudinal Pilot Study of Resilience in Canadian Military Personnel," in *Stress and Health* 30, (2014), p. 383.
6. *Ibid.*, p. 382.
7. Bartone, "Resilience under Military Operational Stress..." p. 141.
8. David Boulos and Mark A. Zamorski, "Deployment-related mental disorders among Canadian Forces personnel deployed in support of the mission in Afghanistan, 2001–2008," *Canadian Medical Association Journal* 185, 11, (2013), pp. 5-6.
9. Meredith *et al.*, *Promoting Psychological Resilience...*, pp. 27-28.
10. Bartone, "Resilience Under Military Operational Stress..." p. 135.
11. Meredith *et al.*, *Promoting Psychological Resilience...*, p. 48.
12. *Ibid.*, p. 49.
13. Howell, "Resilience, War and Austerity..." pp. 8-9.
14. Kerry A. Sudom, Jennifer E. C. Lee, and Mark A. Zamorski, "A Longitudinal Pilot Study of Resilience..." p. 382.