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# UNETHICAL LEADERSHIP AND ITS RELATION TO POST TRAUMATIC STRESS DISORDER

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*The surest way to a dose of PTSD is to commit an atrocity or criminal act that violates your code of ethics*

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Almost thirty years after the introduction of Post Traumatic Stress Disorder (PTSD) as a psychiatric condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM), there remains a significant deficit in how much we actually know about the disorder (Stam, 2007). Although those people who are afflicted with PTSD present with specific patterns of stress reaction that can be labelled and effectively treated (Grossman, 2004), the underlying causes continue to elude medical research teams. Even though the diagnosis of PTSD includes a specific requirement for a traumatic stressor, the resulting conditions may actually be more dependent on personal dispositions, the surrounding circumstances and the available hierarchical support structures. To acknowledge some of these extraneous factors, this paper looks at the effect that leadership, manifested at multiple levels, has on the individual soldier who has deployed to a combat zone. More specifically, we look at how a lack of ethical leadership might play upon the soldier's mind and be linked to a PTSD diagnosis.

## **A Review of PTSD**

Although daily levels of stress can serve to focus our abilities to complete a task, exposure to a particularly traumatic event can knock some people's ability to cope with stress off balance (Grossman, 2004). For soldiers, operational stress injuries, such as PTSD, can occur when the stress that is being experienced overwhelms their ability to respond appropriately to what they have encountered. While human to human personal attacks such as rape and torture consistently produce higher levels of PTSD in victims than natural disasters do, exposure to all stressors, including combat, are individually perceived on a scale that ranges from fear to excitement (O'Brien, 1998; McKeever & Huff, 2003; Stein, Seedat, Iverson & Wessely, 2007). It needs to be recognized that the majority of people who are exposed to a threatening violent experience will recover naturally (O'Brien, 1998; McKeever & Huff, 2003; Grossman, 2004). Although people will display post traumatic symptoms, such as altered central nervous system (CNS) reactivity and somatic disturbances for up to a few days after exposure to a significant stressor, fully developed PTSD will only affect three to ten percent of those exposed (O'Brien, 1998; Grossman, 2004; Stam, 2007; Stein et al., 2007). Individual differences also make identification of what might be perceived as stress difficult. One person's daily stress could actually be perceived as horrifying to another person and the difference is often dependant on the individual's life experiences (Friedman, 2003; Charuvastra & Cloitre, 2008).

The DSM, edition four text revised (DSM-IV TR), lays out the requirements needed by health care practitioners to identify a case of PTSD (O'Brien, 1998). As a disorder, PTSD has been collocated in the manual with anxiety because approximately 80% of those diagnosed with PTSD have co-morbid diagnoses with other anxiety disorders (Rosenbaum, 2004). As a guide for psychiatric assessment, the DSM-IV TR describes similar personal experiences that can be dissociated from a normal response to a traumatic event and outlines six required areas that combine to result in a PTSD diagnosis. Since the disorder can be seen as an abnormal reaction that some people have when they have been exposed

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to an abnormal situation, section A of the DSM-IV TR states that PTSD is specifically linked to a traumatic event that is perceived to be limb or life threatening and that it involves a feeling of helplessness or horror. From this, intrusive memories are predicatively linked with avoidant behaviours and hyper-arousal in a way that allows anticipation of particular responses in treatment (O'Brien, 1998). Therefore, section B of the DSM-IV TR requires at least one of a group of symptoms that involve re-experiencing the event; section C requires at least three separate issues of avoidance behaviour that may include a conscious effort to avoid distressing stimuli (Casada & Roache, 2006); and section D requires hyper-arousal to related stressors. Tying these together, section E of the DSM-IV TR requires that these conditions continue for at least a month, and section F requires that the combined issues cause the patient distress and social impairment (O'Brien, 1998; Rosenbaum, 2004). While an immediate reaction to a stressful event is normal, it is the extended reaction to all of the above sections that determines that the stress reaction has become abnormal.

Though PTSD is directly linked to a traumatic event (Friedman, 2003), there is a burgeoning body of evidence that suggests that there are other factors heavily correlated with the symptoms that may play a role in putting some people at greater risk of developing the disorder in these traumatic environs (Lamerson & Kelloway, 1996; O'Brien, 1998; Charuvastra & Cloitre, 2008). Along with family instability and previous psychological disorders, social support for the victim seems to be clearly linked to both the initial onset and severity of the diagnosis (McKeever & Huff, 2003; Rosenbaum, 2004; Charuvastra & Cloitre, 2008). Other ecological issues such as culture, in the form of national support, education and socioeconomic background also seem to be at play (Hautamaki & Coleman, 2001). This multiplicity of views within the medical community has allowed a PTSD creep to occur to the point that all accepted stressors are, in effect, decided by those involved and that interpretation of the DSM specifications is rather liberally applied. Without a physiological "gold" standard for measuring PTSD, diagnosis must be determined through subjective interpretations of the clinician and the patient (O'Brien, 1998). With all that we don't know about PTSD, it is reasonable to suggest that the disorder arises from more than just exposure to a traumatic event.

## **Thoughts on Leadership**

To add the effects of leadership to the cauldron of PTSD influences, one needs an understanding of leadership concepts. Like so many human constructs, there is not universal agreement on any one definition of leadership. At the end of his military career, Field Marshal Montgomery (1961) wrote that leadership is the "capacity and the will to rally men and women to a common purpose and the character that will inspire confidence." Underwriting his thoughts is the conviction that truth and character are critical in leadership. In fact, Montgomery stated that truth was the centre of gravity for the common purpose. More recently, others have written about the importance of knowing the soldiers and providing for their welfare, for the soldiers who believe that they are cared for will put forth greater effort (Kellet, 1982; Thompson & Gignac, 2001). The individual soldier is the greatest asset a leader can have and Kellet (1982) provides multi-national studies that indicate that a frivolous waste of any resource is irresponsible. Few ideas will destroy the minds of soldiers as quickly as the thought that they are considered completely expendable by their leaders.

For at least the last two millennia, militaries have tried to reduce leadership into lists of essential principles—professional competence, personal responsibility, sound decision making and communication. By demonstrating a mix of these principles, a leader can inspire others to willingly accept the given task even if it involves danger and potential death for all (Kellet, 1982; Catignani, S., 2006). Not one of these principles involves coercion or deceit as an aspect of the art of leadership though the killing of one's own soldiers has also been used throughout history to gain compliance within the group. Linked directly with the leader are the followers who Bidwell (cited in Kellet, 1982) divides into three distinct groups: some followers are loyal and enthusiastic, some willingly share in the tasks but are otherwise apathetic and some are malingerers who sap the group's morale and tax the leader's abilities. I would argue however, that the groups are actually located on a single

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continuum of followers that is in constant flux. While they may be loyal in the beginning, there is the possibility that some soldiers may reach a point of total apathy and conversely, there will be inadequate soldiers who are moved, in part by good leadership, to a point where they become effective members of the team.

Leading enthusiastic soldiers who are like-minded in support of the goals of their leaders is relatively easy. However, even bad leaders can get what they want because most people like to receive direction. People tend to follow either what they deem to be legitimate authority or the path of least resistance. Contrary to Montgomery (1961), Barnett (cited in Hart, 1978) believed that morals and good character had nothing to do with leadership. He saw the act of leadership strictly as a relationship of power between animals where the will of one was imparted upon the rest. While people allow themselves to be led, particularly during times of danger or challenge, many look to others for direction all of the time. In 1951, Asch found that 35% of participants in a study would actively conform to incorrect answers made by others even when they had seen evidence to the contrary. Normative social influence causes people to act against their own judgments because they generally seek the approval of others. The astounding aspect of Asch's (1951) finding is that this preponderance to conform was prevalent in a group where the participants didn't know the other group members, could not be expected to build future relations with the experimental team and were expressing opinions about something as simple as the length of a pencil line. Group cohesion can be a very strong influence on the likelihood that a person will stand up for what he or she believes is right. In the fast paced, life threatening combat environment I'll argue that the percentage of those who will simply follow others is likely to rise.



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Milgram (1974) conducted a series of now classic experiments that measured obedience. Volunteer participants were ordered to apply electrical shocks to a "student" when incorrect answers were given to some questions. After meeting the middle aged man who would play the student and watching him being attached to the apparatus, the participants were taken into another room where they could hear the answers given but not see the student. Along with hearing the student's answers, they could also hear the expressions of pain and anguish as they administered increasing levels of voltage to the student for each incorrect answer. Although no electrical shocks were actually being delivered by their actions, the participants were unaware of this and they continued to do as the experimenter told them, applying shocks that would have killed the student had they

actually. Over 65% of the participants in a number of variations on this experiment failed to follow their own conscience to actually stop administering the electrical punishments to another human being who they clearly believed they were hurting. Like Asch's (1951) findings, Milgram's participants were people who had no relationship to the authority of the experimenter. They just blindly followed the directions and most of those who questioned the experimenter about the effects of the voltages accepted the direction that the "test had to continue" (Milgram, 1974).



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The contrast between the leadership concepts of Montgomery (1961) and Barnett (cited in Hart, 1978) is the root of this paper. While leadership can be exercised in an ethical manner that promotes trust and confidence, it can also be exercised with no moral integrity. The Asch (1951) and Milgram (1974) experiments were conducted in situations that are very different from the military hierarchy that promotes principled leadership while maintaining absolute power through military discipline. While Canadian soldiers are taught to follow lawful orders and Canadian military leaders are taught to command lawfully, deciding what is lawful at any moment in time will often mean that compliance is the default response. An individual's response to authority can range from compliance with the order to refusal to comply and the engagement of higher commanders in setting things right. Between these two points, a person may choose to secretly subvert the instructions, challenge the orders but still comply or simply refuse to comply with the leader's wishes (Santrock, J.W. & Mittner, J.O., 2005). Maxwell (cited by St. Cyr, 2007) suggested several levels of compliance. People may follow because they have to or they may follow because they want to. The decision to comply may also be the result of the leader's past actions for the individual and the personal ethos that the leader is perceived to live by. Most people have a tough time resisting authority, in part because they want to believe that the direction they are receiving is well conceived, legal and ethical. Their problems can begin when they comply with orders that they know are wrong and they are then required to live with their actions.

## **The Effects of Ethical Leadership**

Conducting one's actions in an ethical manner means that there is concern for what is right in relation to the principles and obligations expected by one's society. It is assumed that all action or inaction that affects other people whether conducted by an individual or by an institution involves ethics. Morality is about upholding the values and standards of

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a culture. It assumes that there is a universal set of norms that will be followed by rational people. To extend this, a moral judgment concerns the requirement to adhere to these obligations or values and specifically involves a person's duty to follow a particular course of action. This sort of judgment may lead to a moral dilemma where there are two or more possible approaches and the act of doing one will preclude being able to do the other. Moral dilemmas bring us back to ethical issues and the realization that, despite our values and guiding societal norms, we still operate in a very diverse and unclear world (Thomson et al. 2005). The cost of making such decisions can be an individual's sense of self because the incongruence of one's actions and normative attitudes can cause the strains that may lead to PTSD or other stress injuries.

A community can be viewed as a person's peers, a social institution or a nation. What really defines a body of people as a community is some form of commonality such as shared beliefs, a common language or geography. Within each community is a wide array of people who bring their own strengths and weaknesses into the mix. Inevitably, some of the community members will be leaders who exert a great deal of influence upon both the values that the community membership will hold and how the community members will conduct themselves. Such influence may be very positive, such as that of Tommy Douglas's in his efforts to implement universal health care for Canadians, while other influences can have disastrous results of the kind that Adolph Hitler brought upon Germany. Such varying styles of leadership can also influence members within the relatively small communities of military units. In other words, the actions of the leaders, at any level, will have a direct impact on how the people in the group live their lives. This means that the style of leader and peer support for those who have been traumatized influences their possibility for development of PTSD or other operational stress injuries (McKeever & Huff, 2003; Rosenbaum, 2004; Charuvastra & Cloitre, 2008). In particular, soldiers who accept immoral authority may, in fact, be traumatized by the very act of following orders from a leader who should be operating, as Montgomery (1961) suggested, within the confines of integrity and truth. Leadership from the state, the society, the military institution and their direct supervisors will influence the soldiers' well-being and effectiveness. In particular, unethical leadership can influence the soldiers' actions and cause undue operational stress such as PTSD.



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Shay (1994) contrasts the lives of PTSD-afflicted Vietnam veterans with the characters of Homer's *Iliad* and explores the theme of soldiers' reactions when the leadership has betrayed their sense of what is right. In the *Iliad*, when Achilles' commander Agamemnon steals his prize of honour from him, Achilles' sense of betrayal is such that he loses emotional control. Achilles' rage reaches the point that he begins committing unspeakable atrocities against both the living and the dead. Like soldiers of today, Achilles expected his leaders to be moral and to honourably lead by example. As Grossman (2004) points out, while the killing of other human beings is not something that should be taken lightly, sometimes it must be done. Killing can occur in the cause of justice rather than vengeance. When such a position is taken and the killing is done within the confines of an order that is lawful and moral, a soldier's integrity and honour may be maintained. To differentiate itself from an armed rabble, an army adopts codes of conduct that are acceptable to its society (Shay, 1994). This is accepted by the members as legitimate power granted by the society. It allows soldiers the opportunity to rid themselves of the guilt of killing (Nadelson, 2005). By using legitimate power to cross the boundary of what the society would accept as moral, leaders can rob the subordinate of the honour they expect to gain by serving their country. Agamemnon and many leaders since have stolen that sense of honour from their soldiers through unethical orders that have resulted in soldiers committing needless atrocities. With a positive correlation between violations of the soldiers' own ethical guidelines and the development of PTSD, Grossman (2004) points out that doing what is right provides mental protection. However, doing wrong even when ordered by authority is still doing wrong and the soldiers who commit immoral acts are the ones who will have to live with the memories. There is one further difference between the experiences that Homer wrote of and those of soldiers today. During Achilles' time, military leadership was on the field with the soldiers at the time of battle. Today's commanders are thinly spread through the ranks and many of those who make the big decisions never see battle (Shay, 1994). Soldiers now have to trust in the leadership of people who they will never see or know. Unethical orders that break the trust between the soldiers serving their country and any of the societal institutions that sent them to war create the conditions that cause operational stress injuries and possibly even PTSD.

## **State Leadership**

Although those in national leadership are well removed from the soldiers on the battlefield, there is no less reason to look at the orders that are promulgated from there than the orders that are verbally given by a platoon commander during a firefight. In fact, it is the state leadership that gives the direction for the military to become engaged in war and it is the state's responsibility to ensure that military resources are not wasted.

Ambiguity of the mission will play on the minds of soldiers if they do not have a clear understanding of what is being purchased with their blood (Lamerson & Kelloway, 1996; Adler, Litz & Bartone, 2003). There is a difference between fighting for obvious national security and fighting to protect the profit margins of big businesses that tweak the decisions made by the politicians. The average citizen and soldier alike are bound to be suspicious about the underlying reasons for war when they learn, for example, that members of the U.S. Congress hold approximately 196 million dollars worth of defence industry stocks (Associated Press, 03/04/08; Goodman, 2008). Such figures make it hard to distinguish moral leadership from greed. Being on the defence against an aggressor is a legitimate cause that can alleviate the stress on a soldier who must kill. Finnish WWII veterans suffered some of the lowest rates of PTSD, in part, because they fought a defensive war first against the Russians and then against the Germans (Hautamaki & Coleman, 2001). Similarly, Israeli Defence Force soldiers who were fighting for the survival of their fledgling nation during the last 60 years also have lower rates of PTSD than combat veterans of other countries (Solomon, 1996). The key for the soldiers from Finland and Israel is that they perceived a need to fight. Not only were their own personal needs being threatened, but the needs of their families and communities were also in jeopardy. This suggests that it is very important for the health of our soldiers for the state leadership to explain why a war needs to be fought half way around the world. While it is abundantly clear in this post 9/11

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world that attacks on the state can originate from virtually anywhere, why and how state security is maintained by fighting wars elsewhere is often very unclear. Although assisting the security of other nations should itself be a moral obligation and those nations that are able, should provide such assistance, the fuzzy line of altruistic assistance to others and the fulfillment of national interests can be hard for fighting soldiers to delineate (Dobrevá-Martinová, Villeneuve, Strickland & Matheson, 2002). It is therefore incumbent on the state leadership to make clear, to the soldiers and the society as a whole, the reasons for the stress that is being created. If the state leaders can give this information based upon truth while standing on the moral high ground (Safty, 2003; Grossman, 2004), it then follows that soldiers will not be put in positions where atrocities are committed and operational stresses such as PTSD are incurred.

National resolve is an issue that is at least in part affected by the friendly forces body count. Soldier fatalities for the current U.S. war in Iraq rolled past 4000 this spring while Canadian, British and Dutch combat deaths are each approaching 100 for the war in Afghanistan. In addition, Iraqi civilian deaths are conservatively estimated around 90,000 individuals (Associated Press, 24/03/08). Forty percent of the world's military actions since WWII have ended in failure when powerful nations have withdrawn from conflict for cost benefit relations rather than because of a military defeat (Sullivan, 2007). Taking action at home and abroad will consume tremendous resources and military capability is just one part of the overall picture. The combined impact of material and human expenditure can last for decades (Solomon, 1996) and will include ongoing health care issues such as PTSD for generations (Rosenbaum, 2004; Hautamaki & Coleman, 2001). Soldiers at the front need to believe that the state leaders have invested their efforts into a complete appreciation of the mission and that the international leadership they provide involves more than just projecting military power (Edwards, 2007). Considering the current U.S. war in Iraq, it is abundantly clear that the decision makers failed to comprehend the costs of establishing and maintaining a U.S. friendly regime there (Daalder & Lindsay; Record & Terrill, cited by Sullivan, 2007; Safty, 2003; Kinsley, 2007; Edwards, 2007). This failure to grasp the big picture means that soldiers' lives are being risked for something that was less than clearly thought out. National leadership represents the top of a soldier's world. The responsibility for the betrayal of "what is right" for the soldier rests on the shoulders of the state leaders (Kinsley, 2007) if they cannot sustain belief in the war effort. This is the breach of trust that will play upon the minds of those at the fighting front.

## **Social Leadership**

Social support mitigates stress and has been clearly linked to a reduction in PTSD occurrences around the world (Noy, 1991; Solomon, 1996; Hautamaki & Coleman, 2001; Charuvastra & Cloitre, 2008). As Grossman (2004) so aptly states, "Grief shared is grief divided and joy shared is joy multiplied." If a society has chosen through its leaders, to send its soldiers to war, then the society must remain supportive of those soldiers who have done the requested deeds on its behalf. In particular, this includes accepting responsibility for those who are broken physically and mentally (Shay, 1994). Soldiers often become quiet about their needs when it becomes apparent that nobody cares. Homer's warriors of the *Iliad* wanted little more than public recognition that was free of shame. It is the same for today's fighters except that the society to which most soldiers now return is vastly removed from the direct impacts of the war. WWII was the last time that citizens at home had their basic commodities rationed to support the war effort and, despite current media efforts, many citizens remain ignorant of the actions that their militaries are engaged in around the world. Ongoing support to soldiers and public recognition for what they have accomplished on behalf of their country is critical to the life time of memories that soldiers will encounter (Shay, 1994; Solomon, 1996; Hautamaki & Coleman, 2001). Rather than quick treatment, Finnish veterans have benefited from a continuous social narrative that has included, rather than excluded, their war time service to the country (Hautamaki & Coleman, 2001). Since honour can only come from the community, social support needs to respect courage and not stigmatize mental breakdown (Grossman, 2004; Stein et al., 2007). This is because each of our soldiers is a product of our own society carrying within him or herself whatever social

strengths or ills the society as a whole has bred into them. A communitarian philosophy that has strong social support in times of peace will carry those same values into times of crisis (McKeever & Huff, 2003; Ehrenreich, 2003; Grossman, 2004). Some of the ecological variables linked to PTSD include family instability, childhood anti-social behaviours and the lack of community support (McKeever and Huff, 2003). Veterans who perceive community support are more likely to recover from their operational stresses than those who perceive negativity towards their needs that were brought on because of their national service (Charuvastra & Cloitre, 2008). PTSD is almost always associated with a broken social bond that represents the same broken trust that those in leadership positions can create.



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Society is made up of multiple institutions that each has its own hierarchy and within these groups there are countless leaders who have an opportunity to shape communitarian values. In general, despite the best efforts of consumerism to create a world of self-guided individuals, community leaders have obligations to do their best to improve society. Ethical leadership actually encompasses all citizens and it might better be viewed as self-guiding, with the followers getting the leaders they deserve. People, particularly in democracies, have the moral obligation to ensure that their leaders operate within the ethical principles that they expect (Dunlap, 1999). Societal leadership is the business of all community minded people (Ciulla, 2003; Safty, 2003) and the moral actions of a society's people will influence the actions of their leaders. A misdirected society will produce leaders who accept unethical means of conduct that will in turn impact upon the stresses felt by its most vulnerable members.

## Medical Leadership

One particular social institution whose unethical transgressions will impact upon a soldier's mental health is the medical community. With estimates that 17 U.S. veterans commit suicide daily there is a critical need for medical leaders to coordinate existing programs into a concerted effort (Coleman, 2008). Overall health promotion rather than the current strategy of healing only after injury would be more effective. Bio-reductionism has gripped much of the medical world in an all-out effort to dissect human functions from human interaction to the point where holistic mental health issues receive minimal research support (O'Brien, 1998; Coughlan, unpublished). McKeever and Huff's (2003) Diathetical Stress Model, outlines ecological factors of past family, friendship, co-worker and environ-

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mental issues that can affect a person's susceptibility to PTSD. The Diathetical Stress Model is directly opposite to the model shaping current research, which seeks a physiological PTSD test that would eliminate the need to investigate a patient's experience. The current model has encouraged overall research effort to concentrate on biological studies (Ehrenreich, 2003) rather than putting effort into learning more from the patients. McKeever and Huff (2003) question the ethics of deliberately excluding the human experience from medical research, as most of the current work on PTSD is centred on psychobiology and pharmacotherapy (Hageman, Anderson & Jorgensen, 2001), in which the primary research hypothesis is that long term disorders are regulated by biological measures such as the dysregulation of brain chemicals and neuro-endocrine pathways. It is not surprising perhaps that the search for a pharmacological fix is led by big businesses whose profit margins should make all of us question their motives for helping others. (Coughlan, unpublished) Mental health issues are relatively misunderstood, compared to physical health issues, and the current bandwagon for PTSD may also be further polarizing the medical study of mental health (Ehrenreich, 2003; Grossman, 2004). While research money is being applied to the study of PTSD, other stress injuries that might afflict the soldier are largely ignored. The challenge for the medical community is to bring their various strands of study into a common vision that will put health before healing. Although the members of society at large have a moral obligation to assist their veterans, the medical community also has a professional obligation to ensure that human dignity is foremost in its care to others (Solomon, 1996). To aid this, the U.S. Institute of Medicine has partnered with Veterans' Affairs to identify gaps in care and develop a comprehensive delivery plan. When dealing with people's health there should be no room for untruths, communication failures or lies. PTSD can be cured. It is like a case of the flu that when properly cared for can heal, inoculate and make a person stronger (Grossman, 2004). Soldiers afflicted by operational stress need truthful care that will lead them to recovery rather than a life time of drugs and expensive therapy. All of this goes back to the bonds of trust that soldiers need to have with their leaders. While state leaders have oversight roles to ensure quality health care, the medical community itself is responsible to first do no harm (Weinstein, 2007). While there may be written policy standards to support this, in practice, poor performance is not often held accountable. Medical leaders, like the leaders of other societal institutions have a direct role to play in the health of the nation's warriors and a clear requirement for trust that must be maintained.

## **Military Leadership**

Since soldiers are hired "to act as tools of justice [and] follow edict handed down" (Lund, 2008), all volunteer armies, like those in much of the Western world, often say that the last time the soldier volunteered was the day they joined. With traditions and the blessing of the society, the military has developed an authoritative posture that is accepted by its members. Because the resulting authority is such that soldiers will risk their lives, it is imperative that the leaders within this institution do everything they can to uphold all that is considered right (Shay, 1994). With the awareness of PTSD and other operational stress injuries, the leaders' challenge is to minimize the negative effects that such illnesses can pose to the organization and the individual (McFarlane & Bryant, 2007). The leader who gives an order that is unlawful, unethical and immoral risks undermining the spirit of the army and the individual soldier alike.

Combat stressors that include threats to life, physical comfort, social interactions and personal agency can be heightened by the conflicts of soldiers' ethical values when they are presented as a moral dilemma on the battlefield (Kellet, 1982). Therefore, as Dalton (1994) stated "the trust required for effective leadership requires a standard of behaviour and the development of personal character that [is] in keeping with the highest moral code of society." There is no room for leaders blindly condone actions that they know are wrong.

The recent Winter Soldier hearings conducted in Silver Spring, Maryland provide a stark picture of the experiences some American soldiers have had while serving in Iraq and Afghanistan. The speakers were eyewitnesses and often participants to atrocities conducted by U.S. service personnel during the current operations in those counties (Goodman, 2008).

Organized as an anti-war event, the messages are more importantly applied to the need for ethical command. Asymmetrical counterinsurgency war means that uniformed soldiers operating within the traditional sense of an army engage in hostilities with small groups of combatants who come from less hierarchical organizations. The enemy of today rarely wears a uniform and, due to the fighting power imbalance, often launches its attacks from within civilian populations in order to play against the ethical standards that western societies hold dear. Therefore, when soldiers encounter hostility from within a civilian area they are torn by the need to kill the belligerents and the need to avoid killing civilian bystanders. Hart Vigés is a veteran of the Iraq war who spoke at the Winter Soldier hearings. He was ordered by a Lieutenant Colonel to shoot at all taxi cabs they encountered in the city. The message was clear: the enemy had used a taxi cab to camouflage their activities and now all taxis were considered hostile regardless of whether they might be carrying civilians. Because it seemed to Vigés that such indiscriminate targeting was wrong, his sense of trust in the leadership was destroyed. When he personally fired mortar bombs on towns that he couldn't see he felt torn by this broken trust. His confidence that the leaders were calling-in true enemy targets had been lost. Vigés' unit developed a racist attitude towards all of the Iraqi people that was seemingly condoned by the chain of command. Vigés recalled that there was no respect for other human beings in his unit and though torn by his actions, he played along as a member of the group.

Another Iraq veteran, Jason Washburn, related stories of lax rules of engagement where the killing of virtually anyone other than an American was condoned and covered up. A spare shovel was carried by his unit so that, if required, it could be placed into the hands of a dead unarmed civilian. Photo evidence of someone burying an improvised explosive device could then be presented as justification for the kill. Because such indiscriminate violence was quietly encouraged by the leaders, Washburn now carries the guilt of killing a woman carrying groceries across the street to her home.

Jason Lemieux, a U.S. Marine Sergeant, received orders "to kill those you think need killing." The general attitude was that without a clear mission it was better to destroy all Iraqis rather than lose one American life while trying to distinguish innocent civilians from legitimate enemy fighters. His officer once claimed that over one hundred "enemy" had been killed by their actions though Lemieux knows that there were only a couple of suspected belligerents in the town.



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Veterans told the hearings that the killing was often uncontrolled and the soldiers knew that their officers would cover for them. Domingo Rosas was also a U.S. Army Sergeant in Iraq. When he enquired about a prisoner he had captured the day before, he learned that the Iraqi man had died during questioning. Rosas now struggles with his role in this man's death and wonders how hard the questions have to be to kill a man. These four soldiers were just a few of the over two hundred who spoke at the hearings and while we can't generalize their experiences to the entire military force in Iraq, the experiences of these men are a good indication that there are serious leadership issues that are inflicting mental anguish on their own soldiers. While such atrocity is not necessarily rampant, it is widespread. Even the Canadian military was involved in incidents of torture and the murder of civilians while they were deployed to Somalia in 1992. The subsequent inquiry found an attitude of leniency within the leadership and active attempts to cover up the story (Thomson et al. 2005).

Such cognitive dissonance must weigh heavily on these soldiers. Although they self-selected for a military job that could include combat experience, what they received seems a long way from what they bargained for. While combat violence can lead to PTSD in some who experience it, the examples of broken trust outlined at the Winter Soldier hearings is akin to the honour that Agamemnon stole from Achilles. These soldiers knew they were involved in activities that would disgrace their society. High stress environments, conflicting tasks, ambiguous orders and a lack of positive social support from the group the soldiers rely upon most will set up even the hardiest soldier for an operational stress injury (Wilhelm, Kovess, Rios-Seidel & Finch, 2004). Within the military there are so many levels of middle managers that, even in a battalion of 600 soldiers, few individuals have more than eight or ten immediate subordinates reporting to them. The sergeants who spoke at the Winter Soldier hearings were both leaders and followers. They not only conducted atrocities against their better judgments; but would also, if by nothing more than silent de-individualization, have caused their own subordinates to do the same.

It has been established that stress can lead to depression. While it is thought that staying in the work environment aids in depression recovery, depression can also impact on personal relations, decision-making and the safety of others (O'Brien, 1998; Wilhelm et al., 2004). Decisions are then required on how best to handle a stress casualty, particularly if the casualty is a leader. Normally, front line workers such as soldiers, police and firefighters have lower suicide rates than the general population because they have self-selected for the risk and believe they are there to do a good job. Even killing people can be utilitarian; however, one cannot escape the thought that crossing the line between sanctioned killing and murder may be the root cause of the spike in American service personnel who are taking their own lives.

It is difficult to find appropriate social support to aid in trauma recovery when the micro-society in which soldiers are operating has itself become ill. It is equally hard to find social support when the institution, with its bureaucratic influence, is also failing to meet society's expectations. Organizational cultures and political climates will impact on soldiers when they do something they believe is wrong. Consider the impact of the company commander who offered a four day pass to the first person in his command to kill an Iraqi with a knife or bayonet (Wilhelm et al., 2004; Goodman, 2008). Similarly, it is currently being debated whether the culture of prisoner abuse that occurred in Iraq's Abu Ghraib prison was promulgated from the American Office of Legal Counsel at the Whitehouse when they wrote that torture conducted outside of the United States wasn't really torture. There is no question that the actions of the leaders have a direct impact on the actions of the subordinates. Unfortunately, few people resist such unethical actions and some will even welcome the chance to operate outside of their society's ethical principles. Such attitudes go directly against the societal shift over the last half century that calls for less death in war (Dunlap, 1999). The home front has a pretty low tolerance for body bags full of dead soldiers and not much more tolerance for the death of large numbers of foreign non-combatants. This

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attitude can be seen in the new family of precision guided missiles that are supposed to reduce the so-called collateral damage when firing at insurgents who are located within civilian enclaves. Despite organizational attempts to maintain high ethical standards, frustration occurs when the current enemies deliberately use human shields, confident in the knowledge that westerners will balk at excessive killing (Dunlap, 1999). It is extremely tough for the soldier on the ground, frustrated by attacks that come in taxi cabs, to fight within the laws of armed conflict that balance military necessity, humanity and chivalry, against an enemy who exploits humanitarian attitudes (Thomson et al. 2005).

## **The Psychology Behind the Argument**

Limited war, or the Just War, was a concept first raised by the church during the middle ages in an effort to protect non-combatants from indiscriminate killing. Although not well adhered to, the concept was enshrined in the Geneva Conventions in 1949 (Thomson et al., 2005; Slim, 2008). These conventions were partially written because of the widespread civilian death toll of WWII that was in part a result of the Holocaust, fire bombing of cities like Dresden and the nuclear bombs dropped in Japan (Slim, 2003). Yet genocides and mass killings continue to happen even in those countries that are considered civilized. Many non-combatants are simply armed hunters in their own culture and many combatants are unarmed except that they operate the computer that launches the weapon. Distinguishing the fighter from the civilian in war has always been a difficult task and societies, through their military structures often leave the decisions about who dies up to the soldier on the street in some faraway, hostile place. Krulak's (1999) *Strategic Corporal* explains this with the analogy that it is often the junior leader on the ground who makes decisions that can have an impact viewed around the world. With the media passing information faster than the chain of command can make a decision, people around the world see for themselves the impact of war. It is no wonder that some of the presenters at the Winter Soldier hearings talked about how their actions changed when the media was present (Goodman, 2008). With the asymmetric changes in modern warfare, frequent ethical challenges (Thomson et al. 2005) put strains on the soldier that can be exceptionally intense; while leaders should be there to help the subordinate, they too can go wrong.

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 (De Soir, 1995; Slim, 2008). Recall Milgram's (1974) findings where over 65% of participants went along with perceived authority in a laboratory setting. While reactive aggression can be expected in a life-threatening situation, proactive aggression is a result of situational frustrations that lead to a response of coercion and power (De Soir, 1995). Not understanding the ethnic culture or language of the people they are there to assist can contribute to the development of racist attitudes that force soldiers closer to their in-group peers. For individual soldiers, this means that the only moral support available may be the peers who are wrapped up in the same atrocious acts. Group dynamics that cause people to operate beyond the social norms by becoming arrogant and tyrannical (Lebon, cited in Santrock & Mittner 2005) conflict with cognitive theories that suggest people are capable of self-regulation to shape their own environment (Thompson & Gignac, 2001). The extent of this conflict is relatively unknown and requires further study. Recovery from a traumatic event needs to include a sense of meaning for what has occurred along with a sense of self-mastery and the restoration of self-esteem. Clearly, if the leadership condoned the unethical actions of a soldier, the recovery process will need to extend social and professional help beyond the chain of command (Noy, 1991; Dobрева-Martinoва et al. 2002).

A military unit in sustained combat requires a great deal of hierarchal trust to maintain its operational aims; and within the unit, the leaders require a certain robustness to conduct the business of death while maintaining a position on the moral high ground (Grossman, 2004; Hope, 2007). Although the army is held to higher ethical standards than the citizens in general, it is still comprised of a cross section of its particular society. While most people are decent human beings and by extension most soldiers are decent human beings, some

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members of society do not live by the societal standards. When we encounter those who are acting unethically, it is the duty of both the citizen and the soldier to correct the situation. In particular, those who have been selected as leaders and who have been given the bond of trust for doing what is right, have a higher obligation not only to themselves but also to their subordinates.

There are, of course, many good news stories of people who have acted appropriately to set right the wrongs that were being done. In 1968, when a company of U.S. soldiers were massacring the civilian population of My Lai in Vietnam, Chief Warrant Officer Hugh Thompson landed his helicopter in the midst of the fray and actively protected Vietnamese citizens from the berserk American soldiers (Santrock & Mitterer, 2005; Thomson et al. 2005). Thompson also helped expose the slaughter during the subsequent trials. Since hope is not a military method for conducting business, it is only open knowledge of the atrocities that will bring about change. Although public awareness of the Rwandan Genocide failed to raise the world's collective conscience enough to respond, national public response to the atrocities committed by Canadian soldiers in Somalia instigated the disbandment of a Regiment and changes to overall leadership training (Thomson et al. 2005). Deciding what is unethical or immoral in stressful situations can be difficult, even for senior leaders and the best course of action for helping the soldiers is to repeatedly instill the appropriate principles and obligations until a true cultural change of attitudes has occurred. Canada now teaches its military members to respect the dignity of all people, serve the nation and support lawful orders. It is acknowledged that cultural change can take generations. Among the obligations of a military leader, responsibility is seen as the most important. Such responsibility states that leaders live by the society's expectations and that they are to answer for their decisions at all times (Thomson et al. 2005; Sharpe & Dowler, 2006). Providing leadership within these ethical guidelines will ensure that mental health issues such as PTSD will not be compounded by the breach of trust that afflicted Achilles and continues to destroy good soldiers today (Shay, 1994; Grossman, 2004; Nadelson, 2005; Hendin & Haas, 2007).

Although a study of Lexington Kentucky firefighters suggests that *good* leadership did not reduce the possibility of PTSD (Howell, 2006), the experience of the Israelis, the Finns and many others has shown that good leadership minimizes psychiatric casualties and that caring social communities speed recovery (Kellet, 1982; Grossman, 2004; McKeever & Huff, 2003). While soldiers need to be responsible for their own actions, the support of their community peers and leaders is critical both during the battle and forever after (Hautamaki & Coleman, 2001; Grossman, 2004).

## **Conclusion**

As members and leaders of the community, we all have a moral obligation to support each other. While I agree that good leadership makes a difference in a soldier's mental health, I specifically contend that *bad* leadership is one of the myriad of critical ecological factors that can predict PTSD and other operational stress injuries. Further study is warranted for this important perspective. The leader who breaks the code of ethics and allows a complete breakdown of a soldier's honour might just as well have pulled the trigger, for the damage done is often proving to be fatal anyway.

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## **About the Author...**

Major Ross Cossar has been an active member of the Primary Reserve with the Hastings and Prince Edward Regiment since 1987. Following a tour to Afghanistan with TF3-06, he transferred his part-time studies Royal Military College credits to Trent University in Peterborough where he is now a full time psychology student. Military psychology has become his primary interest.

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