

Breach of trust: A contributing factor to traumatic stress injuries in soldiers.

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Abstract

The founders of this nation proclaimed to the world that ethical treatment is a self-evident, God-given right. The Declaration of Independence accused the King of Great Britain of injuring his colonial subjects by breaching this trust. American Armed Forces birthed by this document still carry in their bosom the belief and expectation that leaders will be fair and morally ethical in the treatment of subordinates. Yet since the start of Operation Enduring Freedom, “moral injury” has been defined by the violence of war and its aftermath, such as dead bodies and wounded civilians. “Leaders” have only been measured as a source of psychological trauma when failing their troops in logistics, tactics or communication. In addition, there has been no acknowledgment by the U.S. military that traumatic stress injury can occur in a non-operational environment despite extensive research in the civilian sector on this subject. Clinical studies of office culture have shown that a leader’s breach of trust, the failure to honorably execute the duties of his or her office, can produce traumatic injuries as extreme as the wounds of war. The authors of this paper contend that breach of trust is a moral injury, and as such, can lead to traumatic stress and loss of function. Soldiers are at risk from this injury whether they are deployed or in garrison. The key ingredient is an environment where the ethical standards for leaders are not enforced by their peers.

Keywords: moral injury, traumatic stress, PTSD, toxic leadership,

Introduction

Army Doctrine Publication 1 (ADP-1) asserts that the Army is a profession “built upon an ethos of trust” (2012, p.2-1). “Trust” is defined as “assured reliance on the character, ability, strength, or truth of someone or something” (ADP-1, 2012, p.2-2). Although “trust” is central to the Army’s foundation, the same publication reminds its readers there must be “common values” already present in order to establish trust (p. 2-2). Our Founding Fathers named important common values in the Declaration of Independence:

[A]ll men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. . . That whenever any form of government becomes destructive to these ends, it is the right of the people to alter or to abolish it.

Our founders claimed the right to alter power structures that threatened the people’s liberty, however the *Manual for Courts Martial United States* eliminates this choice for an individual in the military (2012, Article 94). When a soldier takes the service oath he or she voluntarily surrenders certain basic freedoms and becomes subject to military discipline (ADP-1, 2012, p.vi). This abjuration of the American birthright by the individual implies great trust in the leaders of our military. There are grave personal consequences if this trust is breached.

Moral Injury

“Moral injury” is defined as “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz, et al., 2009, p.697). In popular culture “moral

injury” and post-traumatic stress injury (PTSD) are nearly synonymous. Dr. Rita Nakashima Brock, research professor and co-director of the Soul Repair Center at Brite Divinity School, states unequivocally “Moral injury is not PTSD. Many books on veteran healing confuse and conflate them into one thing” (Brock&Lettini,2012, p. xiii). The most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not contain any room for ethical dilemmas within its diagnostic framework for PTSD (DSM-5, 2013, p. 271). Certain subjective responses were eliminated in the new diagnostic criteria because some clinicians felt that previous DSM’s defined trauma too broadly, which in turn, allowed “over diagnosis of PTSD resulting from less threatening events” (Jones & Cureton, 2014, p. 259). One of those less threatening events is moral injury. There are veterans previously diagnosed with PTSD according to earlier DSM’s who now may have to be re-classified under DSM-5 because their trauma was not caused by direct mortal or bodily threat (Jones & Cureton, 2014, p. 265).

The Threshold for Moral Injury

Even though moral injury is not PTSD, it is a stress injury capable of disabling a service member (Marine Corps Reference Publication 6-11C(MCRP 6-11C), 2010, p. 1-11). Situations believed to cause “moral injury” are: Killing and failing to prevent the death of others (Fontana & Rosenheck, 2004, p.580), abusing non-combatants, wanton destruction of private property, and violations of the Rules of Engagement (MHAT-V, 2008, p.32). The present study asserts that participation in the previously listed events may transgress a warrior’s deeply held beliefs, but the horizon for moral injury should not start at these extreme experiences. The origin is much more mundane. Clinical professionals recognize the inherently moral environment of military culture (Shay 1994 p. 6). Each member of the military takes an oath to protect and defend the Constitution against all enemies foreign or domestic. In addition, personnel pledge to

obey the orders of those of higher rank. Thus the threshold for moral injury among military members is actually at the point when a leader violates this trust and commits “abuses and usurpations, pursuing . . . a design to reduce them under absolute despotism” (Declaration of Independence).

The 2006 Field Manual on Army leadership paraphrased the self-evident truths of the Declaration of Independence: “Respect for the individual is the basis for the rule of law—the very essence of what the Nation stands for. In the Army, respect means treating others as they should be treated” (FM 6-22, 2006, p.4-5). In *The Art of War* Sun Tzu, the ancient Chinese strategist, recognized the social covenant of military leadership when he said, “The consummate leader cultivates the moral law, and strictly adheres to method and discipline” (p. 56). This universal value is even more poignant in a republic like the United States. Since the U.S. Constitution contains a promise to “establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity,” a leader sworn to support and defend the Constitution commits a breach of trust if he or she abuses his or her authority.

The definition of breach of trust used in this study is “a voluntary act committed by a person holding a position of authority that violates established norms and threatens the unit, individual members, or both.” The emphasis in this definition is on volition and includes an event horizon ranging from a single act to a command climate of moral decay. The military already recognizes some of the pathological properties of unethical leadership behavior. The United States Marine Corps addresses unethical leadership in Marine Corps Warfighting Publication 6-11 *Leading Marines* (MCWP 6-11, 2014). Officers and non-commissioned officers are reminded that even minor breaches call into question other peoples’ presumption of a

leader's "integrity, good manners, sound judgment, and discretion" (MCWP 6-11,2014, p.95). Army Doctrine Publication 6 *Army Leadership* (ADP-6) uses the term "negative leadership" for behavior that is a breach of trust. ADP-6 asserts that the worst form of negative leadership is "toxic leadership" (2012, p.3). Such a leader "lacks concern for others and . . . operates with an inflated sense of self-worth and from acute self-interest. Toxic leaders consistently use dysfunctional behaviors to deceive, intimidate, coerce, or unfairly punish others to get what they want for themselves" (p. 3).

Non-combat Stress Trauma

In *Achilles in Vietnam* former VA psychiatrist Dr. Jonathan Shay noted similarities in the behavior of Vietnam veterans injured by stress trauma and Achilles, the central figure of Homer's *Iliad* (1994 p. xiii). According to Dr. Shay it was the breach of trust between a senior leader and Achilles that made Achilles vulnerable to psychological injury (p. 21). Shay labels this unethical behavior "betrayal of what's right" (p.5). This phrase can now be found in the Marine Corps Reference Publication *Combat and Operational Stress Control* (MCRP 6-11C 2010, p. 4-16). Shay asserts that when military leaders willfully take advantage of their position "the [human] body codes it in much the same way it codes physical attack" (Shay 2011, p. 183). Perhaps echoing Dr. Shay, MCRP 6-11C instructs leaders that "The distress and changes in functioning that can result from an inner conflict stress injury can be just as profound and long-lasting as those resulting from a life-threat or loss" (p. 4-16). If "breach of trust" is inserted in place of "inner conflict" it is possible to extrapolate that an unethical leader has the same psychological wounding capacity as a roadside bomb or a sniper attack (MCRP 6-11C 2010, p.4-12).

Trauma to the soul does not require a battlefield. Psychiatrist Michael Linden believes that “humiliation and severe injustice can rightfully also be called a severe event” (Linden 2013, p.85). Dr. Linden suggests Post-Traumatic Embitterment Disorder (PTED) as an alternative diagnosis for the injury caused by the betrayal of social expectations. Linden notes that a person embittered by unethical treatment displays symptoms of “helplessness and hopelessness . . . aggression against oneself and others . . . reduction in drive . . . multiple somatoform symptoms . . . phobic avoidance of selected places and persons, or by retraction from social activities” (Linden 2013, p.84). These reactions are similar to the operational injuries described in FM 6-22.5 *Combat and Operational Stress Control Manual for Leaders and Soldiers* (2009, p.1-7 thru 1-11). Army leaders are warned that stress trauma may be triggered by “an event that is perceived and experienced as a threat . . . to the stability of one’s world” (p.1-3). Supporting this finding and using nearly identical “world” language Dr. Nakashima Brock writes in *Soul Repair: Recovering from Moral Injury After War*, that “moral injury results when soldiers . . . no longer believe in a reliable, meaningful world” (Brock & Lettini, 2012, p. xv). One factor in the destruction of these “worlds,” according to Brock, is a leader’s breach of trust (p. xv).

A soldier’s “world” consists of more than just the operational environment. His/her world also contains an administrative and training cycle that has many similarities to the civilian business “world.” The most common source of traumatic stress injuries in the workplace is “mobbing” and “bullying.” The term “mobbing” is a recent addition to the English language and includes “socially isolating the victim,” “harassment” and “psychological terror” (Leymann, 1996, p.167). Often a pre-requisite for mobbing is a perceived difference in social control and/or authority (Einarsen 1999, p. 18). In 1992 Swedish researcher Heinz Leymann asserted that a connection existed between “mobbing” and stress trauma (Leymann, 1992 p. 253). In a later

study Leymann partnered with Annelie Gustafsson and the researchers concluded that “mobbing” produces the same level of stress trauma as “war or prison camp experiences” (Leymann & Gustafsson 1996, p. 251). Leymann and Gustafsson compared their patients’ mobbing reactions to the reactions of train-drivers who had watched helplessly as a person committed suicide using the driver’s train (p. 272). At first glance the driver’s helplessness appears to fit one of the criteria for classic moral injury: failing to prevent the death of others (Litz et al., 2009, p. 697; Fontana & Rosenheck 2004, p. 580). However the statistical data pointed to a lower level of stress trauma in the train drivers than in mobbing victims. Leymann and Gustafsson concluded that the higher rate of stress trauma in the mobbing victims was due to “a series of further traumatizing rights violations and identity insults from different societal sources” (p.272). The mobbing victims’ “rights violations and identity insults” were perpetrated by administrators and other officials who failed to perform the duties of their office (p. 272).

Among professionals who study workplace stress injuries, “bullying” and “mobbing” are nearly synonymous (Salin, 2003, p. 4). The definition of “bullying” in this paper is: a systematic abuse of power with the main definitional characteristics of persistent and repeated negative actions which the target perceives and interprets as intended to intimidate or hurt (Nielsen, 2015, p. 5). This particular definition is cited to suggest a congruency to the U.S. Army term “toxic leadership” used for supervisors who intimidate and unfairly punish members of their command (ADP 6-22, 2012, p. 3). In a 2012 survey of 516 victims of workplace bullying, thirty percent of the respondents had been diagnosed with PTSD (Namie,2012, p.2). This rate of stress trauma is ten percentage points higher than the rate of PTSD found in maneuver units of the U.S. military in Afghanistan by the Joint Mental Health Advisory Team 7 (J-MHAT 7, 2011, p. 18). In 2015 one review of clinical studies on bullying and PTSD formulated an even higher rate of stress

injury (57%) as a result of bullying (Nielsen et al., 2015, p. 20). These findings suggest that if there is congruency between “bullying” in the workplace and “toxic leadership” in the military then units commanded by unethical leaders will have a high rate of stress injury regardless of the operation being supported.

Conclusion

The military has greatly increased the number of clinicians available to military personnel. Recent studies by some of these therapists have contained screening questions that asked for information on the assumed cause of military moral injury: the horrors of war. The few indices of deleterious leadership in COSC and leadership manuals appear to have been overlooked by the designers of these surveys. Only competency in logistics and communication have been explored as leadership factors in a service member’s stress injuries (J-MHAT-7, 2011, p 48). No Department of Defense research has been conducted on military personnel who may have stress trauma caused by a leader’s betrayal of his or her office. This is noteworthy because occupational clinicians demonstrated over two decades ago clear cause and effect between breaches of trust in the social fabric of an organization and long term stress injuries.

America was birthed when her leadership violated the trust between officials and the people. This study asserts that nothing has changed in the American character since that time. For over a decade the kinetic warfare waged by U.S. forces was believed to be the source of moral injury in our troops. The U.S. military is currently in a period of relatively low operational tempo. If breach of trust is not addressed as a source of traumatic stress injuries, it will soon be evident that unscrupulous leadership can cause stress injury as great, or greater, than exposure to death or the death of others.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th Ed.)*. Arlington, VA: American Psychiatric Publishing.
- Brock, R. L. & Lettini, G. (2012). *Soul Repair: Recovering from Moral Injury*. Boston: Beacon Press.
- Department of the Army. (October 2006). *FM 6-22: Army Leadership*. Washington, D.C.: Retrieved from <http://fas.org/irp/doddir/army/fm6-22.pdf>
- Department of the Army. (March 2009). *FM 6-22.5: Combat and Operational Stress Control Manual for Leaders and Soldiers*. Washington, D.C. Retrieved from http://armypubs.army.mil/doctrine/dr_pubs/dr_a/pdf/fm6_22x5.pdf
- Department of the Army. (August 2012). *ADP 6-22: Army Leadership*. Washington, D.C. Retrieved from: http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/adp6_22_new.pdf
- Department of the Army. (September 2012). *ADP-1: The Army*. Washington, D.C. Retrieved from http://armypubs.army.mil/doctrine/dr_pubs/dr_a/pdf/adp1.pdf
- Fontana, A., & Rosenheck, R. (2004). Trauma, change in strength of religious faith and mental health service use among veterans treated for PTSD. *Journal of Nervous and Mental Disease, 192, No. 9, 579-584*.
- Joint Mental Health Advisory Team 7 (J-MHAT 7). (2011). *Operation Enduring Freedom 2010 Afghanistan*. Office of the Command Surgeon HQ, USCENTCOM and Office of the Command Surgeon US Forces Afghanistan (USFOR-A): Office of The Surgeon General United States Army Medical Command.
- Joint Service Committee on Military Justice. (2015). *Manual for Courts Martial (2012 Edition)*. Lexington, KY: U.S. Government.
- Jones, L. K., & Cureton, J. L. (2014). Trauma Redefined in DSM-5: Rationale and Implications for Counseling Practice. *The Professional Counselor, 257-271*. DOI:10.15241/1kj.4.3.257
- Leymann, H., & Gustafsson, A. (1996). Mobbing at Work and the Development of Post-traumatic Stress Disorders. *European Journal of Work and Organizational Psychology 5:2, 251-275*. DOI: 10.1080/13594329608414858

- Linden, M. (2013). Hurting memories and intrusions in posttraumatic embitterment disorders (PTED) as compared to posttraumatic stress disorders (PTSD). In M. Linden, & R. Krzysztof, *Hurting Memories and Beneficial Forgetting: Posttraumatic Stress Disorders, Biographical Developments and Social Conflicts* (pp. 83-92). Waltham, MA: Elsevier.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair: a preliminary model and intervention strategy. *Clinical Psychology Review*, 695-706. doi:10.1016/j.cpr.2009.07.003
- Mental Health Advisory Team (MHAT) V. (February 2008). *Operation Iraqi Freedom 06-08*. Office of the Surgeon Multi-National Force-Iraq & Office of The Surgeon General United States Army Medical Command: Retrieved from <http://armymedicine.mil/Documents/Redacted1-MHATV-OIF-4-FEB-2008Report.pdf>
- Namie, G. (2012). *The WBI Website 2012 Instant Poll D- Impact of Workplace Bullying on Individuals' Health*. Research Studies: Workplace Bullying Institute. Retrieved from <http://www.workplacebullying.org/multi/pdf/WBI-2012-IP-D.pdf>
- Nielsen, M. B., Tangen, T., Idsoe, T., Matthiesen, S. B., & Magerøy, N. (January 2015). Post-traumatic stress disorder as a consequence of bullying at work and at school. A literature review and meta-analysis. *Aggression and Violent Behavior*, DOI: 10.1016/j.avb.2015.01.001.
- Salin, D. (2003). *Workplace Bullying among Business Professionals*. Helsinki, Finland: Swedish School of Economics and Business Administration.
- Shay, J. (1994). *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: Scribner.
- Shay, J. (2002). *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Scribner.
- Shay, J. (Summer 2011). Casualties. *Daedalus* 140.3, 178-188.
- Sun Tzu (trans. 1910)*The Art of War*. translated by Giles, L. Retrieved from <http://www.puppetpress.com/classics/ArtofWarbySunTzu.pdf>
- United States Marine Corps. (December 2010). *MCRP 6-11C: Combat and Operational Stress Control*. Washington, D.C. Retrieved from <http://www.med.navy.mil/sites/nmcsd/nccosc/coscConference/Documents/COSC%20MCRP%20NTTP%20Doctrine.pdf>
- United States Marine Corps. (August 2014). *MCWP 6-11: Leading Marines*. Washington, D.C. Retrieved from http://www.marines.mil/Portals/59/MCWP%206-11_Part1.pdf

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