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The analytical focus of this paper is my belief that the USMC is following an outdated pedagogy in its efforts to teach resiliency. I will demonstrate this by establishing a core understanding of resiliency and explain how the medical community's shift in understanding care has impacted resiliency training. Further, I will argue that aspects gleaned from peer-reviewed, clinically-trialed psychological practices in cognitive behavioral change provide us insight into how to approach resiliency training. I will then discuss the hurdles inherent in the USMC in implementing an effective resiliency program. Finally, I will outline how resiliency training should be constructed to truly build a more resilient force.

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Dr. Margarita Mooney
May 3, 2019

Building a More Resilient Marine Corps

Suicide Awareness Training. Home Fire Safety Training. Sexual Assault Prevention and Assault Training. Bystander Intervention Training. Stress Injury Identification Training. Operational Stress Control and Readiness Training. Relationship Skills Training. Drug and Alcohol Prevention Training. We again and again see the development of resiliency programs within the United States Marine Corps (USMC) in which "experts" stand in front of a crowded theatre and expound truth with the intended consequence of behavioral change. A powerful policeman will show a video including images of traumatic car crashes and exclaim, 'don't drink and drive because you lose everything you have earned.' A social worker will show statistics of the horrors of spousal abuse and remind individuals of the costs of getting a divorce instead of getting counseling. A chaplain will show a colorful chart showing the warning signs of operational stress with the admonition to get help if Marines find themselves in the 'orange and before they get to red.' For eight hours, expert after expert with a poorly developed PowerPoint presentation will dispense knowledge on suicide, social media taboos, combat stress, hazing, sexual assault, drug and alcohol use/abuse, motorcycle safety and any other current 'crisis' topic of that command. With the plethora of resiliency programs currently offered by the USMC, why are levels of spousal abuse, alcohol related incidences, suicidal ideations and other significant instances not diminishing? With resiliency training so pervasive within the Active Duty Components and the Veteran's Administration (VA), why are 22 veterans killing themselves every day? Every active duty service member serving today will be a veteran someday.

The analytical focus of this paper is my belief that the USMC is following an outdated pedagogy in its efforts to teach resiliency. I will demonstrate this by establishing a core understanding of resiliency and explain how the medical community's shift in understanding

care has impacted resiliency training. Further, I will argue that aspects gleaned from peer-reviewed, clinically-trialed psychological practices in cognitive behavioral change provide us insight into how to approach resiliency training. I will then discuss the hurdles inherent in the USMC in implementing an effective resiliency program. Finally, I will outline how resiliency training should be constructed to truly build a more resilient force.

The Setting

Within the Marine Corps, the medical community is responsible for the development of all manner of Operational Stress training. Its intent is to foster a more resilient force. They have the staffing; they have the financial backing; they have control over the programs. Dr. Martin Seligman, University of Pennsylvania Zellerbach Family Professor of Psychology and the Director of the Positive Psychology Center, believes that many great positive changes happened in the world of psychology with its move to the medical model sixty years ago including effective treatments for many psychological illnesses. But this shift had unintended consequences. He observed that the medical model focused solely on the diseases and their cure. Alternately, he asserted that psychology "needs to be just as concerned with building the best things in life as repairing the worst."[1] Dr. Stanley Hauerwas, Duke University, Gilbert T. Rowe Professor Emeritus of Divinity and Law, furthers this argument by stating that society has become about eliminating suffering and not caring for the people who are suffering.[2]

With medical's end goal shifted from caring for people to ending suffering, they have also shifted in their approach to teaching concepts like resiliency. Instead of trying to care for

[1] Seligman, M. (2013, July 6). Martin Seligman: On Positive Psychology [Video file]. Retrieved from https://www.youtube.com/watch?v=5CpLEOO5oyo
[2] Hauerwas, Stanley. 1986.Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church, 24

individuals who will undergo stress, they are simply teaching methods of identifying the symptoms of stress and how to protect the institution from the actions of stressed individuals.

Unfortunately, an unintended consequence of shifting to the medical model approach to psychology is that instruction became didactic, as defined as an intention to teach, particularly in having moral instruction as an ulterior motive.[3] Chaplain Genthner, a chaplain whose prior experience as a cognitive behavioral psychologist gives him a unique perspective on the convergence of pastoral care and counseling, explained that the didactic basis of the education model focuses on past crises, not future development. He states, "The psycho-educational/medical model depends on education awareness and understanding of the topic at hand, not true skill building."[4] Thus, the USMC is focusing on discussing its past problems instead of building a foundation for future growth. Information is disseminated to Marines, a training box is checked, and resiliency training is complete.

This didactic model is built on the premise that an expert passing information to the uninformed will affect change within the individual. Thus informed, the Marine will not engage in behaviors that lead to 'significant incidences' because they have been educated. The reality that this is ineffectual seems obvious; but paraphrasing Dr. Alex Zautra, Foundation Professor of Psychology at Arizona State University, tinkering with existing prevention trainings and calling them resiliency programs is unlikely to foster a resilient community.[5] The USMC is confounded by the fact that its current resiliency programs are not having a positive impact on the overall

[3] Didactic. 2019. In English Oxford Dictionary. Retrieved March 2, 2019, from https://en.oxforddictionaries.com/definition/didactic
[4] Genthner, G. (Feb 15, 2019). Personal Interview.
[5] Zautra, Alex, John Stuart Hall and Kate E. Murray. 2010. "Resilience: A New Definition of Health for People and Communities.", 21

resiliency of Marines. Plainly put, it is because the USMC is not conducting resiliency training. They are conducting awareness training.

Definitions

Resiliency is a relatively new concept of psychological investigation/study when compared to other psychological constructs. While the noun *resilience*, meaning 'the act of rebounding', was first used in the 1620s, it was not used figuratively about individuals or groups of people until circa 1830.[6] For over 150 years, the concept of resiliency within humans as an adaptive coping mechanism was not studied by the psychological community. Dr. Norman Garmezy was the first to publish research on resiliency through his study of schizophrenic patients in 1973.[7] In the brief 45 years of study, the definition of resiliency has shifted and expanded.

The American Psychiatric Association currently uses the metaphor of resilience as taking a rafting trip down a river. "On a river, you may encounter rapids, turns, slow water and shallows. As in life, the changes you experience affect you differently along the way… You can climb out to rest alongside the river. But to get to the end of your journey, you need to get back in the raft and continue."[8]

Unfortunately, this medical model concept is fundamentally flawed when dealing with individuals in crisis. When an individual's raft is flipped over by the rapids of life and they find themselves underwater without skills to help themselves, being resilient is not about resting on the shore thinking deeply about their current situation and continuing the journey after a break.

[6] Resilience. 2019. In MacMilland Dictionary. Retrieved March 28, 2019, from http://www.macmillandictionaryblog.com/resilient
[7] Garmezy, N. (1973). "Competence and adaptation in adult schizophrenic patients and children at risk", pp. 163–204 in Dean, S. R. (Ed.), Schizophrenia: The first ten Dean Award Lectures. NY: MSS Information Corp.
[8] American Psychiatric Association (2019, March). Retrieved from https://www.apa.org/helpcenter/road-resilience.aspx

In reality, all one can usually cogitate in the midst of crisis is not drowning in the immediate pain and emotion flooding their life as their world is being flipped upside down. The medical model concept is one born out of privilege. The medical prevention model believes that since the individual was informed about the consequence of poor decisions by an expert, they will have the cognitive ability to intellectually overcome the situation in the midst of true crisis.

Webster's Dictionary defines resiliency as the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.[9] I think this is a perfect illustration of the emotional and mental stress operational forces face routinely and why resiliency training is so important in the Marine Corps context.

Under the constant pressure of operational stress, which includes not only the violence of combat but loss of freedom, constant threats, and separation from familial support systems, effective resiliency training is critical for individuals to recover their original selves or even reinvent themselves and to thrive past the trauma of combat. Without effective resiliency training, individuals are at greater risk for developing Post-Traumatic Stress Disorders or Moral Injuries.

With this context as our lens, a better definition of resiliency would be "positive adaptation" after a stressful or adverse situation. Before we get to the practical aspects of developing a resiliency program focused on this direction, I pause to discuss how the lack of effective resiliency training is affecting the operational forces within the USMC. Post-Traumatic Stress Disorder was recognized as a disorder in the 1980s by the medical

[9] Resilience. 2019. In Marriam-Webster Dictionary. Retrieved March 26, 2019, from https://www.merriam-webster.com/dictionary/resilience

community.[10] It is taught in the majority of awareness trainings as the root cause of most issues Marines face due to operational stress. Recent psychological research is shifting the focus to an illness referred to as moral injury. Though the symptoms appear nearly identical, the treatment is radically different. PTSD is a fear-based illness. Treatment for PTSD revolves around various types of exposure therapy. Being exposed to triggers in a safe context will help sufferers process the event and help minimize the reaction to the triggers.

Moral injury is not fear based. Moral injury has its roots in grief and shame. The issue with treating moral injury identically to PTSD is that exposure therapy has the opposite intended effect. Exposure therapy for a grieving/shame-filled Marine does not mitigate its effect but reinforces the shame and grief. This grief is not brief. "A 2004 study of Vietnam combat veterans by Ilona PIvar, now a psychologist at the Department of Veterans Affairs, found that grief over losing a combat buddy was comparable, more than 30 years later, to that of a bereaved spouse whose partner had died in the previous six months."[11] Thus it is important to find effective treatments for this particular illness.

The Problems

First and foremost, Naval Medicine would be wise to recognize and begin the treatment of moral injury. Naval Medicine has been on the cutting edge of many psychological innovations but should reevaluate its stance on moral injury. Too many lives are at stake to take a wait-and-learn, back seat approach to leading edge, proven psychological practices for treating injured Marines.

[10] Wood, David. "The Grunts, Damned if They Kill, Damned if They Don't." Huffington Post, 18 March 2014, http://projects.huffingtonpost.com/moral-injury/the-grunts.
[11] Wood, David. "The Grunts, Damned if They Kill, Damned if They Don't." Huffington Post, 18 March 2014, http://projects.huffingtonpost.com/moral-injury/the-grunts.

Second, Naval Medicine also should consider reevaluating its outmoded teaching methods. The didactic teaching method contains within it two basic premises that minimize its effectiveness in reaching this cohort. In light of Dr. Alasdair MacIntyre's assessment that we live in a world where we have lost the concept of a Moral Authority,[12] the power of the 'expert' is mitigated by this cohort's inherent distrust of authority. Secondly, Dr. William R. Miller, Emeritus Distinguished Professor of Psychology and Psychiatry at the University of New Mexico, explores the concept in Motivational Interviewing of the 'Righting Reflex'. The righting reflex is a principle in which the brain will argue the opposite of what is told to it.[13] If an expert stands in front of a group of Marines and states, "You need to stop smoking or you'll die of lung cancer," the righting reflex within the minds of the smoking Marines will immediately argue the opposite position within their mind, something like "but it calms me down." Thus, Miller contends that the individual the expert is hoping to change is internally arguing against the expert and individuals will believe their internal voice above the expert's opinion, particularly in this cohort. An expert arguing for change will minimize the chance that an individual will actually change.

Another issue any resiliency program will have is how to test the true impact of a program's change on resiliency. Unfortunately, the USMC takes an immediacy approach to research that is incongruent with true culture change and a valid understanding of resiliency. In Chaplain Genthner's experience, "In order to determine the effect programs have on frequently occurring reportable incidences (such as suicide, domestic abuse, petty crime incidents, and DUI rates), statistics are examined annually. Accurate measuring scientifically is almost impossible

[12] MacIntyre, Alasdair C. 1999. Dependent Rational Animals: Why Human Beings Need the Virtues, 71
[13] Miller, William R., and Stephen Rollnick. 2013. Motivational interviewing: helping people change. New York, NY: Guilford Press. 3-13

because of the fluidity of commands and the lack of true control groups. There are so many variables that are impossible to control."[14] For example, individuals within commands are constantly transitioning between ranks/units/sections/squads and if they leave or join in the midst of a multi-year longitudinal study, how are they counted in the study? There is also no mechanism present to keep a control group together for a longitudinal study. So how will the USMC know it is more or less effective than what they are already doing?

The Way Forward

The USMC would be wise to consider adopting positive psychology and a cognitive behavioral change approach to its resiliency training model and focus on skill building of the whole Corps. "The first step toward achieving this goal designed to foster individual and community resilience is providing leadership, but not any kind of leadership… resilience-focused leadership. Resilient leadership may be thought of as those leadership behaviors that help us adapt to, or rebound from, adversity."[15] Individual resilience may also be defined as "the amount of stress that a person can endure without a fundamental change in capacity to pursue aims that give life meaning."[16] But the amount of stress that an individual can endure is not arbitrary. "Some people who weren't resilient when they were little somehow learned the skills of resilience. They were able to overcome adversity later in life and went on to flourish as much as those who'd been resilient the whole way through."[17] This proves that resiliency can be trained. It is not an inherent skill only owned by some. "Resiliency is the ability of an individual to utilize resources and coping devices that will effectively transform them into a

[14] Genthner, G. (Feb 15, 2019). Personal Interview.
[15] Psychology Today. 16th October 2017: Recovering from "An Act of Pure Evil.
[16] Zautra, Alex, John Stuart Hall and Kate E. Murray. 2010. "Resilience: A New Definition of Health for People and Communities.", 6
[17] Maria Konnikova. "How People Learn to Become Resilient." New Yorker. Feb. 11, 2016, 3

place of positive adaptability and growth. Effective resiliency doesn't merely bring one to the state of bare minimum functioning, but to a state of *enhanced* functioning where one's past distress is converted into energy to accomplish the extra-ordinary."[18] But in order for this to be effective, we must train individuals in resource utilization and coping skills/devices. Once this definition of resiliency is understood, we can shift our focus on how trainings are developed.

My research exposes how resiliency training should be done within the Marine Corps context. What I have learned from a review of the majority of the recent, peer-reviewed and clinically-trialed theories is that most of the effective treatments for moral injury include some derivation of narrative therapy. In most cases there is a requirement for an 'Expert Companion' to help guide the stressed individual.[19] This facilitated guiding is radically different from the didactic approach to teaching because the change language comes from within the individual.[20] In conversation with Dr. Matt Gray, Professor of Psychology at the University of Wyoming and co-author of the Adaptive Discourse, the 'expert' does not even need to be a real person but an imagined Compassionate Moral Authority within the mind of the counselee.[21] But these 'treatments' only occur after the moral injury or post-traumatic stress symptoms have festered and morphed into a disorder.

If we are trying to teach individuals how to be more resilient but are only focusing on the treatment of disorders, our end needs to be readjusted. The focus should be shifted back to training individuals to be more resilient prior to exposure to stress (or additional stress) in order to develop coping skills within the individual to address the actual problems they are facing.

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[18] Genthner, G. (Feb 15, 2019). Personal Interview.
[19] Calhoun, Lawrence G. and Richard G. Tedeschi. 2013. Posttraumatic growth and human vulnerability in Clinical Practice. New York, NY Routledge. 23
[20] Miller, William R., and Stephen Rollnick. 2013. Motivational interviewing: helping people change. New York, NY: Guilford Press. 3-13
[21] Gray, M (2019, March 24, 26, 27 and 28). Email Interview.

The Marines do this very well in Basic Training. One Marine once told me: "A lot of things Marines are trained to do and the training we go through are damaging by design. Our normalcy would drive the outside world crazy. But the continual loss of freedom, health, etc. is like a flu shot for grief. It helps us develop resistance to trauma."[22]

But what happens when individual training is not enough? What happens when the complex grief and multifaceted burdens of life become too great for one individual to bear? We need to shift resiliency training, and all trainings, to ones that highlight our biological dependency on other individuals as the basis of ethical decision-making. Consistent ethical decision-making by singular individuals under complex stress working in isolation is nearly impossible. We need to remind individuals that they need to have a moral authority to help make life decisions. Even in a context bent toward uber-machismo, alpha personality types, no Marine does anything alone. Every Marine operates out of a squad concept and a battle buddy system. Even elite snipers have scouts.

A critical examination of the teaching techniques and how they are implemented is essential in understanding the failure of current resiliency programs and in the development of successful ones. These programmatic approaches to be explored include whether training should be incorporated into the workweek and taught by junior Marines or at a separate event taught by professionals. Additionally, the use of targeted language (to what reading level programs they are written) and culturally relevant references are critical to facilitate learning in the GEN Z cohort. Further, one must understand effective mechanics of communicating to Marines and develop practical applications or the 'how-to' of being resilient, not just remain in the theoretical.

[22] Unidentified Marine (2006, December). Personal Interview.

Finally, Chaplain Genthner states "mental health terminology should be avoided and replaced with neutral or proprietary nomenclature. Programs should be packaged under 'performance' to help work around the ever-present stigma of mental health."[23] Chaplain Genthner believes that 'resiliency' has a negative connotation as it presumes starting from a place of weakness rather than developing greater ability from a point of strength.

Further, "It is clear that the GEN Z cohort has strong traits that must be considered and addressed and should be subsequently considered to determine *how* resiliency programs are delivered."[24] In the USMC, it is the Corporal that is the backbone of the Corps. In no other military unit is so much responsibility thrust upon individuals so early in their career. This understanding of the culture reinforces the peer-to-peer delivery model suggested by Genthner. If a more resilient culture is going to develop, it must be this cohort that is leading the change. While GEN Z readily accepts guidance from people in their own situation, they quickly dismiss other sources as "out-of-touch".

Instead of the didactic approach to training, the USMC should develop a peer-to-peer, squad-level morality training. This will create a peer-led moral authority, versus an 'expert' moral authority, and a peer expectation of behavior across the Corps. The USMC should also adopt a long view of resiliency change. Neither culture nor resiliency change overnight. "Qualitative case studies and anecdotal human experiences" can be used to ascertain effectiveness of a program in the short-term as expected culture shifts will take five to ten years.[25] For example, if a squad leader-led program is implemented today, in two to three years the squad leaders who trained the program will become the platoon leaders supervising the

[23] Genthner, G. (Feb 15, 2019). Personal Interview.
[24] Genthner, G. (Feb 15, 2019). Personal Interview.
[25] Genthner, G. (Feb 15, 2019). Personal Interview.

program. After ten to twelve years, the trickle-up morality change will continue until the Gunnery Sergeants leading the Marine Corps have been through the peer-driven morality program and can enforce it by positional authority.

But who gets to decide what is the moral authority? This becomes difficult in the greater society because there are different cultures and value systems and the differences between individuals are respected and honored. Individuals perceive a right and duty to maintain or hold on to their different cultural or contextual biases for what is moral and who has moral authority. Yet, within an institutional context, it is the institution that sets the moral standards which allow for institutional expectations of behavior and practice. This gives the Marine Corps an unequivocal basis for the development of effective resiliency programs.

Future Study

The research for this paper evoked multiple questions for future study. Questions to explore include how to design the most effective resiliency programs, their mode of delivery and how they are implemented. Additionally, how can resiliency programs be tested longitudinally to understand the effectiveness of any resiliency training in the USMC with its fluid population and limited ability for controls? Other questions that remain unanswered are the ramifications of a negative understanding of resiliency as a concept and how trainings can be designed to overcome those understandings. Finally, the current understanding of resiliency assumes a human baseline of normal. One question of inquiry might be what is 'normal' for a Marine. Is societal norm too high an objective due to the unique makeup of this population because of the number of individuals socially, relationally and emotionally wounded prior to joining and/or due to the traumatic nature of their career? Or is social norm too low based on the Marine's ability to improvise, adapt and overcome any obstacle to mission accomplishment?

Practical Modality

I am proposing a new facilitated training pedagogy. As a hypothetical: A chaplain or other 'Expert Companion' will teach a twenty-minute training module on a moral topic based on the fourteen leadership traits of the USMC to squad leaders (or their representative) on Monday mornings as part of the unit's normal operational tempo. This training and all Marine trainings should be evaluated not on the basis of what information was passed but on what skill was reinforced or what cognitive behavioral change was invoked. The squad leaders then carve out a twenty-minute time period within the next seven days to teach that module back to their squad. In a perfect world, a rotation of fire team leaders would be sent as squad leader representatives to the initial Monday morning training so that different individuals will be forced to learn the material in order to teach it back to the squad. The following week there is a ten-minute discussion between the expert companion and the squad leaders as a feedback loop to what worked and what can be improved within the modules. Then the next module is taught for a total of 30 minutes of facilitated training and the cycle is repeated with a different morality topic each week.

The modules will be written in the squad level vernacular, learning level (10^{th} grade in high school), and using twenty-something cultural references. The modules will be written in a style that allows a presenter the option to simply read the material and lead facilitated questions if they are uncomfortable or have no training in leading small group facilitated learning. There would be 104 modules allowing for consistent teaching for two years.

Currently every Marine spends two weeks of Grass Week (pre-rifle range training) and another week at the rifle range for a total of 120 hours of training in a concentrated three-week period and less than 10% of Marines fire their weapon in any given year. This hypothetical

program is asking for less than 52 hours of morality training spread across the year for squad leaders and less than 26 hours for those being trained under them. Every Marine faces moral and ethical decisions every day.

Conclusion

In conclusion, if you want a stronger house, you have to build a stronger foundation. Knowing different types of foundations, knowing the possibility of foundational cracking, and even knowing what are possible warning signs of cracks are not going to help prevent cracks. The only way to mitigate foundational cracks (moral injury) in individuals is to build a stronger foundation within themselves or reinforce individual foundations weakened by previous assaults prior to the next opportunity for moral injury. Simple awareness training is not enough. Protecting the institution from litigation does nothing for individual resiliency.

There is a fundamental difference between the definitions of prevention training and resiliency training though they are used interchangeably in the Marine culture. The Marine Corps needs to define the difference. Prevention is about education. Resiliency training is about life skill building. Resiliency training changes something meaningful within the individual by creating a mindset change. A true resiliency program builds an individual's coping skills so when crisis does occur, the individual is already resilient, thus mitigating suicides and other serious incidences.[26]

In short, the USMC should shift away from the medical pedagogy in its training and test new peer-led resiliency programs based on positive psychology and cognitive behavioral therapy models. Within the institutional context of the Marine Corps, these programs develop a more

[26] Genthner, G. (Feb 15, 2019). Personal Interview.

resilient force by reinforcing the institution's moral standards, shifting the focus back on care and development of individuals, and by developing Moral Authorities throughout the community and within the Marines themselves to help individuals make moral decisions.