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Resilient subjects: uncertainty, warfare and liberalism

Pat O’Malley

Abstract

While resilience has been recognized as a new strand in the government of security, little attention is paid its associated subjectivities and technologies of the self. One of the key sites for such development has been the military. A principal attribute of traditional military subjects has been fortitude, an assemblage of moral strength, will-power and courage deeply inscribed in the soul. In the new military, fortitude is now seen as of only conditional value to the latest configuration of the ‘liberal way of war’. Instead, resilience is centred as appropriate to ‘warriors’, and resonates with an advanced liberal political environment. Resilience appears as a set of cognitive skills that anyone can develop with correct training. Founded in cognitive behavioural therapy, resilience centres innovativeness, enterprise, responsibility and flexibility. It now takes its place as part of a complex of scientifically grounded techniques of the self necessary to optimize autonomous subjects in an age of high uncertainty.

Keywords: resilience; risk; uncertainty; security; government; military.

In recent years, resilience has joined such anticipatory technologies as risk and preparedness as part of a diverse security assemblage organized around imaginaries of increasingly uncertain and potentially traumatic futures (Collier & Lakoff, 2008; Lakoff, 2006; O’Malley, 2004). Probabilistic risk is a threat-specific technique of harm minimization. Preparedness on the other hand involves the creation of routines and resources for coping with emergencies that are imaginable rather than precisely calculable. Resilience differs from both in that, as Lentzos and Rose (2009, p. 243) suggest, resilience is neither...
simply a matter of having arrangements in place for specific contingencies nor a general attitude of preparedness. Rather:

resilience implies a systematic, widespread, organizational, structural and personal strengthening of subjective and material arrangements so as to be better able to anticipate and tolerate disturbances in complex worlds without collapse, to withstand shocks, and to rebuild as necessary ... a logic of resiliency would aspire to create a subjective and systematic state to enable each and all to live freely and with confidence in a world of potential risks.

(Lentzos & Rose, 2009, p. 243)

In this view, resilience is a more encompassing approach than either risk or preparedness. However, as it stands, this account of resilience remains essentially reactive. Rather than a subjectivity that allows ‘each and all to live freely and with confidence’, the focus on withstanding shocks and recovering does not seem quite to escape the model of what Isaiah Berlin referred to as a ‘freedom from’. However, in other recent discourses of resilience more proactive subjects emerge. In a new generation of self-help books such as Brooks and Goldstein’s (2006) The power of resilience: Achieving balance, confidence, and personal strength in your life, and others to be mentioned later, the idea of resilience as being able to ‘withstand shocks’ and bounce back is joined by a more enterprising vision in which individuals – to borrow Tom Peter’s (1987) memorable phrase – ‘thrive on chaos’. These new regimes of resilience aim not only at ‘fortifying one’s “stress hardiness”’; they aim more generally ‘at replacing counterproductive, self-defeating assumptions with those that will lead to a more resilient, fulfilling life’ (Brooks & Goldstein, 2006, pp. 3–4). For some advocates, in still more encompassing fashion, resilience ‘is the basic ingredient to happiness and success’ (Reivich & Shatte, 2002, p. 1). In this sense, the constitution of new subjectivities is not only focused on risk and uncertainty as calculative ways of dealing with threats. At least equally it promotes what Baker and Simon (2002) refer to as ‘embracing risk’: the risk-taking attitude that regards uncertainty as opportunity.

While logics of resilience have developed with wide-ranging application to everything from cities and critical infrastructures to ecologies (Ludwig et al, 1997; Vale & Campanella, 2005; Zebrowski, 2009), little governmental analysis seems to have pursued a focus more specifically on the formation of new resilient subjectivities, and especially of techniques of the self with which these are identified. In recent years discourses of ‘resilience’ have emerged in which elements formerly identified as human ‘attributes’, such as courage, will-power, fortitude and character, have been reconfigured as ‘coping strategies’ or ‘skills’ that can be learned by anyone. In turn, these attributes no longer appear as adamantine elements deeply inscribed in the moral soul. Rather they appear as readily acquired, scientifically tested and mutable cognitive manoeuvres appropriate to the governance of the self in conditions of uncertainty.
This kind of shift is embodied in the programmes of ‘resilience training’ adopted by the US, British, Canadian, Australian and a number of other military establishments in the past decade. For the US military, training in resiliency ‘teaches self-awareness, bringing mental fitness up to the same level as a soldier’s physical fitness and creating “supermen” and “superwomen”’ (Army News Service, 2009, p. 2). More moderately, training in resiliency skills is seen to create ‘the ability, for example, to see something as adverse but not traumatic, or just perform better in all cases’. The aim is to have a ‘master resiliency trainer’ in every battalion in the US Army by 2010, and all 1.1 million US troops will be required to take ‘intensive training in emotional resiliency’ (New York Times, 28 August 2009, p. 18). The National Guard and the Reserve have also begun resiliency training (Army News Service, 200, p. 2). The Australian Defence Force, meanwhile, ‘is working tirelessly in developing Resilience Training for our personnel deploying on operations within and outside of Australia . . . to better equip our people to lead and be able cope better in any situation’ (Joint Health Command, 2009, p. 1). The British armed forces’ TRIM programme – also adopted by some emergency services – links a focus on psychological resilience with embedded support from trained peers. In a move to be seen as symptomatic of the recent genealogy of resilience, the British model explicitly avoids the involvement of therapists, and indeed of the deployment of a medical model at all (Greenberg et al., 2008).

Later I argue that this resiliency manoeuvre, in both military and civilian contexts, takes much of its impetus from compatibility with advanced liberal approaches to government in what are constituted as particularly uncertain times. This convergence meshes closely with the configuration that Dillon and Reid (2009) refer to as the emergent ‘liberal way of war’. For the moment, however, I want to trace a genealogy that makes clear the ways in which resilience training has emerged from a shifting assemblage of liberalism, militarism and medicine. Resilience training, I suggest, grows out of a marked disillusion with attempts to deal with the medical condition par excellence of the risk society – and one that had particular salience for the military – post-traumatic stress disorder (PTSD).

Resilience, dependency and common sense

In a recent review of the literature on risk factors linked to PTSD, the historian of military psychiatry Ben Shephard (2004) mounted a sustained attack on the therapy industry that has risen up around the condition. He berated the ‘therapy industry’ for having created a widespread dependency on medical expertise in the face of much evidence built up over the years – especially in military experience – that most people will recover from trauma spontaneously. In this line of critique Shephard is not alone. Frank Furedi (2004) has mounted a similar assault on what he terms ‘therapy culture’. Like
Shephard he attributes such developments to a late twentieth-century convergence of the interests of a range of medical and therapeutic experts and industries with a popular culture that valorizes a species of emotional narcissism (Furedi, 2004, p. 4). Therapeutically guided care of the emotional self has become central to governance of the individual. One effect is said to be a pathologizing of negative emotional responses to the stresses of modern life, in its turn fuelled by the process of medicalization. In this view, what previously would have been seen as ‘bad feelings’ and otherwise normal emotional responses to life’s vicissitudes has been turned into treatable conditions such as PTSD. Indeed, this translation of ‘human conditions into treatable disorders’ is precisely what medicalization is understood to be (Conrad, 2007). It is argued to create a sense of powerlessness and learned helplessness that renders people dependent on expertise (Furedi, 2004, p. 7).

Shephard argues, however, that cutting-edge experts in psychology and therapeutics recently have found new evidence that ‘most people are extraordinarily resilient’ (2004, p. 56). He points to a leading psychiatrist in the field announcing that his colleagues should ‘“respect the patients’ coping strategy”, i.e. leave him alone and not debrief him’ (2004, p. 57). Undeterred, the therapeutic professions have reacted with admirable flexibility and resilience themselves. Now, Shephard points out, ‘with rich irony, trauma programmes seek to reinvent themselves by teaching the new buzzword — “resiliency”’.

For Shepherd, this is an index of medical meddling. ‘Common sense’, he suggests, needs to be reasserted. The area needs to be ‘de-medicalized’, and ‘the central question now confronting modern psychiatry is not how to fiddle with DSM-IV, it is how to restore that resiliency’ (Shephard, 2004, p. 57). Shephard does not remark upon something he knows better than most—that ‘common sense’ was also the form of knowledge that confronted military psychiatry in the first half of the twentieth century. It proposed a ‘human condition’ rather akin to what Shephard calls individual ‘resiliency’ as the solution to military traumatization. However, both ‘common sense’ and ‘resiliency’ are terms about which quite a deal of care needs to be taken.

Mental disorder in the battlefield has been the site of long-term struggle between military psychiatry which frequently regarded this behaviour as a symptom of psychogenic injury and the generally more pervasive view of military command for whom soldiers who ‘broke’ were weak or cowards. For this reason, it is significant that the Australian Department of Defence’s (2004) ‘resiliency’ programme now seeks to distance itself from what it terms the ‘Traditional Military Model’. It is now suggested that the traditional model either ‘ignored’ mental health, made it subject to ‘disciplinary action’ or left it to the ‘early treatment approach’. Its prime focus was returning psychogenic casualties to the battle front as soon as possible rather than attending to their long-term psychological wellbeing. The new defence force strategy has repudiated this assemblage in favour of what it refers to as a ‘Public Health Model’ which has ‘prevention of ill-health’ as a core aim.
Of course, prevention is not new in this area. The therapeutic industry that Shephard, Furedi and others condemn established itself as preventive, in the sense that those exposed to traumatic events (ranging from artillery barrages to bank robberies) would be preventively counselled before PTSD symptoms appeared. However prevention with respect to resilience introduced two novelties. First, fostering resilience through a ‘resilience training programme’ represents a *generalized preparation* for exposure to future uncertainties rather than counselling with respect to a specific past event. Second, resilience does not seek only to render individuals able to ‘bounce back’ after trauma, an essentially reactive model. It aims to create subjects capable of adapting to, and exploiting to their advantage, situations of radical uncertainty. Catastrophe, or even a knock-down blow, is not a necessary part of this vision. Implemented across all three services as part of recruit training, the military resilience training programmes adapt cognitive behavioural therapy (CBT) as a skilling technique for troops that ‘teaches and encourages the use of appropriate coping strategies that best match a realistic appraisal of the problem they face’.

As this suggests, there is a danger in projecting categories such as ‘resilience’ backwards through history or giving it a timeless character, as implied in Shephard’s common-sense view. Ironically this is shared by the advocates of PTSD intervention who identify its prevalence throughout history. PTSD has been diagnosed, for example, in casualties of the American Civil War (Dean, 1997) and in historical characters as far back as Florence Nightingale, Captain Cook and even Alexander the Great (Mackowan & Batten, 2008). The imagery is one of PTSD being *mistakenly* identified either as cowardice or as one of a variety of historically *passe* diagnoses such as ‘nostalgia’, ‘shell shock’, ‘lack of moral fibre’, ‘war neurosis’ and so on. A history of the present, of course, would see both PTSD and these diagnoses and the terms they deployed as all being embedded in their own distinctive truth regimes. ‘Resiliency’ needs to be thought of in much the same way. To say that ‘resiliency’ is a human condition suppressed by the rise of the psy-sciences and needing to be recovered seems to miss an important point. ‘Resiliency’ as imagined now is not the same as the condition I will term ‘fortitude’ that was valorized in the ‘common-sense’ traditional military model and that now is only conditionally approved by the military.

The ‘classical liberal military’ and technologies of fortitude

Just after the end of the Second World War, Lord Moran, Winston Churchill’s private physician, published *The anatomy of courage*, a book that responded to the question of, in his words, ‘how courage is born and how it is sustained in an army of free people’ (Moran, 1946, p. ix). As a distinguished and decorated wartime military medical officer, Moran’s primary focus was on what would now be seen as the task of making soldiers resilient: how to prevent them breaking under pressure and how to get them back into the field as quickly as
possible if they broke down. Moran’s entire discussion is framed in terms of a discourse of ‘fortitude’, a central component of which was the idea that ‘courage is will-power, whereof no man has an unlimited stock; and when in war it is used up, he is finished’. Yet courage was an effect rather than a cause in fortitude.

I contend that fortitude in war has its roots in morality; that [recruitment] selection is a search for character; and that war itself is but one more test – the supreme and final test if you will – of character . . . a habit, the daily choice of right instead of wrong; it is a moral quality which grows to maturity in peace and is not suddenly developed on the outbreak of war . . . Man’s fate in battle is worked out before war begins. For his acts in war are dictated not by courage, not by fear, but by conscience, of which war is the final test.

(Moran, 1946, p. 170)

The book may appear as an anachronism, ignoring or denying the huge problem of ‘shell shock’ that had created massive problems for the military in the Great War. Indeed, in 1922 a War Office Committee had accepted the reality of ‘shell shock’ as a psychogenic injury, although ‘cowardice’ was still regarded as a matter for military discipline (War Office, 1922, pp. 42, 192). Yet Moran was not merely spouting quasi-medical gibberish held over from the officer class of the First World War. After all, he was at the time President of the Royal College of Physicians and Surgeons and a decade later in 1956 was to become the Chair of the Army Medical Advisory Board. Rather, he expressed one side of an ongoing and unresolved struggle. In psychiatric frameworks presented at the 1922 hearings, shell shock appeared primarily as a form of ‘neurosis’ or ‘hysteria’. But for military witnesses, such as Lord Gort, later to be Commander in Chief of the Imperial General Staff, shell shock was ‘a form of disgrace to the soldier’ (War Office, 1922, pp. 50–1).1

Significantly, Moran, although a leading army medical officer, scarcely mentions psychiatric categories or therapies. Indicative of his account is the description of how he treated a stretcher bearer ‘who seemed done’ after heavy shelling. Pursuing the aim of ‘saving this fellow the mishap of going to the base with shell shock’, he made him lie down, gave him a cup of ‘hot stuff’ and let him sleep for twenty-four hours. The man seemingly recovered, or at least was returned to the trenches, which was military medicine’s assigned goal. In Moran’s view ‘fatigue, loss of sleep and the shock of witnessing the death of other [stretcher] bearers had for the moment used up his will power’. Immediate rest was essential for the restoration of the will, but of course this would work only if fortitude had already been implanted. Those with fortitude recovered quickly in the forward medical stations; those without fortitude succumbed to the ‘mishap’ of shell shock and were repatriated.

The implication of disgrace is close to the surface. Lord Moran (1946, pp. 187–9) is clearly jaundiced about the question, noting that the invention of ‘shell shock’ allowed those afflicted with ‘feeble will’ to seek safety: ‘shell shock’ eased the pressure on ‘weaklings’ and corroded morale ‘by giving fear a
respectable name’. On the other hand, ‘good fellows in the line did not believe in shell shock, they did not want to believe in it’. While this can be viewed as a blimpish ‘military’ account provided in isolation from contemporary medicine, Moran’s status as a leading military medical figure indicates that psychiatric imaginaries had not triumphed over ‘fortitude’ within military medicine, even by the mid-twentieth century.

Equally significant, Moran’s setting of the problem of psychogenic injuries within a framework of fortitude, will and character enabled him to pose a question that seems to have escaped most psychiatric discourses: what is the relationship between the question of military resilience and the political order of liberal democracy? While a disorder, injury or disease would seemingly be something beyond politics, residing in the natural order of things, he understood ‘will’ to be directly linked to freedom, and freedom to a liberal polity. Moran was very much concerned with the observation that the Nazis trained their children for the stress and trials of warfare. In Germany there was, he asserted, ‘a veritable toilet of the mind’ aimed at mental toughening in preparation for warfare. Such a response was unthinkable for democracies:

Happily no democracy can be prepared in the German sense for war – we are of course paying in full for this freedom of the mind – but it should and can be prepared to fight evil; a free people is only ready to resist aggression when the Christian virtues flourish, for a man of character in peace is a man of courage in war.

(Moran, 1946, pp. xi–xii)

In a liberal democracy, men were not regarded as dull automatons but as engaged in a freedom fostering an active imagination that in turn gave fear a new dimension. The wars of the twentieth century, for the likes of Moran, were thus to be distinguished from those of the past not so much by the ferocity of new weaponry as by the change in the minds of the soldiery. Imagination created new traumas largely responsible for ‘emotional shock’. Hence ‘in a democracy we need more rather than less discipline, if by discipline we mean self control’ (Moran, 1946, p. xi). The problem for the military was thus how to foster this moral discipline of the will – fortitude – in the military environment of a liberal democracy. For Moran, this involved a series of technologies of character.

First and foremost was the instillation of moral character in civilian life. Character, ‘the daily choice of right instead of wrong’, was crucial because it created courage in warfare and more broadly because ‘in the democracies of today men will only fight from some overwhelming necessity to protect the moral foundations of their lives and those of their children’ (1946, pp. 170–1). By and large, this character formation was the work of the family, the school and by implication other civil institutions whose role was to provide moral training for the young in ‘the Christian virtues’.

Second was a technology of selection. This should allow those of ‘poorer stock’ – particularly ‘the sensitive, emotional, unstable type’ – to be weeded
out before enlistment. However, he recognized that such selection had been proven wanting when implemented by psychologists and others. Moran was content to say that military selection had to proceed ‘without much help from any science of the mind’. As a result ‘selection is still wholly dependent on a knowledge of the real ingredients of what courage is – and an exact appraisal of the degree in which these ingredients are present in the man concerned’ (Moran, 1946, pp. 168–9, emphasis added). In his view selection could certainly be done – else ‘men of an Arctic expedition might be chosen at random’. For Moran, the tests come back to two dimensions: intelligence and ‘character’ or ‘moral sense’ (1946, pp. 162–3). Tellingly, in his eyes this is ‘all a matter of common sense’.

Third is training and discipline within the army – not the brutal discipline of earlier years, and not even the Foucauldian discipline of docile bodies. Moran finds himself doubting that drill can ever create a ‘soldier of character’, and finds the kinds of harsh physical cowing of the rank and file to be both objectionable and inconsistent with the new breed of soldier produced in liberal democracies. The function of discipline in a liberal army is not to make ‘the actions of the regular soldier automatic’ but to instil ‘a motive for altruism’ (Moran, 1946, p. 183). Discipline would achieve this indirectly by imparting the pragmatic skill of warfare. This in turn would produce pride in fighting with and for his fellow soldiers, his battalion and thus his countrymen. This creates ‘another discipline besides the discipline of movement – the self discipline that drives a man to the mastery of his art through long laborious days, eschewing pleasure’ (1946, p. 185).

I have spent some time on Moran’s ‘common-sense’ account of fortitude in part because, while it appears anachronistic, it is representative of the traditional military approach that current military resiliency training explicitly seeks to replace. It also makes very clear how much this military ethos shared with nineteenth-century liberalism. The centrality of self-control, self-sacrifice, deferred gratification, willing obedience to moral authority, submission to (Christian) religious belief, altruism and so on were ‘common-sense’ necessities of a worthwhile life to Moran. However, rather than identifying Moran’s ethos with an archaic militarism, it may be more useful to view the military as an institutional site in which elements of classical liberalism remained highly salient precisely because they gelled with an authoritarian organization embedded in a liberal polity.

This is not at all to say that the military ethos is simply Victorian. For example, consider Moran’s recognition that his soldiers were subject of a new democracy and no longer simply docile bodies to be treated brutally. Nor is it simply a generic authoritarian governmentality. For example, when the Allied armies were repatriating tens of thousands of troops with psychogenic injuries, the German military had closed down its psychiatric and psychological services and was executing thousands – even tens of thousands – of its own troops for ‘morale’ crimes (Shephard, 2001, pp. 310–12). Moran’s was a rather different form of authoritarian governance precisely because it was imbricated with a
liberal democratic government, worked with subjects identified as raised in a liberal polity and was formed by subjects who were themselves role models for contemporary liberal masculinity.

For the moment at least, it may be enough to stress that subjectivities within the military are not simply formed by military imperatives, but also are shaped by the liberal political environment, an environment that also shapes the nature of the military itself.

The ‘traditional’ military and the psy-sciences

In light of this, perhaps it could be expected that shifts towards ‘social’ liberalism and its associated valorization of technocratic experts of the human condition would quickly be registered in the military. In practice, while growing in influence especially after the Second World War, military psychiatry was always embattled. One reason, of course, is the complex of competent and heroic masculinity that is still valorized in military and popular cultures. Another is the absence of clear indicators of therapeutic effectiveness. The kind of on-the-spot treatment mentioned by Moran proved to be effective in returning many psychogenic casualties to the trenches after a short period. Of course, this left things very open to the traditional military interpretation of such injury and of psychiatrists. Problems were exacerbated by the observations that many soldiers reported injured with ‘shell shock’ when they had not been near the front and that epidemics of shell shock seemed to come in waves. Psychiatrists were seen as encouraging such ‘epidemics’, a view that was still prevalent in the Second World War and indeed was to haunt PTSD therapists in the 1990s.

In part, the continuing bad odour of psychiatry was also attributable to the familiar differences of theoretical and treatment approaches among neurologists, psychiatrists and clinical psychologists. Treatments ranged from hydrotherapy to electric shocks (sometimes mild, sometimes very painful depending on the theory), drugs, exercise regimes, rest, hypnosis, sharp discipline, psychotherapy and so on. But it is likely that the real barrier to acceptance was the general lack of success of treatment. Psychiatry inherited long-term psychogenic casualties resistant to recovery probably because no one else could deal with them either.

As a considerable volume of scholarship indicates (see, for example, Jones & Wessley, 2005; Paulson & Krippner, 2007; Shephard, 2001; Young, 1995), psychiatry gradually forged a place in military medicine. By the 1970s it was claimed that a combination of psychiatric care and carefully managed rotation of troops out of combat zones had drastically reduced psychogenic injuries in the Korean and Vietnam theatres. However, reports of delayed onset stress reactions among Vietnam veterans were linked to a growing politics in which psychiatry was targeted both on the basis of accusations that it had covered up the extent of psychogenic injury and as part of the broader ‘anti-psychiatry’
movement. One aspect of this latter was that the wide divergence of clinical and theoretical approaches to psychological and psychiatric problems came to be regarded as highly problematic for psychiatry's medical legitimacy. As Young (1995, pp. 94–9) has argued, in large measure this informed the redesign of the DSM (Diagnostic and statistical manual of mental disorders) in the early 1970s. Based on the assumption that the success of the physical medical sciences had been founded on a common system of symptomatic disease classification, ‘DSM-III’s designers aimed at being atheoretical, and grounded classification in statistical procedures’ (Young, 1995, p. 105). Statistical measures of reliability and validity – especially insofar as they were based on predictive tests and scientific research – were established as essential conditions for the creation of diagnostic categories.

Campaigners on behalf of Vietnam veterans attempted to link ‘Post Vietnam Syndrome’ to the revision of DSM, in part to create veteran eligibility for war pensions (Scott, 1990). At first, this project failed because it was held that there were insufficient empirical data to warrant the creating of a new classification. Eventually such data were produced by widening the ‘syndrome’ to include evidence on many trauma conditions outside that of warfare (Scott, 1990, pp. 304–5). With the success of this exercise, ‘Post Vietnam Syndrome’ was displaced by PTSD (now categorized in DSM-IV as ‘309.81 Posttraumatic Stress Disorder’). It emerged no longer specifically as a war injury, but as ‘the development of characteristic symptoms following exposure to an extreme traumatic stressor’. The definition allows both directly and indirectly experienced traumatic events that ‘include but are not limited to, military combat, violent personal assault ... being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or man-made disasters, severe automobile accidents, or being diagnosed with a life-threatening illness’.

Now it became both possible and respectable to think of individual resilience scientifically and statistically as a series of risk factors. These could be identified scientifically as promoting or preventing the onset of PTSD. The almost taken-for-granted status of fortitude was, at least with respect to breakdown in traumatic situations, destabilized by a regime that constituted itself as scientific. This was an important step in the invention of resilience. Nevertheless PTSD did not seriously weaken psychiatry or the therapeutic industry. Affecting only the nosology, it established the conceptual or classificatory and ‘scientific’ knowledge regime from which change could now occur. Indeed, the irony is that, by extending the scope of PTSD, DSM-III greatly expanded the domain of therapeutic practices.

During the 1980s, as Shephard (2004, p. 56) argues, there was a ‘decade of therapeutic optimism’. Now PTSD had been established as scientifically real, the improvements that had accompanied the development of scientific medicine were widely hoped to create major breakthroughs in treatment and prevention. However, these developments produced several unanticipated results. PTSD therapeutics – which had not been revolutionized by these
developments – did not stand up to a new generation of scientific evaluation (e.g. Shalev, 1997). Worse, PTSD came to be identified with many of those effects attributed almost a century earlier to shell shock. Epidemics of PTSD appeared. It was claimed that blanket therapy had encouraged many not afflicted to claim injury for self-interested reasons, such as insurance compensation, or through some form of neurotic attachment to the idea of PTSD. Worse still, PTSD was seen to have another effect characteristic of the ‘shell shock’ era: that significant numbers of patients exhibiting relatively mild symptoms moved on after therapy to become full-blown and long-term casualties.

This supposed iatrogenic characteristic of PTSD therapy had a serious negative impact on its use as a post-event preventive technique. It was this development also that Shephard, Furedi and others critiqued with the aim of scaling down such interventions and allowing those exposed to traumatic events to ‘cope’ on their own. But this does not mean PTSD was now ignored. It remains a concern in US, British, Australian, Canadian and other military and civilian contexts. Shifting the emphasis away from psychiatry towards psychological science has promoted experimentally tested regimes into a domain where psychiatry had previously held at least a contested presence. It is upon this platform that resilience was reconfigured.

Cognitive behavioural therapy and the technologies of resilience

Psychology has given us this whole language of pathology, so that a soldier in tears after seeing someone killed thinks: ‘Something’s wrong with me; I have post-traumatic stress’. . . . The idea here is to give people a new vocabulary, to speak in terms of resilience. Most people who experience trauma don’t end up with PTSD; many experience post-traumatic growth. (Seligman, 2009, p. 18, referring a plan to train all US soldiers in resiliency)

The American Psychological Association’s ‘Help Centre’ (http://apahelpcentre.org) suggests that ‘[r]esearch has shown that resilience is ordinary, not extraordinary’. More than this: ‘Resilience is not a trait that people either have or do not have. It involves behaviours, thoughts, and actions that can be learned and developed in anyone’. This overturns the common sense of Moran and his generation, for whom resilience was clearly a character trait – learned, but ingrained early in such a way that it inhabits the ‘soul’, not merely the intellect.

In a paper penned by two colonel-psychologists in the Australian Defence Force, the new resiliency strategy is seen to be based on a series of evidence-based lessons that resonate with Shephard’s and Furedi’s critical views. It argues ‘there can be tremendous resilience in the face of trauma if our people are properly informed about stress reactions and encouraged to form and use their own support resources’, and that ‘dramatic improvements in adjustment
can be fostered through reassurance and basic information about how humans respond to disturbing experiences’ (Murphy & Cohn, 2008). In turn, this is linked to a three-phase programme of ‘Critical Incident Mental Health Support’. The first phase allows for the provision of first aid, ‘but usually people are given time to let their normal coping and support mechanisms come into play. It is expected that most people will cope’. The second phase either is to do nothing further or to provide ‘education about traumatic stress reactions and effective coping behaviours and thoughts’. In other words, rather than assuming responsibility for the case the expert provides the casualty with a refresher course in the skills for self-reliance learned in recruitment training. The third phase is ‘essentially follow-up’ (Murphy & Cohn, 2008).

Regardless of whether this succeeds in its aim of ‘conserving personnel capability’, the language, and thrust, of this military medical strategy is striking for the way it mirrors a liberal governmental shift that has characterized other key areas of life – including crime, health, finance, traffic, domestic security and industrial safety – since the 1980s. While foregrounding the language of ‘resilience’ is largely a recent development, what ‘resilience’ does in this military discourse is to foster three linked changes familiar to the analytics of advanced liberal governance. These are: the prioritization of anticipatory governance; the valorization of individuals as managers of their own risks; and a shift in the role of expertise from that of assuming technocratic responsibility to that of ‘empowerment’ and ‘support’ (cf. O’Malley, 2004).

Working closely with US, Canadian and Norwegian military training establishments, Southwick (2008) reports the development of research in the US army on neurobiological and psychosocial factors affecting resilience. While some emphasis is placed on biochemical analysis and the promise of drug treatments this very much plays second fiddle to the ‘psychosocial’ factors. The US army’s Fort Bragg programme in psychosocial military resilience training focuses on a battery of ‘factors’ found to reduce stress reactions:

- Positive emotions (optimism and humor);
- Emotional regulation (fear, anger etc.);
- Cognitive flexibility (positive explanatory style, positive reappraisal, and acceptance);
- Coping style (active approach vs. passive/avoidant);
- Spirituality (including religion);
- Moral code (including altruism);
- Social support (including unit support);
- Training (physical, psychological and spiritual);
- Purpose and meaning (mission).

(Southwick et al., 2005)

Each of these factors is broken down into components, some of which are to be a focus of training, the effectiveness of which in turn is validated by research findings. For example, ‘coping style’ involves focusing on an ‘active approach’, found to produce fewer PTSD symptoms in Gulf War veterans. In turn, this active approach involves gathering information, acquiring skills, confrontation rather than avoidance, problem-solving, seeking social support and cognitive
reappraisal (that is, ‘redefining a crisis as a challenge’) as opposed to blaming. In large measure, these are skills in which experts have not only determined the effectiveness of the cognitive behavioural factors, but also provide the details of how they are to be practised.

This picks up on something that Shephard and the other critics of PTSD and ‘common-sense’ advocates of resiliency do not appear to have appreciated. As seen, Shephard remarks that therapists are now arguing that they should ‘‘respect the patients’ coping strategy’’. Shephard’s response is that this means to ‘leave him alone and not debrief him’ (2004, p. 57). While his interpretation is superficially consistent with what has emerged in the military, perhaps the more important point is that resilience itself has been reconfigured. Resilience now is neither an innate human characteristic nor what used to be fortitude – resilience is not so much a question of moral absolutes, of knowing instinctively what is right and performing duty through the force of moral convictions and unwavering will-power and obedience. As a coping strategy, resilience has been empirically studied for its effectiveness. The ‘effective’ elements of coping strategies are valorized, those proven ineffective or counterproductive are ignored or eliminated. Resilience becomes a scientifically validated and optimized technique of the self.

Over and above the specific training modules, however, are guidelines that relate especially to certain protective factors associated with the modern ‘multicultural’ military. These include ‘Solidify moral compass’ including ‘altruism’, and ‘Practice religion/spirituality’. Again, these are research-grounded protective factors: practising religion/spirituality has been found to reduce risks of breakdown (see also Singer, 2007), while altruism is ‘associated with resilience and positive mental health and well-being’ (Southwick et al., 2005). Neither religion/spirituality nor moral compass is explicitly related to a specific training module. Rather, the instruction is for recruits to adopt a role model of their choice. Examples are provided, but not mandated. Morality, will-power, character, religion, altruism – these key elements of Moran’s ‘fortitude’ are still present therefore, but almost as optional extras. More important, war is not represented, as for Moran, as the ultimate test of these ‘virtues’. War is the site in which these scientifically warranted risk-reducing ‘factors’ are to be deployed among the skills required for the production of resilience.

Furthermore, not only are these moral imperatives reduced to the status of protective factors, there is also a difference in the expertise involved. A second tier of expertise is added to that of the cognitive psychologists. In the nineteenth century, as Rose (1999) has pointed out, experts in self-government were moral authorities: clergymen and theologians, schoolteachers, moral philosophers and philanthropists together with a smattering of retired senior military and naval officers and explorers. Their expertise was in the moral and the religious, in reinforcing character and fortitude. They wrote the self-improvement and self-help books of a century ago. Now such moral expertise is mobilized in new ways. Rather than moral commandments being provided
for all to obey – always problematic in a multicultural military where Moran’s ‘Christian virtues’ will not be to the taste of all – they are to be selected according to the lifestyle preferences and the individual beliefs of the subject. Thereby, the claim that anyone may be trained in resilience, whether Christian, atheist or whatever, may be maintained.

Examination of this genealogy maps out how resilience emerges as a formation distinct from fortitude. As it stands, however, it is vulnerable to a charge of technological determinism: it implies that the unarguable effectiveness of cognitive psychology has led to the displacement of ‘old fashioned’ thought and practice that it reveals to be ineffectual. One difficulty facing a technology-driven interpretation is that, as seen, influential critics of PTSD therapeutics argue that resilience is an innate characteristic, and all that is required is for the therapists to back off and allow individuals to recover. Resilience appears naturalistically as something people just ‘have’ but that has been disabled by medicalization. Given that this ‘common-sense’ argument resonates so strikingly with long-term military discourses of fortitude, and given the suspicion with which the psy-sciences have been held in military contexts, then we have at least to explain why major military forces in the early twenty-first century have become so active in the implementation of psychology-driven resiliency training. One starting point for this account is the observation that, at the end of the millennium, leading military powers have experienced a ‘revolution in military affairs’ that creates demands for a new kind of ‘warrior’ subject, more entrepreneurial, flexible and adaptive, more relational and active than is consistent with subjects distinguished by fortitude alone.

Network-centric warfare and ‘the liberal way of war’

We must transform not only our armed forces but also the Department that serves them by encouraging a culture of creativity and intelligent risk-taking. We must promote a more entrepreneurial approach to developing military capabilities, one that encourages people, all people, to be proactive and not reactive, to behave somewhat less like bureaucrats and more like venture capitalists.

(Rumsfeld, 2002)

In their work on warfare and liberalism, Dillon and Reid (2009, p. 16) have argued that the liberal way of war ‘directly reflects the liberal way of rule’ and that, just as the latter is constantly adapting and changing, so too is the former. Succinctly put, their thesis is that we live in an age in which ‘governing through contingency’ – the necessity of recognizing that life is in its nature uncertain – has had a profound impact both on liberal rule and liberal warfare. It is not so much, in the style of Ulrich Beck (1992), that government changes because the world has become more uncertain and
catastrophe-prone. Rather, it is that discourses of complexity, networks and information that characterize both the molecular and the digital knowledge revolutions have reshaped governance by reforming the vision of the nature of life itself and thus of the objects of government (Dillon & Reid, 2009, p. 52). These generate an account of life as characterized by ‘complex adaptation and emergence’ of ‘continuously unfolding potential’ (2009, p. 85). This radical uncertainty is associated with the intensified focus on danger and security that characterizes the unstable present, the ‘emergency of its emergence’ as they term it (2009, p. 85), simply because this ‘pluripotent’ life ‘is continuously becoming-dangerous’. But in the same moment, and by the same process, this characteristic of emergence is at the heart of what is positive and constructive. Life’s productive secret and its dangerousness are now understood to be embedded in the very contingency of life itself, two sides of its foundational characteristic of innovation and adaptation (Dillon & Reid, 2001, pp. 43–7).

In the new military vision the governance of these labile and evolving potentialities requires a flexible and adaptive military government to match. Set-piece naval or tank battles are relegated to the past; the Internet and civilian air traffic emerge as new ‘battlespaces’ in ‘asymmetric warfare’ where each side plays according to its own rules and seeks weakness wherever it can be made to appear. The result is that ‘our missions have become far more complex and our challenges and adversaries less predictable’ (Alberts et al., 2000, p. 60). The new epistemology of contingency makes sense of such transformations and shapes the ‘revolution in military affairs’ of which ‘network-centric warfare’ (NCW) is a critical outgrowth. As its name implies, NCW centres relational and mobile networks in contrast to what are seen as ‘platforms’ or ‘silos’. NCW appears as an assemblage in which information and communication are pivotal organizing principles and prime movers, in which weapons, agents, organizations are imaginatively transformed from entities with stand-alone capacities into relational elements whose potential lies in their place in a complex, adaptive and emergent open system (Dillon & Reid, 2009, pp. 116–17).

The emergence of resilience training may be viewed as a component of military governance that is more consistent with the emergent liberal way of war than is the assemblage of fortitude. The new ‘resiliency strategy’ meshes with a revised liberal military ethos in which military personnel are no longer to be governed by the classical liberal virtues and their hybrid formation with military authoritarianism. Now, new forms of agency are required and expected of troops, in a constantly adaptable military with fewer chains of command in military hierarchies, troops working in smaller more flexible formations, troops required to a far greater extent to be innovative, to show initiative and act as informed decision-makers (DSTO, 2004).

In such ways, as I will argue shortly, the military has taken on many characteristics of advanced liberal imaginaries of good governance. As made clear by the Australian government’s Defence Science Technology Organisation,
the model to be adopted by military governance is that of the successful
business enterprise because ‘in many ways the environment in which the military
forces operate does not differ from that of the business environment’ (DSTO,
2004, p. 4). In conformity with much of the new managerial literature, it
therefore stresses that ‘traditional organisational structures and arrangements
are most probably inappropriate to take advantage of the new possibilities. For
example, it is likely that flatter organisations are necessary, along with increased
autonomy at lower organisational levels’.

In key ways, this parallels — or as the American military strategists
Cebrowski and Gartska (1998) suggest, ‘mimics’ — the Thriving on chaos
business vision of gurus such as Tom Peters (1987). New ‘flexible’ forms of
military organization are imagined as required in a world in which the
relatively stable and predictable conditions of the past century have been
replaced by an unstable and uncertain world (Manigart, 2003). In turn, this
has major implications for the way in which ‘warriors’ are to be shaped. As
Defense Secretary Rumsfeld urged, we ‘will not transform the US Armed
Forces unless we transform the way we think, the way we train, the way we
exercise and the way we fight’ (2000, p. 29). A change in cognition is
required:

Traditionally warriors were required to exhibit qualities such as discipline,
fitness, decisiveness, leadership, obedience, patriotism, sacrifice and loyalty. But
while these remain important qualities in many circumstances, others emerge as
potentially necessary in the new NCW context. These include a broad range of
expertise, cooperativeness, open mindedness to innovate within the context of
command intent and to accept responsibility for initiatives taken.

(DSTO, 2004, Executive Summary)

In practice, some of the formerly valued attributes of fortitude may even
become handicaps in the new battle space. Certainly ‘unthinking obedience’
appears as counterproductive (DSTO, 2004, p. 33); the demand instead is for
personnel to possess high ‘emotional intelligence’. This involves a set of
capacities such as being adaptable, intuitive, innovative, independent, skilled,
confident and optimistic. Emotional intelligence, like much of this new range
of techniques of the self in which resilience is a centrepiece, was generated out
of psychological science (particularly psychometrics). It too has become
established not only in the liberal military but especially in the new managerial
doctrines, and figures prominently in the literature of self-fulfilment and
self-realization. It ‘refers to the capacity for recognising our own feelings and
those of others, for motivating ourselves, and for managing emotions well
in ourselves and in our relationships’ (Goleman, 1998). Like resilience it is no
longer imagined as a moral virtue, personality or character trait: ‘fortunately,
emotional intelligence is a learned capability and, as such, should become
part of the education and training of the Network Centric Warrior’ (DSTO,
2004, p. 33).
Conclusion: the advanced liberal military and the liberal subjects of uncertainty

In the view of its principal military proponents NCW reflects a change in society as a whole (Alberts et al., 2000; Cebrowski & Gartska, 1998, pp. 1–2). This societal shift has ‘been dominated by the co-evolution of economics, information technology, and business processes and organizations’ so that ‘network centric warfare has its antecedent in the dynamics of growth and competition that have emerged in the modern economy’ – what Alberts and his colleagues refer to as ‘the Darwinian world of business’ (2000, p. 21). Dillon and Reid extend the point significantly, arguing that in the view of such military visionaries:

the laws which were to govern the development of this liberal way of war were in essence indistinguishable ... from the laws which governed the development of the liberal way of living as such. That is to say, the liberal way of war was inextricably interconnected with liberal ways of ruling, producing, consuming, policing, educating, punishing, reproducing and so on. An account of any of these other sectors would find the same dynamics in operation and the same discourses applying to them: rule is for adaptively emergent self-rule, education is for (economic) fitness, art is for stimulating the creativity, adaptation and innovation which complex adaptive emergence demands; punishment is designed to stimulate self-synchronizing correction, and so on. (Dillon & Reid, 2009, p. 117)

Of course Dillon and Reid are not themselves assuming the existence of such neo-Darwinian laws, but rather see in them an emergent liberal and military telos centred on the imaginary of life itself as radically contingent, continuously transformative, complex and adaptive to emerging ‘fitness landscapes’. While a striking illustration of the nexus between the liberal way of war and liberal rule, their analysis of contemporary liberalism remains couched in terms of the privileged place of codes, communications, networks and contingency. There is little sense, for example, of the nexus between the transformations in military life and specificities of contemporary ‘advanced’ liberalism. However, I would suggest that there are some striking convergences or ‘co-evolutions’, suggestive of the possibility that the informatically-driven imaginaries of the biological and digital revolutions and the corresponding transformation of the military have co-evolved with advanced liberal politics. Advanced liberalism already had valorized contingency and competition, at least since the 1970s, and had projected a neo-Darwinian requirement for adaptiveness and competitive ‘fitness landscapes’ onto the terrain of governance (O’Malley, 2004; Rose, 1999). As the military theorists noted above also observed, the business and management sector revolutions linked with advanced liberalism had prefigured many of the organizational moves characteristic of the revolution in military affairs.

Thus the emerging resilient subject aligns not only with the requirements of the new military but equally with many techniques of the self associated with a
liberal mentality of rule that valorizes self-reliance and responsibility in an uncertain world. Advanced liberalism promotes the need to become an entrepreneur of one’s self (Rose, 1999), to manage one’s own risks (O’Malley, 2004), to be innovative, adaptive and responsible. The new resilient self is also to be achieved rather than taken as natural. Closely linked to a ‘duty to be well’ (Greco, 1993), it is part of a move to ‘empowerment’ that displaced ongoing ‘dependence’ on professionals. As with ‘markets’ and ‘communities’, ‘resilience’ has shifted from being a natural given to being a technique to be applied wherever advantageous, built up or assembled in ways that resonate with Rose’s (1999) description of advanced liberal consumers who assemble their lives from an available array of commodities. Many of these commodities are themselves instruction manuals on how to mould the self to become self-fulfilling and more positive, more flexible and enterprising, more responsible and more communicative, more innovative and enterprising, and thus also more able both to withstand the shocks and grasp the opportunities presented in the risk society. The tsunami of new managerial and life-skills texts for governing uncertainty – ranging from Peters’ (1987) *Thriving on chaos* to Covey’s (1989) *The seven habits of highly effective people* is now joined by fashionable self-instruction manuals in resilience: *The power of resilience: Achieving balance, confidence, and personal strength in your life* (Brooks & Goldstein, 2006), *The resilience factor: 7 keys to finding your inner strength and overcoming life’s hurdles* (Reivich & Shatte, 2002) and *The resiliency advantage: Master change, thrive under pressure and bounce back from setbacks* (Siebert, 2005).

In domains of commerce and everyday life, as in the ‘co-evolving’ military world, resiliency and adaptability have become central techniques of the self. They are appropriate in a world imagined as characterized by radical uncertainty, a world in which even statistical risk analysis may produce counterproductive rigidities – for risk always calculates on the basis of a past projected into the future. Risk management based on probabilities valorizes certain harm-minimizing routines. But the situations imagined to be confronted in the world of uncertainty involve scenarios that unfold rapidly. They involve variables that have not necessarily been experienced in volume before, or are highly complex, that involve multiple lines of risky development (‘poly-risks’) with highly uncertain outcomes.

The newly resilient subject may take advantage of risk calculations and predictions where available, for it is not at all that statistical risk has been superseded. But resilience differs from both archival-statistical risk and enactment, to a greater or lesser degree, in three respects. First, and perhaps most important, it is not specific to the governance of particular threats, or indeed even to threats per se. It is a technology that is imagined to equip the subject to deal with uncertainty in general. Second, resilience emerges as a new technique better adapted to govern situations of radical uncertainty: to deal with possible events that have either not been predicted statistically or not thought to be sufficiently likely to warrant enacting or in other ways rehearsing. Resilience occupies an increasingly prominent place in large
measure because it is in these ways a technique of ‘incalculable’ uncertainty rather than ‘calculable’ risk. The US bible of network-centric warfare expresses this aptly:

we are moving away from a situation in which we knew how we wanted a particular task performed, and then designed tools and processes to teach known solutions. We are now entering a period where we will not know the answer at the start of the process, and the techniques and tools that are associated with education and training may no longer be valid.

(Alberts et al., 2000, p. 229)

As Donald Rumsfeld suggested in the passage quoted earlier, the approach of the future is said to be that of the venture capitalists – those who can take risks and are resilient enough to see the opportunities and withstand the ‘unpredictable’ adverse outcomes that nonetheless have to be anticipated. In this is the third and in many ways crucial characteristic of resilience that differentiates it from risk and preparedness, and that also aligns it with advanced liberal governance. Resilience incorporates the enterprising and innovative stance that is ‘embracing risk’. Risk embracing and risk minimizing appear as two sides of the same coin. The resilient subject must regard problems as challenges and opportunities, so that bouncing back is no longer returning to a previously existing order. Knowing when and how to exploit uncertainty to invent a new and better future is equally a prominent feature of the adaptable, flexible and enterprising subject of resilience. It is this resilient subjectivity that resiliency training aspires to create. In its own imagination it would, as Lentzos and Rose suggest, ‘enable each and all to live freely and with confidence in a world of potential risks’ (2009, p. 243).

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Notes

1 Or consider the following view from an old soldier: ‘Psychologists, sociologists and the like had not yet been invented so there was no pernicious jargon to cloud simple issues. Right was right and wrong was wrong and the Ten Commandments were an admirable guide … A coward was not someone with a complex (we would not have
known what that was) but just a despicable creature... Frugality, austerity and self control were then perfectly acceptable. We believed in honour, patriotism, self sacrifice and duty and we clearly understood what was meant by a “gentleman” (quoted by Shephard, 2001, p. 25).

2 These establishments include the US Army Survival School and the US Army Special Forces Assessment and Selection at Fort Bragg, US Navy Survival Schools, US Army Close Quarters Battle Training, the US Marine Corps Special Operations Command and the Canadian Joint Task Force (Special Operations) Selection and Assessment, among others. I am grateful to Nikolas Rose for alerting me to this development.

3 At Fort Bragg, the US military identified neuropeptide Y among the physiological factors that predate the development of PTSD. People ‘who release high levels of NPY under stress stay mentally focused. They don’t have as many symptoms of dissociation, and at the end they bounce right back to where they started. Others, those that produce less NPY, performed very poorly in the training and looked a lot more anxious and frazzled at the end’ (http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/morgan.html?opm=1&rr=1&rr107&sr=d&echorr=true). It began to appear possible to use measurement of this peptide as a way of selecting those who would be resilient from those who would not. However, this work is in its infancy. At this point, a contrast emerges between resiliency as a biochemical condition and — as later emerges — resiliency as a skill. Clearly the way is open to other ‘resiliencies’ developing alongside that discussed in this paper.

4 As would be expected, this array maps closely onto those presented in the popular self-help literature. Thus Brooks and Goldstein list the components of a resilient mindset as including: ‘Feeling in control of one’s life. Knowing how to fortify one’s “stress hardiness”. Being emphatic. Displaying effective communication and other interpersonal capabilities. Possessing solid problem-solving and decision-making skills. Establishing realistic goals and expectations. Learning from both success and failure. Being a compassionate and contributing member of society. Living a responsible life based on a set of thoughtful values. Feeling special (not self centred) while helping others to feel the same’ (2006, p. 3).

5 For Alberts and his colleagues ‘battlespace’ replaces battleground, ‘to convey a sense that the mission environment or competitive space encompasses far more than a contiguous space’ (2000, p. 60).

References


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