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The Bathsheba Syndrome Revisited: Reframing Ethical Leadership Through Moral Injury

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Abstract: "Ethical leadership is the key to preventing moral injury." This claim is often made as a solution to mitigating organizational-level moral injury. The United States military invests substantial resources in educating its leaders to uphold its ethical standards. Nonetheless, the question persists: *Why do embarrassing and catastrophic failures of leadership, often resulting in severe moral injuries, still occur?* Ludwig & Longenecker's "Bathsheba Syndrome" has long been incorporated into United States military ethics education to illustrate the pitfalls and significance of ethical leadership. However, their interpretation of the ancient narrative does not address current impacts of moral and ethical failings – moral injury. This paper proposes a different conceptualization of the Bathsheba Syndrome through the concept of moral injury. Revisiting the Bathsheba Syndrome reframes the goal of ethical leadership and how it is taught and supported as military leaders face today's moral and ethical challenges. While primarily focused on the United States military, revisiting the Bathsheba Syndrome has broader implications for the education, training, evaluation, and support of leaders in other contexts, and for those particularly interested in the intersection of moral injury, ethics, and leadership.

Introduction

Since I first encountered the concept of moral injury in 2016, recovery from it has become more diverse and comprehensive, with greater access to evidence-based, interdisciplinary, and contextually sensitive methods. However, these methods do not directly address broader, organizational forms of moral injury. During my twenty-five years of service in the United States (U.S.) Navy, first as a submarine officer and now as a chaplain, I have observed military personnel, including leaders, increasingly struggle with career-long experiences[1] involving questionable institutional decisions and unethical leadership. Conflicts arise within their moral conscience as they try to reconcile these experiences with their lifelong commitment to the military and service to the nation. When not properly addressed, these conflicts can lead to a variety of struggles, including moral injury. While not exclusive to the U.S. military, "good

leadership," or, more specifically, ethical leadership, is raised as the solution to organizational forms of moral injury. The U.S. military relies heavily on its leaders to maintain its ethical culture and trustworthiness with civilian leaders and the public and thus invests significant time and resources in fostering ethical leadership in its personnel.

There is no better reflection of this commitment to ethical leadership than "The Bathsheba Syndrome." Authored in the early 1990s by University of Toledo business professors Dean Ludwig and Clint Longenecker, their article is incorporated into the U.S military's ethics education courses, and this "syndrome" is widely known among military leaders. The Bathsheba Syndrome names the temptations leaders face and underscores the importance of ethical conduct. However, if leaders are so thoroughly indoctrinated in the Bathsheba Syndrome's lessons, why do many good military leaders continue to commit embarrassing moral and ethical failures? Are individuals simply "bad apples" incapable of meeting the military's ethical standards? Or does Ludwig and Longenecker's conceptualization of the Bathsheba Syndrome overlook other, more current risks impacting leaders' ethical decision-making? The emergence of moral injury in the experiences of military service members requires revisiting the Bathsheba Syndrome and reframing ethical leadership to address what Ludwig and Longenecker's conceptualization overlooks. Rather than discarding the merits of their contribution from over thirty years ago, understanding the Bathsheba Syndrome through the lens of moral injury leads to a critical update to how ethical leadership is taught and supported in today's military leaders.

The Story of David & Bathsheba: A Summary

The nation of Israel is at war, and King David is uncharacteristically absent from the battlefield. Instead, he is on his palace rooftop, where he sees Bathsheba bathing. Infatuated, he commands her brought to him, and he has sex with her. After returning to her home and learning

she has conceived, Bathsheba sends word to David: “I am pregnant.” To cover up the scandal, David recalls Bathsheba’s husband, Uriah, from the battlefield and tries to have him sleep with her, but Uriah refuses out of respect for his fellow soldiers still fighting in the field. David then plots to have Uriah killed by ordering his general, Joab, to place Uriah on the front lines and leave him exposed during an enemy assault. David’s plan succeeds; after Bathsheba mourns Uriah’s death, he marries her, and she gives birth to their son.

Later, the prophet Nathan confronts King David by recounting a parable about a wealthy man who unjustly took a poor man’s only prized lamb for his own pleasure. When King David responds with indignation towards the wealthy man in the story, Nathan declares, “You are the man!” thereby linking it to David’s own wrongdoing. In response, David expresses remorse, and Nathan offers him forgiveness. Nevertheless, there are repercussions: David’s infant son will die, and David faces significant challenges to his kingship, culminating in civil war, his exile, and the forfeiture of his kingdom.

Ludwig & Longenecker’s “The Bathsheba Syndrome”

Ludwig and Longenecker asserted that David’s moral failure is due to a “syndrome" resulting from an inability to handle success and its privileges, thus overriding his moral conscience.[2] In the authors’ view, success gives leaders increased access to privileged information and resources, a greater ability to manipulate outcomes in their favor, and a temptation to become complacent and lose mission focus.[3] Thus, like David, even well-meaning leaders who have previously demonstrated good character can be tempted to believe “they can get away with it” and “the rules no longer apply to them.” For military leaders, the Bathsheba Syndrome is a cautionary tale of how the privileges of rank, authority, and command can “go to their heads,” thus blinding them to the risk of moral failure in their decision-making.

In the U.S. military, there are two longstanding solutions to the Bathsheba Syndrome. The first is "the Nathan solution,"[4] in which trusted advisors provide "constructive resistance" by speaking truth to the leader while avoiding the perception of challenging or undermining their authority.[5] Some argue this role is best filled by a senior subordinate on the military leader's staff, such as an Executive Officer or Senior Enlisted Advisor.[6] Others believe that a subject-matter expert, like the Staff Judge Advocate (military lawyer) or Chaplain, is better suited.[7] The second solution emphasizes military ethics education, which predominantly teaches the "big three" of Western ethics philosophy: Aristotelian virtue, Deontology, and Utilitarianism.[8] This serves as a theoretical baseline for ethical reasoning by instilling institutional virtues, values, and ethical frameworks that constitute the requisite character for military leadership. By promoting an approach in which this relatively stable, theoretical baseline is applied to the situations they face, the military believes it can produce leaders "who will act virtuously because they *are* virtuous,"[9] thereby entrusting them with moral authority within the institution.

However, these longstanding solutions are also accompanied by persistent challenges. Regarding the "Nathan Solution," is it realistic for a subordinate to speak openly and confront a leader about questionable conduct, especially when there's a risk of reprisal? Conversely, can a leader trust that advice isn't motivated by a subordinate's own ambitions or agendas? Are there limits to the ethical guidance that military lawyers or chaplains can provide, given their highly specialized expertise? Additionally, in the U.S. military, leaders write fitness reports on their subordinates and staff officers, which impact their opportunities for promotion and advancement. Will the advice they give be truthful, or merely what the leader wants to hear? Or, will they speak up at all?

Regarding military ethics education, military ethicists conclude, "Obedience cannot be ethical, for it implies the negation of one's conscience."[10] In other words, is it realistic or appropriate to assume that a leader's individual morality and the institution's rules and ethical standards are one and the same? Do a leader's previous and non-military experiences play any role in shaping their moral identity and thus affecting their ethical reasoning and decision-making? Furthermore, can ethical leadership be simplified by following and enforcing extensive organizational regulations, policies, and rules? Furthermore, how does current ethics education address the way in which leaders' values shift and adapt as strategic priorities and national agendas change over the course of their careers?

If how a leader handles success is the only predictor of moral and ethical failure, then those failures are narrowly viewed as individual pathologies.[11] These failures are simply a result of "operator error," or flawed moral and ethical functioning. No consideration is given to intrapersonal, social, and organizational factors that lead to moral and ethical failures, nor to how these factors compete with and potentially prohibit the sustained development of their moral compass, thereby compromising it. Curiously, Ludwig and Longenecker perilously subordinate ethical leadership to personal and professional success, with the latter being a leader's "ultimate goal."[12] With these competing demands, it is no surprise that the authors admit that even the best leaders can fail.[13] Therefore, we must ask, "Is there an alternative way to understand the Bathsheba Syndrome?"

The David & Bathsheba Story, Reinterpreted

Moral injuries are experiences where violations of personal, organizational, or societal values and norms of "what's right" evoke strong emotions, including betrayal, guilt, and shame.[14] If not adequately addressed, they can cause severe disruptions in one's personal,

relational, vocational, and spiritual life, resulting in an "injury."[15] Moral injuries are distinct from other forms of trauma and suffering in that they upend fundamental assumptions about the world's goodness, life's meaning, and one's self-worth[16] and erode trust and cohesion in interpersonal, communal, and societal relationships.[17] Experiences of military service members and veterans highlight an overlooked aspect of moral injuries at an organizational level. They are marked by silence – they often remain hidden and unspoken, due to factors such as fear of reprisal, a deeply held commitment to military service and the institution, and a reluctance to show "weakness." This provides an important insight into the story of David and Bathsheba. *It recognizes those who are silent in the narrative.* The sacred texts do not record the experiences of Joab, Uriah, those who observed David's transgressions, or how these events were perceived among the citizens of David's kingdom. Bathsheba only speaks once: "I am pregnant." Even the prophet Nathan is silent until he publicly confronts David's transgressions.

The Bathsheba Syndrome, Revisited

Further examination of the story through these silent narratives reveals devastating moral effects as potential moral injury. On an individual level, Uriah is murdered. Joab must live with the reality of following an immoral order. Power dynamics do not allow us to assume Bathsheba consented to sex with David, and she likely grieves the death of her child. Nathan perhaps struggles with guilt for not intervening sooner. On an interpersonal level, do Joab's forces trust him, and can he trust David? What effect does Uriah's death have on unit cohesion? Do those who witnessed David's actions continue to serve him loyally while remaining complicit? At an institutional level, trust is broken with the public; civil war, driven by political rivals, results in widespread suffering. Additionally, there is the issue of possible, unresolved moral injury within

David's own history, which may have unraveled his character[18] and contributed to his case of "Bathsheba Syndrome."

Considering the silent as those who may have experienced moral injury due to David's actions, one might ask, *"What if these individuals had been part of David's ethical decision-making process before he made his choices?"* Instead of a leader only blinded by success, the Bathsheba Syndrome stems from an incomplete understanding of one's moral self in relation to a broader moral context that includes other moral beings. Thus, ethical leadership failures do not merely result from abuses of authority due to an inability to handle success and its rewards, but from a leader's inability to meaningfully integrate the collective moral and ethical impact of their decisions and actions into their moral compass.

Recent responses to organizational wrongdoing and ethical leadership failures often demand sweeping, structural reforms that increase accountability or democratize decision-making. However, for the U.S. military, organizational structures such as the chain of command and command authority, which may create conditions for ethical leadership failures, are also necessary and vital to successfully carrying out its mission. Thus, revisiting the Bathsheba Syndrome does not discredit these structures but calls for a revision of how ethical leadership is taught and supported. This first calls for reframing the goal of ethical leadership to prioritize those who are silent. Specifically, the goal of ethical leadership must be service to others: to fellow service members - seniors, peers, and subordinates - and to the nation and its civilian leaders and citizens.

<u>Ethical Leadership, Revised</u>

Often, calls to service are aspirational and do not lead to meaningful or effective changes. What I am advocating is a more expansive, longitudinal approach to military leaders' moral development that integrates voices and perspectives that leaders often do not hear or have access to, and fosters a dynamic, symbiotic relationship among a leader's experiences, their personal values, and the institution. In other words, leaders must develop the ability to allow the silent to "speak" within and to cultivate a self-awareness of shifts in their moral compass that may negatively affect their decision-making.

Dr. Zachary Moon advocates reconceptualizing moral injury not just as an individual pathology but as a disruption to a person's moral orienting system.[19] Contextually speaking, Moon envisions a leader's moral compass as dynamically shaped by a variety of sources of beliefs and values and lived experience, rather than a static system of adopted beliefs and values.[20] Moral and ethical failures result from moral disorientation, when one's moral compass is inadequate or unavailable to properly respond to situations leaders face.[21] In the field of philosophy, moral ecology and pragmatic ethics study the relationship between theoretical concepts and lived experience. Moral ecology emphasizes the interconnectedness between moral choices and the context in which they occur, analogous to an ecosystem.[22] Pragmatic ethics is an iterative approach that evaluates the quality and function of ethical values in relationship to what is experienced.[23] While both approaches have been criticized for perpetuating moral relativism, they reinforce the importance of contextual models[24] in ongoing moral development, in which moral experiences and theoretical virtues and values inform one another to form requisite moral and ethical character. Thus, they do not replace philosophical ethical concepts such as deontology, virtue, or utilitarianism within U.S. military ethics education, but are important additions to it.

What does this look like in practice? These concepts offer rich possibilities for teaching and supporting ethical leadership. In military ethics education, officer candidates would also draw on their experiences before entering the military, in addition to being taught philosophical and institutional values and virtues. Furthermore, drawing from concepts of moral ecology and pragmatic ethics, officer candidates would be taught how to incorporate perspectives and voices into their moral compass as part of their ethical decision-making calculus. Given their current place in their careers as they enter commissioned service, they would be required to develop a moral leadership philosophy that serves as their "baseline moral compass." As they accumulate more experiences during their careers, officers would revisit this document for further moral reflection, both informally through individual or relational reflection with a mentor, and formally during milestone leadership training. Informal and formal reflection is less about screening for future promotion or suitability for service, thus preventing honest disclosure. Instead, evaluation is intended to detect changes or gaps in a leader's moral compass for self-reflection, moral development, and self-adjustment and recalibration, particularly if the leader has experienced moral distress or injury.

Revising the "Nathan solution" changes the advisor's role from a truth-teller who must delicately balance competing interests and the leader's ego to a facilitator of the leader's understanding and utilization of their moral compass. They accompany leaders as they weigh the complex dynamics of the moral context in which they operate. Rather than speaking truth to power, advisors invoke the leader's moral compass in times of stress. In times of moral disorientation, they support leaders by evoking the voices of those who are silent within their moral compass and whom their ethical leadership ultimately aims to serve. Admitting my bias, I believe that well-trained chaplains are best suited to professionally support and challenge a

leader's moral compass in such ways. To enact this, I advocate for more widespread training for chaplains, including Clinical Pastoral Education, spiritual direction, and applied ethics, to instill the skills they need to be effective "Nathans."

Conclusion

The goal of serving fellow service members and the nation has long been integral to the U.S. military. It is embedded in the ethos, creeds, and core values of all its branches. Nevertheless, when faced with the daily and constant challenges of leadership, military leaders can lose sight of this goal, and the resulting moral and ethical failings do serious damage on multiple levels, including moral injury. Preventing these failures does not rest solely on any one individual, group, or structural solution. It is a collective effort, one that recognizes that "good leadership" prioritizes ethical leadership.

Revisiting the Bathsheba Syndrome by refocusing ethical leadership's purpose on service to others and revising its solutions not only prevents the "syndrome" in leaders but also addresses the expressed moral injuries of U.S. military service members and veterans over the last two decades of war. While the military remains highly trusted compared to other public institutions, moral injuries stemming from its leaders' wrongdoing threaten that privileged status with the nation's citizens and within its ranks.[25] At the same time, military leaders are not unlike leaders in other sectors of society. They are humans with identical needs and aspirations, and are confronted with the same pressures, temptations, and challenges. Reflecting a moral mandate from sacred wisdom, "It is not good for a human to be alone."[26] When leaders perceive themselves as integral to a collective rather than disconnected from them, and others similarly recognize them in this way, ethical leadership evolves into a shared commitment that sustains

trust, alleviates the effects of moral injury, and contributes not only to a leader's personal and professional fulfillment but also to the team and organization as a whole.

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[1] The longstanding perspective is that moral injury arises out of potentially morally injurious events, such as killing in wartime, sexual assault, etc. However, this perspective is limited in that not all will be morally injured even though they experienced the same event(s). Additionally, it tends to view moral injury as the result of acute trauma rather than chronic, unresolved moral distress. Recent research argues moral injury is a result of experience, whether individual, interpersonal, or social. It also accounts for legacies of generational suffering and trauma. See Christina Acampora, et. al. (2024) "Critique of the Standard Model of Moral Injury," New Ideas in Psychology, 75, 101107.

[2] Dean Ludwig and Clinton Longenecker (1993) "The Bathsheba Syndrome: The Ethical Failure of Successful Leaders," *Journal of Business Ethics* 12, no. 4, 265.

[3] Joseph E. Long (2017) "Beyond Bathsheba: Managing Ethical Climates Through Pragmatic Ethics," The Journal of Values-Based Leadership: Vol. 10 : Iss. 2 , Article 14, 174.

[4] CDR Dan Stallard, USN & Maj Kurt Sanger, USMC (2014) "The Nathan Solution to the Bathsheba Syndrome: The Failure of Success Revisited," Marine Corps Gazette, April 2014, 40-44.

[5] Brett D. Weigle & Charles D. Allen (2017) "Keeping David From Bathsheba: The Four-Star General's Staff as Nathan", Journal of Military Ethics, 16:1-2, 104.

[6] Ibid.

[7] Stallard & Sanger, "The Nathan Solution."

[8] See "Leadership, Ethics, Law, Philosophy & Psychology Course Information," United States Naval Academy. Website. Accessed March 24, 2026. https://www.usna.edu/Academics/Majors-and-Courses/course-description/NL.php. While each U.S. Military service varies in how ethics is taught, they share a common foundation of Western Philosophical traditions.

[9] Nigel de Lee, Paul Robinson, Don Carrick, eds. (2008) *Ethics Education in the Military* (Abingdon: Routledge), 5.

[10] Ibid, 178.

[11] Tine Molendijk (2025) "Addressing Moral Injury In Practice: Suggestions for Organisational, Political, and Societal Interventions," Eur J Psychotramatol, 16, 2541485.

[12] Ludwig & Longenecker, 270.

[13] Ludwig & Longenecker,272.

[14] Brandon Griffin, Natalie Purcell, Kristine Burkman, Brett T. Litz, et. al. (2019) "Moral Injury: An Integrative Review," Journal of Traumatic Stress 32, no. 3, 350.

[15] Ibid, 354.

[16] Janoff-Bulman, Ronnie (1992) *Shattered Assumptions: Towards a New Psychology of Trauma.* New York: Free Press.

[17] Griffin, et al. "Moral Injury: An Integrative Review," 354.

[18] Jonathan Shay (1995) *Achillies in Vietnam: Combat Trauma and the Undoing of Character* (New York: Simon & Schuster), 37.

[19] Moon Z and Keefe-Perry LC (2026) "Moral orienting systems: reconceptualizing moral injury as moral disorientation." Front. Psychiatry 17:1733645.

[20] Ibid, 02.

[21] Moon, 05.

[22] Allen Hertzke (1998) "The Theory of Moral Ecology," The Review of Politics, Vol. 60, No. 4.

[23] Raj Rattan (2024) "Pragmatic Ethics," British Dental Journal, Vol. 236, No. 8.

[24] Molendijk, 16, 2541485.

[25] Lydia Saad (2023) "Historically Low Faith in U.S. Institutions Continues," Gallup: Politics. Accessed March 25, 2026 https://news.gallup.com/poll/508169/historically-low-faith-institutions-continues.aspx.

[26] Genesis 2:18, Bible.