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International Relations Ethics and Mental Health

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Abstract

The study of ethics in International Relations (IR) tends to be overly-concerned with issues of military security. By the majority of IR scholars, the study of militarism, "the social and international relations of the preparation for, and conduct of, organized political violence", is prioritized above-all other topics in IR. Does this ranking lead to a deficiency of mental health studies in IR ethics? Though the "intersection of national security, foreign policy, and health has been explored in a number of arenas", IR ethics literature, we argue, lacks a specific focus on mental health with relation to IR ethics, which necessitates innovation in the sub-field of IR ethics to include a mental health ethics framework. Note that our targeted audience is 21st century IR ethics scholars, as they will be the most familiar with IR ethics literature, literature that this essay engages with quite closely. Again, though by ethics we just mean a moral standard, We concern our self with ethics only insofar as they relate to IR and mental health. Further, to establish the neglect of mental health in IR, we will review mainstream IR literature, arguing that mental health is an essential element of IR ethics. For, ethics are substantially based on human character, which is formed substantially by a human's mental health. Specifically, mental health relates to IR ethics, because human actions in the international arena are dictated, in large part, by the actors' mental health. Further, we will go over the origins of IR and its evolution, showing the rationale behind mental health's exclusion in IR.

Keywords: Humanity; Arts; Social

Introduction

This sets up our attack on Hans Morgenthau's principles of realist ethics and George Kennan's position on ethics in foreign policy, as both authors under-value mental health and obscure their stances towards ethics [1,2]. They fail to sufficiently render what they mean by ethics, narrowly understanding the concept. We further survey the limited focus of realism, regarding mental health ethics in IR, with Jennifer Ruger's "Global Health Justice and Governance" in *The American Journal of Bioethics*. We demonstrate that the study of mental health in IR is disorganized and inefficient, as the study is fragmented across disciplines, needing an innovative academic framework. Let this serve as a plan for this paper.

In this essay, when we refer to the study of mental health ethics in IR, We mean the study of leaders' characters, people's behavioural and developmental disabilities, and people's mental health capacities. Ethics here refers not to human rights or codes of conduct, but rather, for instance, to people's behaviour or character that results from structural "health capacities" [3]. Structural health capacities means people's physical health attributes and sense-perceptions, such that involuntarily affect their action distinct from human "agency" [4]. For example, someone's level of intelligence due to brain development is a health capacity. The main point of a health capacity versus human agency is that though humans may choose their actions and desire certain outcomes over others, there are natural underlying elements in humans which involuntarily influence them. This paragraph is the basis for what we mean by mental health ethics in IR.

Review Strategy

Moreover, we cannot understate the importance of mental health in IR ethics. Specifically however, the study of mental health ethics in IR allows scholars to make accurate predictions about leaders and populations. Again, while someone's standard may seem to be a voluntary preference, too often this preference is composed of voluntary and involuntary forces [5]. For example, a leader is more likely to prefer a low moral standard towards violence when they are affected by a health capacity, like bipolar or manic depression. A critic might ask why

the study of mental health should not be left to health professionals, but in reply we must emphasize that health professionals are not trained to perceive mental health ethics in terms of power relations. Rather, if an IR ethicist has greater knowledge, for instance, of the syndromes and tendencies of leaders, then these ethicists will have a more substantive basis with which to make a prediction, regarding power relations, of a leader's character and behaviour. Although, we are not advocating for IR ethicists to become experts in the field of mental health, rather IR ethicists should at least consider mental health in their ethical analysis, attributing more "moral worth" to mental health internationally [6]. For our purposes, moral worth just refers to one's valuing of morals. It is not enough for IR ethicists to merely look at self-interests of leaders as indicators of their actions, IR ethicists must factor in the ethics of mental health, and morally valuing mental health is the first step. Thus so far, we have put great stress on the strategic valuing of mental health, in order to ground the sections that follow.

Though there is prominent research from health journals on global ethics and healthcare, like the *American Journal of Bioethics*, the topic of mental health tends to be ignored by IR scholars and foreign policymakers. This can be explained historically. In the 20th century, schools of IR developed in Canada, the United States of America (USA), and Europe as a result of growing security concerns due to unstable world power relations. In point of fact, IR developed in response to both World War 1 and 2, in which military powers such as Britain, the USA, Canada, Germany, France, Japan, Italy, etc. waged some of the deadliest wars in human history [7,8]. These wars made

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the balancing of power, meaning the preservation of peace by means of checking world powers and balancing alliances between states, primary after World War 2 [9]. Clearly, the focus of IR on security, in a narrow sense, makes sense, as a consistent concentration, not distracted by questions of potentially lessor importance, was the most safe and strategic approach. Hence, still in the 21st century, military security, in the strict sense, has a firm foundation in IR.

Nonetheless, since IR's founding, IR theories have developed significantly. One of these IR theories is constructivism. One concept of constructivism highly relevant to this essay is securitization, which states that "security is a social and inter subjective construction" [10]. Securitization allows IR scholars and leaders to construct and expand on what constitutes an issue as a security concern; as opposed to strictly defining security militarily. We argue that securitization is useful to respond to the changing dynamics of IR, the prevalence of mental health ethics and security being such a dynamic. Thus, with securitization, IR scholars and leaders can prioritize mental health ethics. This prioritization, as a form of advancement in IR ethics, will become clearer closer to the end of this essay, with the section on theoretical frameworks in IR.

Next, a crucial scholar under review in this essay is Morgenthau. To begin, we must disarm any potential critic who might allege me of unfairly reading Morgenthau, for us duly note the significance of his *Politics among Nations: The Struggle for Power and Peace* in IR studies. Particularly for me, his six principles of IR realism are so significant, because they serve as a framework to conceptualize IR [11]. But, his significance only further justifies our scrutiny of him, for we cannot take his principles for granted. Now, with these six principles of IR realism, he explicitly prioritizes national interest over matters of morality [11]. His interpretation implicates that mental health ethics, too, are subordinate to national interests, except, we argue, when the health of one's citizens becomes a prominent concern. Where there is difficulty in dividing national interest from morality, is that a country's national interest is subject to interpretation. When national interest is interpreted by people who even might suffer from mental illness - especially older realist scholars and leaders, not to personally attack Morgenthau or any other realist scholar - then their sense-perceptions could cause them to interpret the national interest with a low moral standard. Note that to begin with, dividing morality from one's conception of national interest is a low moral standard.

Further, the problem with Morgenthau's interpretations of national interest is that the concept becomes a concern over power, loosely defined. If realism can be accepted, then national interest, critically thinking could result in simply being the vague dictation of realist thinkers and leaders. One problem with his realism, then, is that it commonly undermines international health security concerns, militarizing interpretations of national interest. A case in point is the realist policy of Mutual Assured Destruction (MAD). It was a dominant USA security policy from the 1960s to the 1980s, which prioritized national security, narrowly defined, without a proper understanding of its negative mental health ramifications [12]. The policy centred on reciprocal nuclear deterrence from the USA against the Soviet Union, with a USA nuclear retaliation if the Soviet Union ever atomically attacked the USA. Since retaliation could cause global obliteration, both these states were deterred from atomically attacking [12]. However, the policy is dangerous and counter-productive, as it does not factor in the overwhelming pressure and fear that citizens feel with the threat of nuclear attacks occurring. More importantly, the lesson we draw from MAD dominating from the 1960s to the 1980s, is that realism has

been, nonsensically, ignorant of mental health ethics. Even if mental health can be interpreted, circumstantially, as what a realist believes the national interest to be, this is ambiguous and disordered. Mental health ethics should be a principal concern for IR ethicists, as it, at the very least, substantiates security predictions. Thus, studies on health security and IR ethics should be better organized and more focused than what realism currently offers.

Again, the ignorance of mental health ethics runs consistently throughout mainstream IR scholars and foreign policymakers. Take Kennan's case for instance, "the interests of the national society for which government has to concern itself are basically those of its military security, the integrity of its political life and the well-being of its people. These needs have no moral quality" [13]. He generalizes that the well-being of one's people is in the national interest, but fails to sufficiently render what this well-being is, denying the need for its moral qualification. Kennan's problem is that in denying the necessity for moral qualification in foreign policy and security studies, he unnecessarily limits his scope in IR. He does not see the common relatives that security and morality have, like the morale of one's citizens, which depends on their mental stamina. While we must confess the expedience, occasionally, to focus unilaterally on security, as an undivided concentration can be strategic, it is still a weak distinction for Kennan to differentiate between morality and security, ignoring the many common relatives between the two. We have lost to know if ignoring mental health is what he means to do. Nevertheless, we think that to exclude the topic of morality is to exclude too much, especially concerning mental health, a topic we have troubled to underline the significance.

Next, note that realist IR literature does cover some international health problems. As Ruger states, "within realism … health is motivated by security concerns, emphasizing border-crossing infectious diseases, bioweapons, and geopolitical security" [3]. But, why should IR scholars stop there? Our comments regarding the unnecessary limitations to IR literature, regarding Kennan's and Morgenthau's realism, also apply to Ruger's quote. Since realism has traditionally been so strict in understanding security and health, this has resulted with a too narrow focus in current IR ethics, leaving mental health out of the equation. Thus, the existent limitations to IR's realism concerning health, as Ruger points out, signifies the need for a theoretical framework for mental health ethics in IR.

Though it is true that in the vast amounts of IR literature and across the interdisciplinary fields, it is possible to formulate an understanding of mental health ethics in the international context, this is inadequate. An IR scholar may have a shallow understanding of mental health ethics in IR, simply by being somewhat familiar with philosophy; however, this kind of understanding is not properly ordered or concentrated for IR studies. Ruger states, while there is a growing body of work on moral issues and global governance in the fields of global justice and international relations, little, if any, work has connected principles of global health justice to those of global health governance for a theory of global health [3].

What she means to say is that dialectical efficiency and coherence demand a theoretical framework for global health studies in IR. Dialectical efficiency is the speed and effectiveness with which one rationalizes and applies logic. Ruger follows, "a systematic review of the global health governance literature concludes that the work in this area is uncoordinated and fragmented, as is the current state of the global health architecture itself [3]. In these last two quotes from Ruger, she uses similar words as me on theoretical frameworks for mental health

ethics in IR, however our focus is more specific than her. Her argument is about global health governance, principles, and justice, however we am confining our argument to mental health ethics in IR. In the above-quotes, she makes points like none other, rightly underlining the deficiency and need to innovate, and where we particularly agree with her is on the fragmentation of global health studies, especially mental health ethics in IR [14]. Clearly, as mental health and ethics studies in IR are paramount, greater innovation, the categorization and organization of mental health in IR, can be justified, both for the sake of intellectual utility and comprehension.

The intention of this survey was to offer innovative perspectives on mental health ethics, in order to foster discussion for international ethics scholars. Though our designated audience is international ethics scholars, this does not mean that mental health is irrelevant for IR scholars more generally, but that we have not made the broader relation. Nevertheless, the study of mental health ethics is crucial for substantiating IR predictions, as they allow a deep and accurate understanding of people's behaviour. Further, it has been said already that there is a neglect of mental health in IR ethics. This conclusion is consistent throughout mainstream IR studies, bioethics journals, and global health and justice journals. It is understandable how this deficiency came about, as IR history shows the rationale of 20th century IR scholars, who focus on military security in the strict sense. But, it is unsatisfactory that in the 21st century IR scholars are still negligent towards mental health studies. It may be that there is such a gap in IR ethics regarding mental health, simply because no one has ever realized the power of mental health ethics in IR before me, at least in the way we have framed the strategic value of leadership behavioural predictions. Nonetheless, there has been progress with theories such as securitization, which support a broadening of IR ethics. Further, we have spoken our mind on thinkers such as Morgenthau and Kennan, genuinely criticizing their perspectives on morality and national interest. Here, their views are not only vague and misleading, but unnecessary and narrow in scope. Possibly, just a revision of some of their works, to include a footnote where there is ambiguity concerning morality, would be a great start for a theoretical framework innovation. For, we doubt that Morgenthau and Kennan meant to omit morality to the extent that we have stated.

Discussion

We have also inquired into Ruger's article "Global Health Justice and Governance," reinforcing that IR's realism is too limited in focus. She notes that there has been increasing amounts of research on health in global studies, however this research is dispersed. We cannot let this fragmentation go, thus we foreground the need for a more systematic framework for mental health in IR ethics.

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