Training Resilient Soldiers—Looking for Solutions to Operational Stress

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*Man never made any material as resilient as the human spirit—**Bern Williams***

Much is made about the impact operational stress has on soldiers who are engaged in combat operations around the world. Our citizens, who voluntarily join the military, have made a choice to be employed in the business of war for reasons that range from an altruistic wish to provide assistance to others through to a need to seek thrills in an environment of high stakes. Accepting the role as a combat soldier is to risk life, limb and mind. In other words, our soldiers' sacrifices might be their own death, physical injury, or the collapse of mental faculties that may be manifested as anxiety, depression or Post-Traumatic Stress Disorder (PTSD). As a country that has decided to be involved in global security, in part through the provision of our military, we surely have to manage its resources, including soldiers, to our best advantage. This includes careful planning to minimize the occurrence of death, wounds and mental trauma. While much of the military's training is designed to achieve this aim, it is this author's opinion that more training can be implemented to limit the impact of operational stress. This paper examines the concept of resilience in soldiers and various methods of coping, and it discusses training resilience as a means for reducing the current levels of operational stress within military units.

The variables that influence the onset of operational stress responses, such as PTSD, are too many to list, because they include pre-trauma stressors, such as varied dysfunctional life experiences, the events surrounding the actual experiences of the operational environment as well as post-trauma actions, such as an individual's methods of coping and the availability of community support.[1] Despite the public's perception that most people exposed to a traumatic event will suffer from PTSD, relatively few people actually develop a disorder as a result of their experiences.[2] People have a 1% life time chance of experiencing PTSD, while certain sub-populations, such as military personnel, can expect much higher stress casualty rates.[3] Although it is now accepted that the vast majority of people who are exposed to a threatening, violent experience will fully recover there will be approximately 5% of the population for whom complete recovery will not happen.[4]

With terms such as "soldier's heart" and "battle shock" being used to describe those who had been rendered incapable of fighting for psychiatric reasons, British military records indicate that over 40,000 World War I pensioners (representing 20% of their total army at that time) struggled with operational stress.[5] By 1927, Canadian reports indicate that 9,000 veterans were receiving pensions for "shell shock and neurosis" and that thousands of others who had applied for help were either awaiting review or had been turned down.[6] Considering a few wars of the last century, American psychiatric casualty figures for World War II are around 20%, Korean War figures are lower at 7%, but some studies put the extent of operational stress responses in Vietnam War veterans as high as 30%. Other American studies indicate that air units in the 1990 Gulf War had PTSD rates of 7% and that of the soldiers currently deployed to Iraq and Afghanistan, approximately 12% are being afflicted.[7]

It is important to recognize that not all military demographics are the same. Many deployed military personnel never leave the relative safety of a base camp where they are employed in logistical support, while other combat support soldiers regularly experience the hardship of the combat area even though their primary role does not include engagement with the enemy. So while it may be accepted that 10–15% of deployed military forces will become stress casualties, it is probable that the numbers within the combat units are actually higher, skewing the results for the entire group.

Extrapolation of these numbers suggests that operational stress casualties within a combat unit engaged in fighting may be in the range of 30%. Unfortunately, the Canadian Forces (CF) statistics on Operational Stress Injuries (OSI) are hard to obtain. Reporting to a parliamentary review on the need to hire hundreds of mental health workers, the CF Surgeon General stated that PTSD prevalence within CF members was "very, very serious."[8] Interestingly, The Department of National Defence (DND) website states that a 2008 CF study found that 5.9% of over 8,000 participants who had served in Afghanistan had experienced symptoms of PTSD or depression.[9] It must be noted, however, that there is a difference between experiencing *some symptoms* of PTSD and having the *chronic symptoms required for a diagnosis* of PTSD. As it is recognized that reliable data enables the delivery of effective health care, the lack of accurate CF OSI statistics is an issue of significant concern that has been highlighted across three CF Ombudsman reports within the last seven years. It is hoped that the expected Canadian Forces Health Information System will provide the means of capturing accurate information about OSI within the CF community.[10]

Psychologically traumatic events are varied and can range from one-on-one scenarios of interpersonal violence, through to accidents, terrorism and even natural disasters that affect millions of people.[11] Despite this spectrum of causes, the assessment of trauma is a subjective issue. People who are maladjusted before the trauma are not likely to change as a result of their new experiences, while for other normally adjusted people, smaller post-event stressors may compound into significant hurdles. Again, most people will demonstrate resilience and move on with their lives while a few will develop recognizable illnesses such as Acute Stress Disorder (ASD) and some will even fall into PTSD.[12] Whatever the longer outcomes are, most people who have experienced something traumatic will display a spike in responses that will return to normal over the following days and weeks. The responses that are generally experienced are physical, behavioural, emotional and cognitive in nature.[13] Physical responses can include bodily temperature changes, dizziness, fainting, nausea and intestinal distress. Behavioural responses include changing sleep patterns, hyper-vigilance, irritability, withdrawal and increased substance abuse. Emotional responses may include feelings of helplessness, fear, grief and vulnerability; while cognitive responses may include flashbacks, poor concentration, disorientation and questions about one's spiritual beliefs. These brief lists do not, by any means, include all of the responses that a traumatized person may experience, but the important part to remember is that the traumatized person may be unfocused or less effective for a while and that some form of assistance will generally be appreciated.

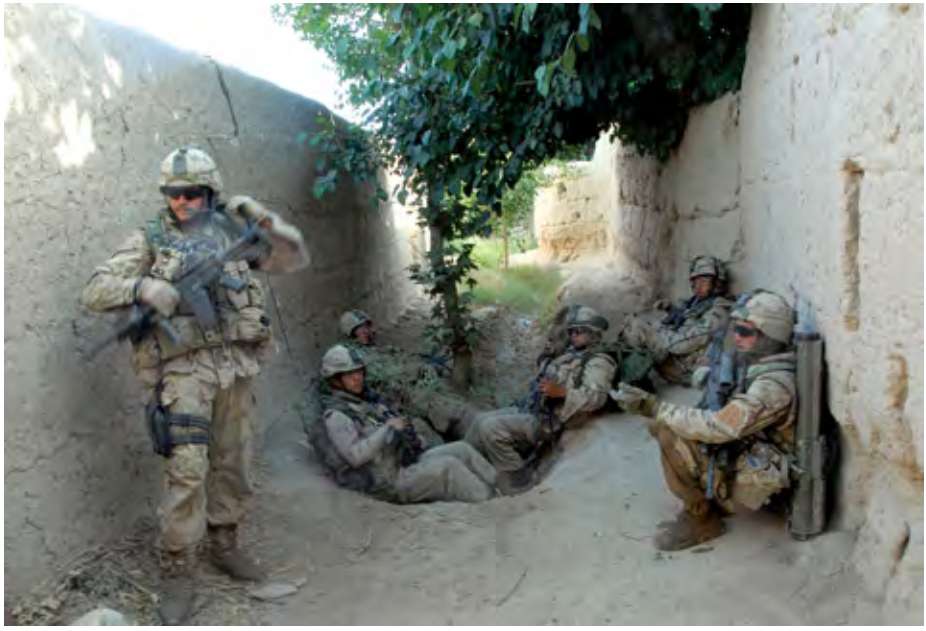
Within the research to determine how assistance for trauma-exposed persons should be affected, is the question of why 70–90% of soldiers do not develop PTSD or other stress-related symptoms when they too have been exposed to stressful events. In other words, we need to understand why some people are more resilient in the face of trauma than others.

UNDERSTANDING RESILIENCE

Rather than looking only to those who are at risk, we also need to look at those who are less prone to stress illnesses, since most people commonly just take life events in stride and some even get a thrill from life on the edge of danger.[14] It appears that these people are capable of withstanding trauma, adjusting their cognitive schema for the world and getting on with their lives. Resilience is a natural human process of positive action during stressful times.[15] Some researchers argue that since most empirical knowledge about the human condition after trauma has been gathered through observation of people in treatment, it has been assumed that all people will respond in similar manner.[16] Contrary to some literature that suggests that the absence of psychological disturbances is itself pathological, research now suggests that a person's resilience is actually a healthy adjustment that should not be equated with heroism.[17] The majority of people rebound from stress and some people even thrive in stressful situations.[18] Simply put, *resilience* is a person's ability to maintain a state of psychological equilibrium with few mental problems despite exposure to highly disruptive or life-threatening events.[19] This is not to say that a generally resilient person subjected to some form of trauma will not be affected by the event at all. Even the resilient can expect to be off-balance for a little while, but it is safe to say that their lives will not be ruled by the event and that they will remain cognitively in control of their behaviours and

thoughts.[20] In other words, the majority of people are resilient beings who will move beyond the effects of trauma within days or weeks of the event.

Having attended the aftermath of Hurricane Katrina a week after the storm to offer psychological assistance, Levy found that most people were already involved in clearing out debris and rebuilding their lives.[21] Although he knew the people were hurting inside and he was keenly aware that they were already recovering from their tragedy. Only a very few asked for psychological assistance and he was impressed with their overall resilience. The real story, however, is that most people are not dramatically affected by the traumas that they have experienced. True understanding of the dysfunctions that people may experience will only come if we also learn why so many other people are seemingly able to shake off the effects of stress and move forward. With essentially no negative psychological symptoms, people with resilient dispositions are able to respond to stressful situations in a manner that allows them to get on with helping themselves and others as they either get back on track or embrace new tasks.[22]



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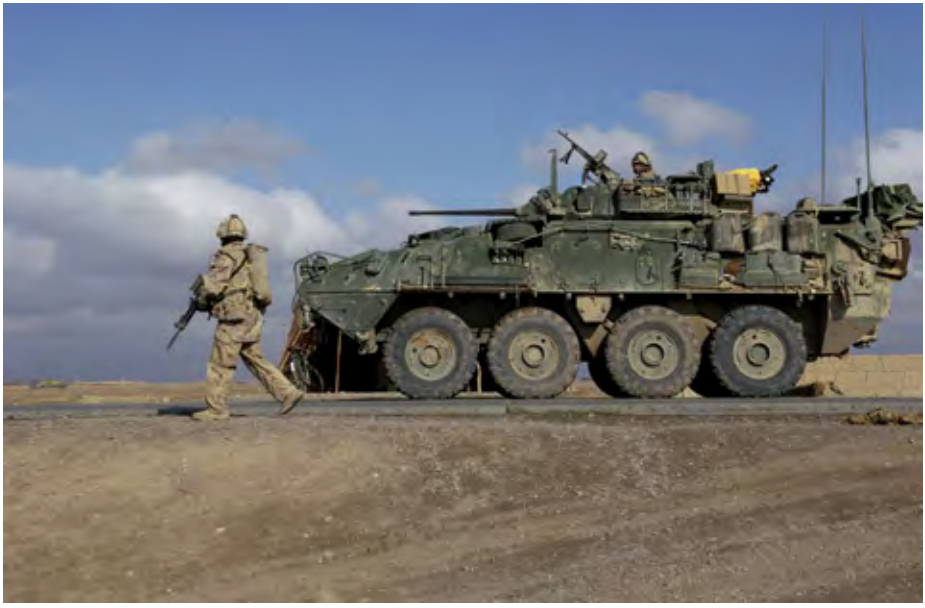
Such resilience allows exposure to war and tragedy to actually become life-enhancing.[23] Disaster and trauma can act as the impetus for positive change in people's lives. For instance, the majority of Norwegian soldiers who deployed into Lebanon during the mid-1980s found that they benefited through enhanced self-confidence and increased stress-tolerance levels, while a sizable minority of American combat veterans of World War II reported greater intellectualism, independence and resilience in the face of stressful events. Grossman states that the benefits of military involvement can be seen in the manner that many WWII veterans tackled life through business and leadership to create the progressive society that emerged in the second half of the last century.[24] Similarly, research on a sample of more than 1200 soldiers found that they reported more desirable effects from their service than negative ones, and that even the forty percent who were combat veterans felt that they had gained a sense of self-mastery, self-esteem and an ability to cope easily with life's stressors.[25] Perhaps what is more interesting is that these outcomes proved to be linear, in that those who had experienced more combat felt that they had benefited the most. Longitudinal studies of American WWII veterans who indicated that their war experiences might never be forgotten, also point out that many combat veterans became higher achievers in their subsequent civilian lives than their non-combat veteran peers. Veterans from some elite British

Army units actually indicated that their experience in the Gulf War created a slight improvement in their mental health. Also, the Finnish WWII veterans who were fighting to defend their homeland seem to have come through their combat experience, in which one in seven was killed, relatively unscathed by PTSD. The PTSD rate of about 5 % for Finnish veterans is low in comparison to the rate of approximately 20% for Vietnam veterans.[26] Fighting for one's national life may also explain lower rates of PTSD experienced by Israeli soldiers during the Yom Kippur war, when Israel was truly threatened, than rates measured during more recent wars in which the threat to Israel was less extreme.[27] While part of this demonstrated resilience can be explained by self-selection into the elite fighting forces, it is a reasonable argument, especially due to the relatively low numbers of PTSD victims found in some military units, that experiencing combat trauma and living to tell about it can solidify personal character.

Taking this idea a step further, the theory of *adversarial growth* has been posited by a number of people.[28] The theory involves the concept that change is an inevitable result of experience. Being able to accept and use the change to one's advantage goes beyond mere resilience, but is a truly adaptive function.[29] Some researchers now talk about using adversity as a springboard for personal growth.[30] They argue that psychological study should also be examining how people experience "optimal growth" as a result of their stressful experiences. A grounded theory researcher on resilience had a number of her interviewees talk of the "impetus for positive change" that was enabled by the stress they had endured.[31] While adversarial growth is closely linked to resilience, it may well be a separate phenomenon. For this particular paper, it is acknowledged as a part of the resilience phenomenon.



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In an effort to understand resilience in soldiers, a study helped to validate measurement scales that were completed by veterans of Operation Iraqi Freedom between 2003 and 2006.[32] The Deployment Risk and Resilience Inventory (DRRI) went beyond similar measures in its inclusion of both pre- and post-operational information. The main scales found within the DRRI include questions about prior stressors, preparedness for the mission, family concerns, perceived threats, combat, chemical exposures, post-deployment social support and other post-deployment stressors. While the researchers conclude that the DRRI is a quantitatively useful measure for understanding a soldier's mental health, the important result of the study for soldiers themselves, is the recognition that issues of both operational stress and resilience are made from whole life experiences that may or may not be in the individual's direct sphere

of influence. It is, rather, in how a soldier handles these influences that will lead to either a resilient rebound or pathology. As a construct, resilience has been shown to have a number of pathways to other considerations including, hardiness, self-efficacy, an internal locus of control and community support. This suggests that we should study the combination of traits and community that form the resiliency that allows effectiveness during traumatic and stressful times.

HARDINESS

Hardiness has been shown to protect people from the effects of extreme stress and has been associated with better task performance, higher morale expectations, physical stamina and better overall health.[33] It is accepted that hardiness is a reasonably consistent personality trait that consists of the three main dimensions of commitment, control and challenge.[34] To expand these, *commitment* (versus alienation) is about dedication to finding meaning and purpose in life that for the soldier enables personal belief in the mission and the work that they are doing. The dimension of *control* within a military context suggests the ability to, at least partially, influence the life around oneself by one's own specific actions. Rather than being led by fate, soldiers in control takes action to shape the events around themselves. The third dimension, *challenge*, is about openness to change and the ability to find meaning in these changes. Accepting that chaos and upheaval are often the norm, the soldier often seeks out stressful events to enable personal growth.[35] Such meaning impacts a soldier's identity, his or her perception of work and degree of engagement in implementing solutions. These three facets of hardiness allow the stressful aspects of life to be viewed both as part of a normal existence and, because the challenges are viewed as something that can be overcome, as experiences that make life worthwhile.[36] Hardiness is also associated with existentialism, in that hardiness causes people to structure their own worlds in a manner that embraces the future in the search for a vibrant life.[37] For the hardy person, stressful events are experienced as opportunities to shape the future, and the action of shaping diminishes the effects that stress may have. Hardiness enables effective problem solving and positive interactions with others that, in turn, enhance a person's resiliency in the face of hardships.

SELF-EFFICACY

Related to hardiness, and therefore, to resilience, is the notion of *self-efficacy*. Self-efficacy is about a person's confidence in his or her ability to act appropriately when pursuing a desired outcome. It is an extension of Bandura's social cognitive theory, which assumes people capably self-reflect, self-regulate and actively work to shape their experiences.[38] For soldiers, this means that they can believe that they will do the right thing at the right time to successfully meet the challenge. Self-efficacy is associated with motivational focuses, such as increased efforts, selection of more challenging goals and perseverance in the face of stressors. People who are rated as being high in self-efficacy are more likely to adopt problem-focused coping strategies as they accept the challenge and develop solutions that will shape the outcome.

Collective-efficacy is an extension of this construct that enables groups to have similar confidence in their abilities to succeed.[39] This becomes especially important for a group of soldiers who need to work closely as a team to effect a positive outcome for all members. Taken together, these two aspects of efficacy can have a very positive effect on how people handle challenge.[40] Reaching one's goals generally leads to enhanced feelings about the self and positive moods protect against operational stress reactions.[41] By extension, improving collective-efficacy improves resilience by enabling more effective soldiers and a better fighting force overall.

LOCUS OF CONTROL

Deemed to be either internal or external, *locus of control* follows indicates that individuals either attribute the events in their environment to themselves or to other factors over which they have no influence.[42] By allowing a person to influence the outcome, he or she is afforded greater autonomy, which enables proactive coping that is goal focused. It has been found that autonomy moderated the relationship

between stress and psychological health within a group of soldiers who deployed to Kosovo for peace-keeping duties.[43] Although the stressors were more about the daily repetition of long working hours and the separation from home than they were about combat, being able to influence their work environment nonetheless reduced the apparent threats to these soldiers. This ability to influence has been labelled as *self-determination* and described as the sense that one is authoring one's own life.[44] Although the military is often perceived to be an institution based on following strict orders, there is within the philosophy of mission command, great opportunity for individual soldiers to influence the events around themselves. Through understanding the commander's intent for the mission, soldiers have the opportunity to exercise the self-determination, autonomy and internal locus of control that, taken together, form a greater sense of resilience.

COMMUNITY SUPPORT

It is the influence of both good and evil within our social relations that causes the most impact on the psyche.[45] While the theory that PTSD develops from exposure to a traumatic event remains central to our current understanding of the condition, the measure of the severity of such an event remains in the personal perception of the patient. Current research clearly demonstrates that human-induced traumas are twice as likely to cause PTSD as natural disasters are. Primarily, this is thought to be because the human bonds are destroyed.[46] People need the experience of empathy and physical closeness, preferably with their peers, in order to stabilize their trust in others.[47]

One of the most destructive aspects of western PTSD treatment today is the exclusion of community involvement in the creation of overall health. This is a failing because the sense of support from society plays a large part in the overall healing process and may, in fact, help prevent PTSD.[48] Consider that American WWII veterans have fared better with regards to their mental health than Korean War veterans, and they in turn, have fared better than Vietnam War veterans. Each war was less popular than the previous war, when viewed from the home front, and societal attitudes played a part in the mental health of the returning soldiers. Rather than avoiding the post-war experience, it seems that societies that embrace military accomplishment into their culture can give meaning and significance to their veterans. Finnish culture still refers to the Spirit of the Winter War when they remember the fight to maintain solidarity against Russian and German forces in WWII. This social recognition has meant a life time of honouring its veterans as heroes who took up arms on behalf of the country. Significantly, Finnish recognition has been less about parades and more about medical health care for life with trauma recovery facilitated by active, helpful social supports.[49] Spiritual and physical care has been part of the lives of Finnish veterans since the end of the war and has resulted in a veterans' cohort PTSD rate of fewer than five percent. Even with relatively high rates of physical disability that resulted from one in three soldiers sustaining injuries, their overall negative mental health rates remain quite low. These veterans were able to connect experiences of lasting integrity along with their war experiences as a result of the country's attitudes to their sacrifice.

The same cultural shift required to move the focus of medical care from treating illness to promoting health is required to get a society behind the destigmatization that will allow reintegration of mental health issues such as PTSD into the forefront of community healing. The failed link between community support and the individuals that make up this community creates an atmosphere in which victims are blamed for their own problems, even though these problems may have resulted from events that were originally caused at the level of their community, but that had impact at the level of the individual.[50] Resilience is enhanced by non-stigmatizing support for the victim, which enables most people to balance against both the immediate acute responses to the event and the possibility of long term mental repercussions.

Research states that it is the perception of social support that is important as it creates a positive influence on a person's mental health.[51] Studies conducted with American Vietnam veterans who had been prisoners of war, found that even the community bond that they had created by tapping out messages through the cell walls enabled resilience.[52] Similarly, Levy wrote after his visit into Mississippi as a Red Cross worker following Hurricane Katrina, "I am much more attuned to the importance of

community and a person's social connectedness, both in terms of what a person receives from the community and the potential benefits that can be obtained by giving to the community.[53] Further, social life involves commitment and "committed people involve themselves in work, family, interpersonal relationships and social institutions." In this way, social connectedness encourages people to take action in their own lives and to be involved in their own solutions. Invariably, this fosters a community where people are not only receiving support but giving to others as well. Levy's experiences post-Hurricane Katrina was of a community that at its fundamental level was helping itself.

THE MILITARY COMMUNITY

Within the military there exists a community that is both horizontal and hierarchal in nature. Caring peer support is often influenced by methods of leadership and the goals of the institution itself. Western militaries, including the CF, have implemented *quality of life* programs that enhance a soldier's ability to have well rounded community support in order to increase the effectiveness of the soldier deployed on operations.[54]

While people's perceptions of an event will always differ, the support and understanding that is available from within a soldier's section or platoon is enhanced by their common experiences.[55] This social bond that is created in adverse times, assists to maintain resilience after the hardships, but can only be truly effective when the group is still together. Directly linked to this community support, Blustein discusses the role that meaningful work plays in reducing mental illnesses.[56] Active involvement in a meaningful task leads to a sense of self-determination or the knowledge that one is authoring one's own life. Keeping soldiers who are struggling with operational stressors working on meaningful tasks in a location that is close to their peers is particularly important. It is imperative that leaders maintain the social supports, particularly in the immediate aftermath. As this relationship has become more accepted, militaries are moving back to full unit rotations and away from the Vietnam era of individual augmentation when soldiers had no pre or post connections to their combat units.[57] The challenge that militaries need to manage carefully involves the provision of leave to soldiers that inevitably takes them away from their peers on a schedule that may not mesh with their recent combat experiences.

An Israeli study discovered that the importance of the military community becomes even more pronounced when it is accepted that operational stress affects both the individual and the organization as a whole. The military's ability to deploy or conduct missions is degraded if the individual members are themselves combat ineffective. A soldier's effective commitment, sense of daily strain and job satisfaction could be predicted by his or her perceptions of organizational support. In other words, the member's sense that the organization leadership was supportive, respectful and caring of the individual directly influenced his or her level of functioning. This study of Israeli soldiers concluded that the lack of a social network is, in fact, itself a significant stressor. Knowing that a soldier may exhibit both courage and debilitating fear within the same day allows the leader to apply the correct psychological solutions when they are required.[58]

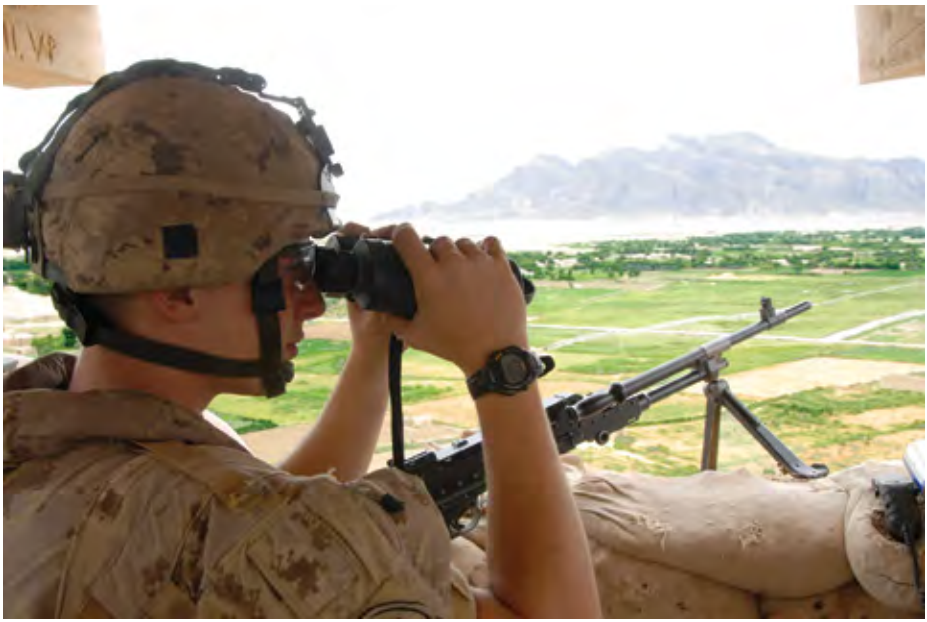
Further organizational tensions can develop on redeployment when soldiers are assigned to units where other members, who may have dissimilar experiences, are unaware of the impacts that stress may have had on the newly returned soldier, or are just too busy to effectively deal with reintegration issues. These combinations of interpersonal and organizational conflict can have a direct impact on the development of operational stress issues such as PTSD, even years after the fact.[59] Effective social networks throughout life increase an individual's resilience to hardships and reduce the onset of post-operational stresses.

METHODS OF COPING

Two important themes to remember are that people use coping skills for a variety of stressors and that operational stress is not just a reaction to a traumatic event brought on by involvement in combat. Not all military activities involve life-threatening situations, and one popular adage suggests that overseas deployment is 99% boredom with 1% of sheer terror. While one soldier's boredom or terror

may be another's excitement, the fact remains that much of military life is routine 24 hours a day, 7 days a week. Such routine often involves a lack of basic comforts associated with home and family—requiring separations, problematic communication, sleep deprivation, disease, environmental changes and other challenges that require some level of adaptation.[60]

To cope with severe hardships or trauma, most people will pass through two of the following three post-incident stages. The first is the *immediate response*, which often includes adrenalin surges and physiological states that assist the body during the dramatic period. Interestingly while 25% of people become really calm during heightened arousal, most people will simply accomplish whatever is required despite their anxiety or fear induced physiological reactions. This *response phase* may last for hours or days and entering into the second stage may be delayed if basic survival needs persist. While the second stage for most people is complete recovery, a small percentage of the population will also go into an *adaptation phase* where operational stress issues surface. If a person lacks resilience they will slowly withdraw physically and mentally. Once the need to adapt one's life to handle the residual effects of the trauma has set in, afflicted people will either seek help, find methods of self-coping that often include drugs or slowly spiral to suicide.[61] The good news is that most people who present themselves for help are successfully moved into the recovery stage with treatment.



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THE DICHOTOMIES OF COPING

Coping with trauma or other stressors can be viewed as being either behaviourally adaptive or maladaptive in the effort to bridge one's personal resources with the current situational demands.[62] The first of two main approaches to this divide is one of focusing on the problem or focusing on the emotions. *Problem-focused coping* involves seeking information about the stressor and taking an action to reduce or remove the threat, while *emotion-focused coping* looks to reduce the emotional distress through choosing other emotions, seeking emotional support or generally venting emotions to others.[63] A second perception of this basic dichotomy has been described as one of approach versus avoidance. Approach strategies focus on the problem and the individual's reactions to it in an adaptive manner, while avoidance is decidedly maladaptive, as a person withdraws from others and denies existence of the stressor. Active problem solving is more closely associated to better adjustment than is mere emotional venting.[64]

Research has found that while people generally apply adaptive styles of coping in lower stress environments, they tend to use more repressive or avoidant coping styles when things became too tough to handle.[65] A study of Israeli veterans of the 1982 Lebanese war found that some people reached a tipping point where they switched from adaptive approaches to avoidant strategies. The problem then compounded itself into a vicious downward spiral where adaptive responses became fewer and fewer even outside of their military experiences. As a result, these soldiers' combat stress reactions were more likely to manifest themselves in deeper operational stress issues such as PTSD. Resilient individuals are more likely to adopt approach type non-avoidant, problem focused strategies in an effort to overcome their hardships.

THE IMPORTANCE OF ASSIGNING MEANING TO STRESSFUL EVENTS

Essentially, adaptive responses include cognitive rather than emotional appraisals. Such appraisal allows the identification of meaning, that in turn, enables self-mastery and if required, the restoration of self-esteem.[66] The provision of cognitive and emotional information to traumatized people is effective in reducing over-all anxiety levels. Knowledge is power and knowing about emotional, behavioural and physiological responses allows people to normalize the experience with which they are dealing.[67] Having appropriate information allows effective processing of the events and permits people to accept situational changes.[68] With such knowledge, self-efficacy is extended and people's beliefs that they can prevail through the adversity is enhanced.[69] Much of the provision of information is simply about instilling the positive expectancy that motivates daily action and the development of meaning for the individual.

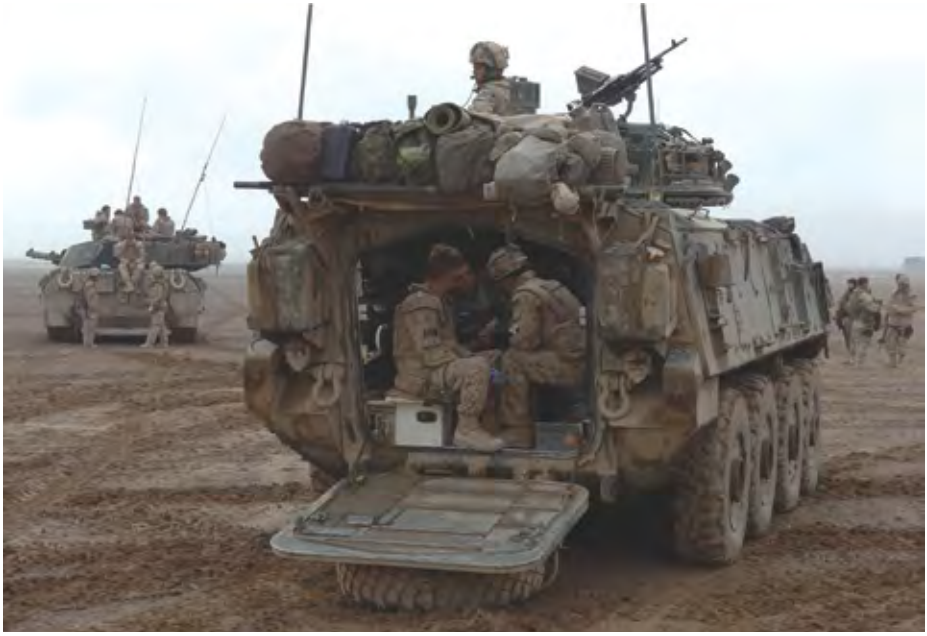
It is imperative that military leadership do all that it can to facilitate adaptive coping styles through the provision of information. As Noy concluded in his research with the Israeli Defence Force, the passage of information to the soldiers enhances their cognitive appraisals of the situation, reduces the rumours that are rife with emotion and enriches their coping resources.[70] All people need to receive information about their current adverse events, the ongoing responses and the probable outcomes, from people who can be trusted.[71] Although many have reported that their experiences led to some negative effects in their lives after war, about 70% of veterans have identified a greater ability to cope as a result of increased self-discipline, greater independence and a broader understanding of life. Another study reports that soldiers who went outside of the base camps during a deployment in Bosnia found more meaning in their work simply because of the exposure to others' pain and suffering that had been created by previous fighting.[72] Interestingly, soldiers exposed to more combat violence, while not symptom-free, in terms of operational stress, perceived more personal benefits due to changed values that they held for human life.[73] It seems that exposure to combat stress inoculates against future stress by developing an attitude that nothing else in life could be as tough to handle.[74]

Knowledge, therefore, allows people to normalize experiences. Having appropriate information allows effective processing of the events and permits people to accept the changes they need to make.[75] A U.S. National Research Council report states that "stress is reduced by giving an individual as much knowledge and understanding as possible regarding future events."[76] With such knowledge, self-efficacy is extended and people's beliefs that they can prevail through the adversity is enhanced.[77] Much of the provision of information is simply about instilling the positive expectancy of events that will motivate action.

EMOTIONAL REPRESSION AS PART OF ADAPTIVE COPING

Over the last few decades, there has been a steady increase in the use of psychological debriefing (PD) sessions to assist people dealing with trauma in the immediate aftermath of an event. The common scenario involves the flooding of psychologists into an area where they can help everyone talk their way through their emotions. Although in some cases the victims will have narrowly escaped with their lives, most situations will only involve an abrupt change of perception by the victims with regards to how they will cope with daily life. Either way, the trauma is assumed to have disrupted their cognitive schema and

some form of PD is made available. Described as "emotional first-aid," the term "PD" is often applied to any brief intervention that causes people to express their emotional reactions to a horrific event and ideally protect the individual from long term pathological stress. The CF implemented this program in the early 1990's and trained peer teams within the platoons of units that were deploying into the Balkans. Although it seems that such forms of PD are being practiced more often, the lack of empirical support for their effectiveness has caused the psychological community and institutions like the CF to search for more effective strategies.[78]



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It is entirely plausible that memory reconstruction during the "facts" phase of a PD session may unduly reconnect the person to emotions that they have not sufficiently distanced themselves from.[79] Rather than being cathartic in nature, this reimaging for the purpose of sharing within the group may stall or reverse the individual's process for handling the situation. An actual compounding of the experience may be happening as people relive their own circumstances and add the negativity of other's experiences to their own cognitive model. Alternatively, subjective feelings may be invalidated when one person compares their experiences to another's.[80]

Prompted by the group leader, who may or may not be a psychologist, to express their emotions at the time of the trauma, a person may mentally end up back in the heat of the action when distancing or repression is really required. In addition, there is a danger that the therapist may actually prime the participants into believing that they have pathological issues. The persistent and persuasive wording of a therapist may actually cement an otherwise softly molded schema of the experience into one that effectively traps the participant into the world of doom and woe.[81] Despite the variations of such processes, it is now suggested that the blanket application of PD processes may actually impede natural recovery and inhibit those who are generally resilient against the pathologies that may extend from operational stress.[82]

The methods that people use to cope will probably be dependant on the situation regardless of their resilient abilities. Clearly, however, people's ability to remain adaptive to the changes presented will allow them to reach a sense of homeostasis or the new normal, sooner. Hardiness, self-efficacy, an internal locus of control and a supportive community are all associated in enabling a person's effective coping during hardship. With such a clear connection to resilience and overall positive mental health, it behooves us, as a military community that can expect to see trauma, to do what we can to enhance our soldiers' resiliency.

TRAINING RESILIENCE TO REDUCE OPERATIONAL STRESS

Modern armies are very good at training a wide array of skills that enable general soldier survival and success on the battlefield. Soldiers are taught how to use their weapons effectively, how to maintain their equipment, how to work as a team, how to attack and defend and how to survive injury. In fact, a well trained army receives training in an almost endless list of skills that is designed to secure success in battle if and when it occurs. Inherent within this training, as there is in so much of life, are multiple crossover relations where training for one skill actually positively influences others.

While certain types of training will naturally produce some amount of hardiness and self-efficacy, the next steps in training need to include more about the psychological workings of the mind and how these impact a soldier's actions during periods of operational stress. Although most humans are resilient, it is safe to say that everyone lies at a different point along the resilience continuum, shown in Figure 1, and that they will, as a result, be able to handle differing levels of stress. The challenge for training resilience is to move all soldiers, regardless of their current resiliency, farther to the right.

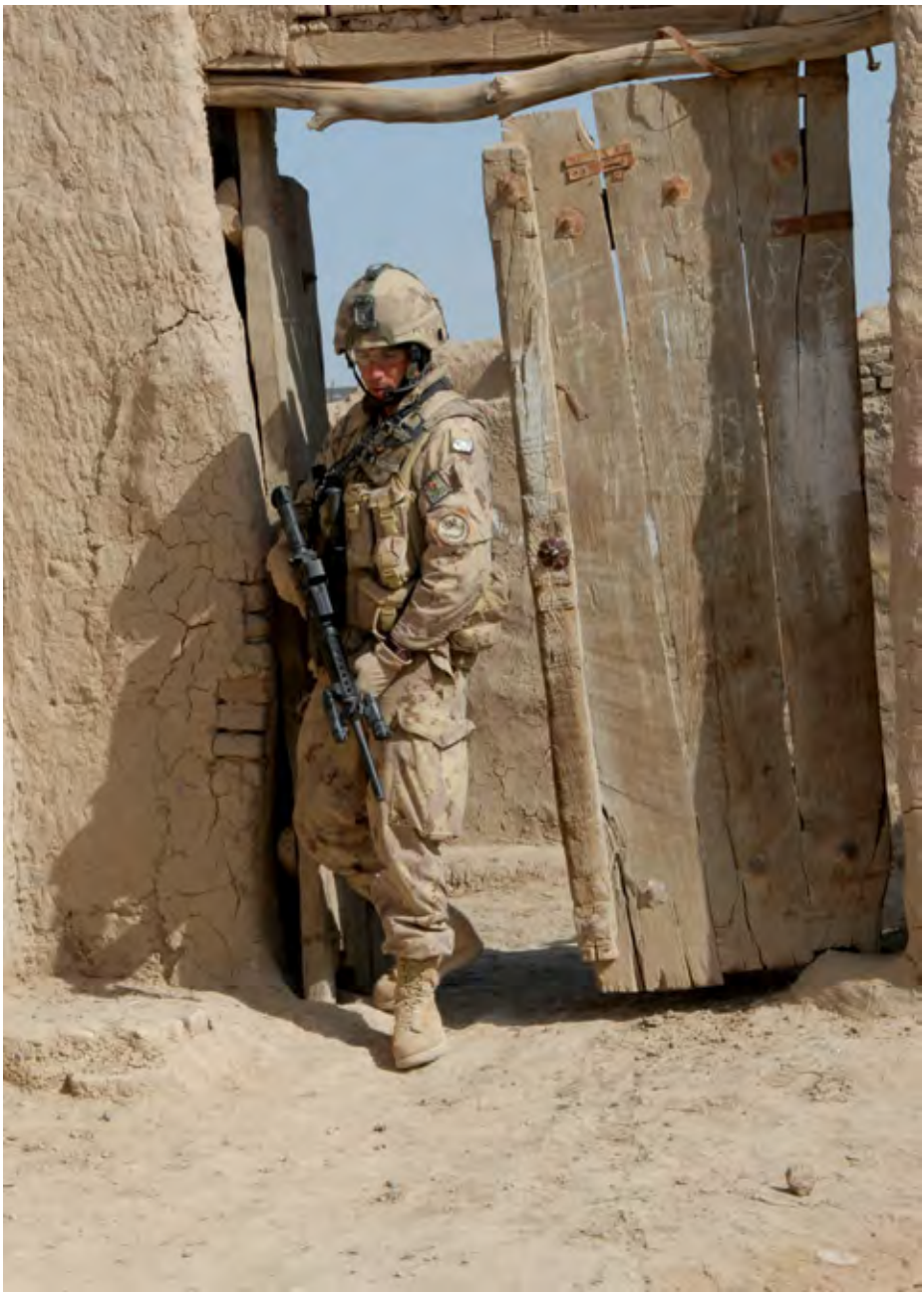
< Low Resiliency High>

Figure 1: The Resilience Continuum. Being farther to the right is negatively associated with operational stress injuries such as anxiety or PTSD

To know how to lay an ambush means that the soldier can do so in a time of need, and to have had ethical discussions in the classroom increases the likelihood that ethical decisions will be made on the battlefield. Knowledge prepares the soldier for the task. Similarly, knowing the emotional response cycle that they are likely to take when they kill another person frees soldiers to stay task-orientated rather than focusing on the elation or guilt that naturally occurs after such an action.[83] Knowing that resilience is actually the normal course of action for people experiencing trauma will counteract the messages in the media that may lead us to think that every combat veteran is destined for a life of mental disorders.[84] Rather than just assisting soldiers who are burdened by operational stress after the fact, today's military organizations would do well to proactively train positive mental health skills such as resilience.[85] Doing so will increase the effectiveness of the individual and the military organization alike.

Knowing that knowledge about stress serves to reduce stress, the American Psychological Association (APA) has responded to the call for resilience training with an initiative designed for the American public.[86] The APA states that the behaviours and traits associated with resilience are common within most people and that most anyone can learn more about them. Like many skill-building programs, there will be common elements that are personally internalized in a variety of ways. The APA program is being filtered throughout the United States by community psychologists who provide information and training to concerned citizens. This program has expanded with a second program aimed at increasing public resilience in times of war. A series of brochures designed for varied audiences reminds people of the issues and offers suggestions to lessen the negative impact that times of war may have on them. While the APA's initiative is helping people, one group at a time, to increase their ability to live effectively in this world, it is concurrently enabling a healthier community-orientated population. If such a program can be applied with some success to an entire nation, imagine how effectively it could be taught to the finite numbers of people within a military organization.

In an effort to increase hardiness in the management work force, one study showed that a hardiness-trained group reacted more effectively to a stressful situation than did a relaxation/meditation group or a social support group.[87] The hardiness training program promotes cognition, emotion and action to cope with stress while using after-action discussion periods to enhance the participant's outlook on



Combat Camera IS2007-1001

commitment, control and challenge. Conceptually, prolonged stress, like that often seen on military operations, may create physical and/or mental illnesses. Signs of such stress may be manifested in a loss of social connectivity and decreased job satisfaction. Effective coping requires a broad understanding of the situation and decisive actions to reduce the stressor. This hardiness training program focuses on coping, social support, relaxation, nutrition and physical fitness. Conducted over 15 weekly sessions, it enables adaptive coping and increases participants' motivation to use these skills. The program does this by increasing knowledge of stressors, focusing on participants' personal responses to stress and by building acceptance that an unchangeable situation does not mean defeat. By making commitments to their community, exercising control where they can and accepting challenges, the hardiness-trained participants were better prepared to live a meaningful and rewarding life. Programs such as this hardiness training have been effective in a variety of workplace situations and may well be employable in a military program to enhance soldier resilience.

Other traits within the resilience family may also be enhanced through training. An internal locus of control and a sense of autonomy result when people's abilities to reach their goals are increased.[88] One of the problems many people have in attaining their goals is that they set unrealistic goals rather than subdividing their goals into clearly defined, attainable chunks. Without clearly defined pursuits, self-monitoring and the ability to focus beyond obstacles, people are bound to fail. As autonomous motivation increases, the desire to understand the stressors and be more resilient in the face of hardships also increases. The key here is developing self-regulatory strength that will provide the mental stamina required to pursue an individual's goals. Military instructional methods and course timetables are also important to ensure that trainees are being challenged with clear attainable goals. Because autonomous goals are derived from personal interest in success, it has been found that adopting the group's goals as one's own will bring greater results. Therefore training together, and working as a team to develop a collective efficacy is all related to increasing a soldier's resilience.

A soldier's confidence in his or her skill set is important and military forces achieve this through repetitive training that allows automatic responses when soldiers encounter threatening situations. More commonly known as "over-learning," the aim of repetitive training is to remove the thought process from the simpler tasks, such as weapon handling. The soldier can then focus on the important decisions that will counter the threats in their environment. While this type of training does much to automate responses with muscle memory, its use is limited where a soldier is learning to apply cognitive skills for situations that will always be different.[89] The danger of over-learning a cognitive response process is that it may limit a soldier's response when a new situation is encountered. Learning about Rules of Engagement (ROE) is one area where knowledge of the material is required to respond appropriately in an infinite number of possible scenarios. Still, such skill training through repetitive exposures increases the soldier's sense of self-efficacy, which will in turn, enhance motivation and goal perseverance.

A more appropriate method of learning that will increase a soldier's capability to think on the battlefield involves a phased system of intensifying experiences. Through increases of skill training and stress training, a soldier can be inoculated against both freezing up during a traumatic event and from undesirable mental health responses afterward.[90] Through the provision of credible information, soldiers can be taken through steps of task acquisition, stress exposure and rehearsals during stressful situations.[91] While this sort of training is most often done with a hands-on skill such as weapons firing, it should be equally applicable to training that involves cognitive experience while under fire or some other significant stressor. In a study that followed military officers through a nine-week training program, it was found that graduated skills training needs to be combined with increased stress scenarios but only after success has been met at each level.[92] Challenging, successful and rewarding experiences are required to increase a skill. No matter the skill, when we train, we need to train people for success and this includes preparing them mentally to do the job.

Acknowledging the need to increase soldier resilience, a study was conducted to a look at a program known as the Adversity Quotient (AQ) to see if it could be applied to training within the CF.[93] The main aims would be to benefit leadership training, assist those suffering from operational stresses and,

hopefully, to prevent future cases of PTSD. Designed as a preventative program, AQ training would enhance resiliency before the opportunity for damage from operational stress has occurred. Developed within the constructs of hardiness and internal locus of control, the underlying theme was the need for attribution of meaning that was previously discussed. While the prominent concern about this program was the lack of empirical evidence for its effectiveness, the most important aspect is that others are pursuing the issues of resilience for military training.

A Military Resiliency Training Program (MRTP) that has been developed by Land Force Quebec Area (LFQA) is being unrolled this year specifically for the units in pre-deployment training.[94] As a whole, this program is equally aimed at the individual soldier, the chain of command and the families who provide the members' social support. It aims to develop resiliency within the individual and the organization during the pre- and post-deployment cycles as well as in regular garrison life. Designed to fit into existing training schedules, the MRTP enhances the four key areas that researchers have identified in the search to understand resiliency. First is the biological pillar that promotes appropriate muscular and nervous system fitness; second is the development of psychological strategies to properly handle adverse situations when they occur; third involves the enhancement of the social support systems a soldier builds with peers, family and the military organization as a whole; and fourth is the spiritual link that allows people to find their own senses of meaning within their experiences. While the program's validity is still being ascertained, the extensive multi-disciplinary effort to development it suggests that the right program may finally be available.

Regardless of what training programs are eventually adopted, the delivery methods also need to be addressed. The military needs to train both physical and cognitive skills in its pursuit of an effective fighting force. Training is about skill acquisition and stress training is about being able to use those skills in adverse situations. Training resilience is about giving soldiers the capabilities of hardiness, self-efficacy and autonomy in a manner that they can be exercised effectively in highly stressful situations. The same principles of battle inoculation can be accomplished with training resilience through the manipulation of noise, light, smell, taste and touch. It is not supposed to be about desensitization as much as it is supposed to sensitize the warriors to their surroundings and allow them to continue with the task at hand.[95] Like the after action review that discusses tactics, resilience training should be discussed in a manner that allows sharing and learning among the members.[96] While effective training of the myriad of military skills is by its nature an underlying part of resilience training, finding ways to focus directly on the enhancement of resilience should be a cost-effective way to manage military personnel resources.

The U.S. Department of Defense Task Force on Mental Health acknowledges increased psychological troubles within veterans of early 21st century warfare and while the issues have been manifested in a number of ways, one particular indication has been a spike in suicides. While Canadian military statistics on member suicide have not been collected, in 2005 alone, approximately seventeen U.S. military veterans committed suicide each day.[97] As a part of the response, the Psychological Kevlar Act of 2007 was created to find solutions and reduce the vulnerability that soldiers are feeling towards their combat stressors. The most disturbing area of this research includes the use of the drug Propranalol as a means of reducing the effect that extreme stress has on the brain. Taken after a traumatic event, this drug is designed to reduce the memory and leave it emotionally powerless. While there is little doubt that such an application could be used for positive benefit, there is great potential to create a new breed of monster soldiers who are indifferent to violence because of a medicated consciousness. Despite the increases in post-trauma care, preparing for the stressors ahead of time will ultimately make a soldier more effective. Part of this preparation requires knowing what is right and applying proper values to our actions. As Grossman states, the surest method to experience PTSD is to violate one's personal morals.[98] With this in mind, the Canadian Army has implemented a program to develop "ethical warriors," who will know the values expected of them and will be empowered to take the correct ethical action in all situations. By teaching about loyalty, duty, integrity and courage within the context of ethical decision making, the army is investing heavily in the social capital that it is comprised of. Although this is just one more step of army training, it is a positive move to increase resilience in soldiers.

Training soldiers in resilience is equivalent to training them how to fire their rifle or lead a fighting patrol. Giving them exposure to knowledge of a situation or probability of outcomes forewarns and forearms them for action. Knowing the probable emotional and physiological responses that soldiers may encounter reduces their anxiety when they are encountered. While experience is one manner to gain knowledge, responses may be different each time. It is; therefore, better to receive instruction prior to a traumatic event so that cognitive attribution can lay the stress to rest. In other words, a soldier should not have to rely on personal experiences as the only means of learning. For this reason, training Canada's military forces in resilience is an important step within the leadership function of preparing our soldiers for all operations.

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Lieutenant-Colonel Ross Cossar has been an active member of the Primary Reserve with the Hastings and Prince Edward Regiment since 1987. Following a tour to Afghanistan with TF3-06, he transferred credits earned through part-time studies at Royal Military College of Canada to Trent University in Peterborough where he is now a full time psychology student. Military psychology has become his primary interest.

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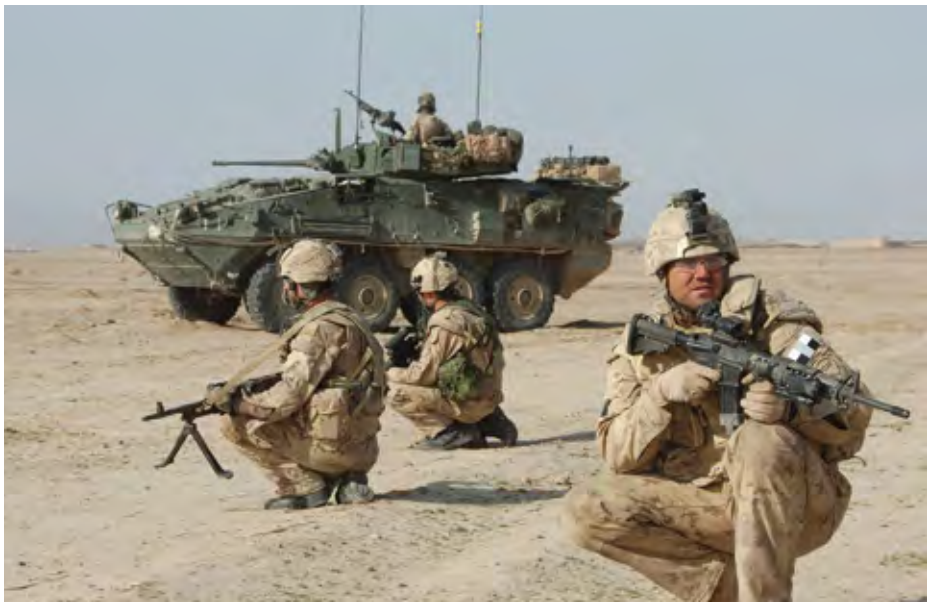

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